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	s:
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1. Name: Jerry Isaac

2. Name of Organization(s) You are Representing at the Hearing:

Tanana Chiefs Conference

3. Business Address: 122 1st 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 <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.
- 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 <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

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

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

Open to Public Inspection

B Chapter Projected Pro	ΑI	For the	2009 calendar year, or tax year beginning $$ OCT 1 , 2009 $$ and ending $$	SEP 30, 2010	
State Sta			, Please C Name of organization	D Employer identific	ation number
Second S		Addres			
Second Comparison Compari		Name change	type. Doing Business As	92-00	040308
FATRBANKS		Termin ated	Specific 122 FIRST AVENUE 600		452-8251
Name and address of principal officer_JERFY ISAAC 122 FIRST AVENUE, FAIRBANKS, AK 99701-4897 12 FIRST AVENUE, FAIRBANKS, AK 99701-4897 11 Tax-exempt status: IX I SO1(c) (3) = 4 [nest to 1.2] 12 FIRST AVENUE, FAIRBANKS, AK 99701-4897 11 Tax-exempt status: IX I SO1(c) (3) = 4 [nest to 1.2] 13 FIRST AVENUE, FAIRBANKS, AK 99701-4897 11 Tax-exempt status: IX I SO1(c) (3) = 4 [nest to 1.2] 14 FIRST AVENUE, FAIRBANKS, AK 99701-4897 12 FIRST AVENUE, FAI		Amend return	led tions. City or town, state or country, and ZIP + 4	G Gross receipts \$	116,124,041.
F Name and address of principal officers (JARNY 1.SARC) Taxexempt status: XI 501(6) (3 ¶ (insert no.) 4947(a)(1) or 527 17	L	Applica tion		H(a) Is this a group re	turn
Tarkexemot status: X Sof(G)(3 ▼ (nesert no.) 4947(a)(1) or 527 Hr No.* attach a last, (see instructions) 1 1 1 1 1 1 1 1 1		portain	F Name and address of principal officer: UERKY LSAAC	1	
Form of organization: Corporation Trust Association Other Lyear of formation: 1971 M State of legal domicile: AK	T	Тах-өхс	empt status: X 501(c) (3	-	
Part Summary	-				
Briefly describe the organization's mission or most significant activities: THE OBJECTIVES OF THE TANANA CHIEFS CONFERENCE ARE TO PROVIDE HEALTH, SOCIAL, AND ECONOMIC 2 Check this box bull if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1a) 3 9 9				r of formation: 1971 $ m M$	State of legal domicile: AK
CHIEFS CONFERENCE ARE TO PROVIDE HEALTH, SOCIAL, AND ECONOMIC Check this box	P				
b Net unrelated business taxable income from Form 990-T, line 34 Tb - 1, 0011, 122.	စ္ပ	1	Briefly describe the organization's mission or most significant activities: THE OBJEC	TIVES OF THE	TANANA
b Net unrelated business taxable income from Form 990-T, line 34 Tb - 1, 0011, 122.	an				
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b Net unrelated business taxable income from Form 990-T, line 34 Tb - 1, 0011, 122.	ξį			·····	_1 053 087
8	Ac				
8		<u>D</u>	Net unrelated business taxable income from Form 990-1, line 34		
9 Program service revenue (Part VIII, line 2g) 9,736,617. 12,739,953. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,153,589. 396,408. 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 336,982610,736. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 82,777,768. 96,443,965. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,375,860. 7,673,766. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salarles, other compensation, employee benefits (Part IX, column (A), line 19) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) b Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 85,549,074. 93,814,389. 19 Revenue less expenses. Subtract line 18 from line 12 42,304,120. 44,371,155. 19 Revenue less expenses. Subtract line 18 from line 12 50 50 50 50 50 50 50 50 50 50 50 50 50			Contributions and grants (Part VIII line 1h)		83.918.340.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 330, 982. -0.10, 730. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9, 375, 860. 7, 673, 766. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9, 375, 860. 7, 673, 766. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 15 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33, 869, 094. 41, 769, 468. 16 Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24f) 42, 304, 120. 44, 371, 155. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29, 85, 549, 074. 93, 814, 389. 19 Revenue less expenses. Subtract line 18 from line 12 85, 549, 074. 93, 814, 389. 20 Total assets (Part X, line 16) 86ginning of Current Year 87, 77, 786. 87, 77, 786. 96, 497. 21 Total liabilities (Part X, line 26) 19, 684, 091. 23, 141, 415. 22 Net assets or fund balances. Subtract line 21 from line 20 45, 166, 270. 46, 555, 082. Part II Signature Block Signature Block Signature of officer Date Signature of officer Preparer's identifying number	Jue	١٥	[
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 330, 982. -0.10, 730. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9, 375, 860. 7, 673, 766. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9, 375, 860. 7, 673, 766. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 15 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33, 869, 094. 41, 769, 468. 16 Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24f) 42, 304, 120. 44, 371, 155. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29, 85, 549, 074. 93, 814, 389. 19 Revenue less expenses. Subtract line 18 from line 12 85, 549, 074. 93, 814, 389. 20 Total assets (Part X, line 16) 86ginning of Current Year 87, 77, 786. 87, 77, 786. 96, 497. 21 Total liabilities (Part X, line 26) 19, 684, 091. 23, 141, 415. 22 Net assets or fund balances. Subtract line 21 from line 20 45, 166, 270. 46, 555, 082. Part II Signature Block Signature Block Signature of officer Date Signature of officer Preparer's identifying number	, ver	10			
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16a Professional fundraising fees (Part IX, column (A), line 11e)	s		The state of the s	33,869,094.	41,769,468.
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19 Revenue less expenses. Subtract line 18 from line 12 -2,771,306 2,629,576		1	• • • • • • • • • • • • • • • • • • • •		
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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, CFO Type or print name and title Date Date Date Preparer's identifying number		22		45,166,270.	46,555,082.
Sign Here Signature of officer BRIAN RIDLEY, CFO Type or print name and title Date Date Date Date Date Date Preparer's identifying number	P	art II	·I · · · · · · · · · · · · · · · · · ·	and the Alexander of the second of	and half of the land agreed
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Preparer's Firm's name (or MTKTINDA COTTRETT & CO. CPA'S FIN ▶	Pre	eparer's	Firm's name (or MTKINDA COTTRETIL & CO. CPA'S		
Use Only yours if self-employed), 3601 C STREET, SUITE 600	Us	e Only		LIIV	
address, and ZIP + 4 ANCHORAGE, AK 99503 Phone no. ▶907-278-8878				Phone no. ▶ 9	07-278-8878
May the IRS discuss this return with the preparer shown above? (see instructions)	Ma	av the II		1,	

Pai	t 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?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3,
4	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.
	anocations 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 •)
<u>4e</u>	Total program service expenses ►\$ 92,779,491.

932002 02-04-10

Form **990** (2009)

Form 990 (2009) TANANA CHIEF
Part IV | Checklist of Required Schedules

	· · · · · · · · · · · · · · · · · · ·		7/	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	7,	
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	İ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-,-,-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
		9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		Х
	If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		🕶	
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			-
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		•	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	İ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	· ···	1	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		 	
10	located outside the United States? If "Yes," complete Schedule F, Part III	16	1	х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
17		17		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	<u>^</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		٠,	
	complete Schedule G, Part III	19	X	37
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X
		Form	990	(2009)

Part IV Checklist of Required Schedules (continued)

			Yes	No
04	Did the augustation was at more than \$5,000 of grants and other assistance to governments and argenizations in the		res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
00	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		-23	
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2-14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			,,
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		•	
	instructions for applicable filing thresholds, conditions, and exceptions):			-v-
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	00-		x
•	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	 	$\frac{\lambda}{X}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	125
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?		 	 -
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
Ŭ <u>_</u>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity?		1	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, Ilne 2	36	X	ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	(2000)

Form **990** (2009)

Form 990 (2009) TANANA CHIEFS CONFERENCE

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	347			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·		1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	881			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		·			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a	X	
	•			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	.,,	X
þ	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					3.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		,	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit	_		х
	any contributions that were not tax deductible?			6a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions are statement to the statement that such contributions are statement to the statement of the statement that such contributions are statement to the statement of t		-	O.L.		
-	were not tax deductible?		***************************************	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annde	and conject			į
а	provided to the payor?			7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			- 1 2		
Ū	to file Form 8282?			7c		х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	1	1			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	nal			
	benefit contract?		***********	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	***************************************	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?	************	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	equired?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding	ess b	usiness holdings			
	at any time during the year?			8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 49667			9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	40	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>	1	1	
11	Section 501(c)(12) organizations. Enter:	11a	I			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	118		1		
Ŋ	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	t	7	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	124	 	
.,	in 100, onto the difficulty of tax exempt interest received of adolated duting the year	1		Form	aan	/2009\

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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.

Sec	tion A. Governing Body and Management		 T	
_			Yes	No
	Enter the number of voting members of the governing body Enter the number of voting members that are independent		- 1	
b	Enter the number of veiling members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			.
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		,	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	ı
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a]	
	taxable entity during the year?	16a	Х	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			ĺ
	exempt status with respect to such arrangements?	16b	Х	1
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ► 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	e for		
-	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial	
	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 organiz	ation:	>	
_5	BRIAN RIDLEY - 907-452-8251		********	
	122 FIRST AVENUE, FAIRBANKS, AK 99701			
		Form	990	(2009)

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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.

(A)	(B)			(C				(D)	(E)	(F)		
Name and Title	Average hours	(check all that apply)		Position .		li la				Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated C		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
DONALD F. ADAMS	0.00							16 000	•	0		
MEMBER	2.00	X			_			16,800.	0.	0		
NIKOLAI ALEXIA SR.								15 600		0		
MEMBER	2.00	X				ļ		15,600.	0.	0		
JULIE ROBERTS-HYSLOP	2.00	٦,	1					15 200	0.	0		
MEMBER LEO LOLNITZ	2.00	X					<u> </u>	15,300.	0.	0		
MEMBER	2.00	х				Ì		16,200.	0.	0		
RICHARD FRANK				 		 	-					
ELDER ADVISOR	2.00	Х						13,500.	0.	0		
MICHAEL AMBROSE				 	ļ	1		***************************************				
YOUTH ADVISOR	2.00	X						0.	0.	0		
DONALD V. HONEA SR						<u> </u>						
1ST TRADITIONAL CHIEF	2.00	X						3,600.	0.	0		
NANCY JAMES												
MEMBER	2.00	X		<u> </u>				12,000.	0.	0		
EUGENE J PAUL												
MEMBER	2.00	X						0.	0.	0		
PATRICK MCCARTY								15 000		,		
SECRETARY/TREASURER	5.00	X		X			ļ	15,000.	0.	0		
CARL JERUE JR	F 00	٦,		۱,,	l			0 600	0.	,		
VICE PRESIDENT	5.00	X	 	Х	<u> </u>	-	ļ	9,600.	U •	0		
JERRY ISAAC	40.00			x				204,302.	0.	65,118		
PRESIDENT, CHAIRMAN TED R CHARLES	40.00	 	-	^	 	 	├	204,302.	0.	05,110		
CHIEF ADMINISTRATIVE OFFICER	40.00		1	х				185,199.	0.	54,134		
BRIAN D. RIDLEY	40,00	 	 		┢┈	 	├	103,133.	•	J47251		
CHIEF FINANCIAL OFFICER	40.00			х	1			150,431.	0.	41,402		
NIGEL WAPPETT		†	 	† -	 	†						
PHYSICIAN	40.00					x		358,736.	0.	67,510		
MICHAEL FITCH		T	1	1	 	1	 			· · · · · · · · · · · · · · · · · · ·		
PHYSICIAN	40.00					Х		199,943.	0.	27,335		
GINA ESCOBAR			1	1			Τ					
PSYCHOLOGIST	40.00					X		184,344.	0.	24,444		

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)			
(A) (B) (C) (D) (E)						' '		(F)				
Name and title	Average hours	ours (ch		Position check all that			ly)	Reportable compensation	Reportable compensation	am	imate ount o	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other bensat om the anizati I relate nizatio	e on ed
RICHA UPPAL	40 00							107.020	•	-		4 17
PHYSICIAN	40.00	ļ	ļ	ļ		Х		197,839.	0.	5	5,3	<u> 17.</u>
M. CLARK FULTZ PHYSICIAN	40.00					х		181,331.	0.	<u>ب</u>	5,1'	73
PHYSICIAN	40.00					Δ		101,331,	0.	3:	ο, τ	/3.
1b Total		<u></u>	<u></u>	<u></u>	·			1,779,725.	0.	39	0,4	33.
2 Total number of individuals (including but r						e) wl	no r	eceived more than \$100	,000 in reportable			
compensation from the organization											V 1	48
2 Did the examination list any forms	director or to	oto-			anle	\/C.	0 " L	alahaat aamaamaata-l	anlovos an		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-	•			nighest compensated en	•	3		Х
4 For any individual listed on line 1a, is the su												_
and related organizations greater than \$15										4	Х	ļ
5 Did any person listed on line 1a receive or the organization? If "Yes," complete Sched								ted organization for servi		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		
	LEASED SPACE	6,781,507.
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM	MEDICINE AND MEDICAL	
4000 AMBASSADOR DRIVE, ANCHORAGE, AK 99508	SUPPLIES	4,033,158.
YUKON TITLE COMPANY, INC.	LAND PURCHASE FOR	·
714 GAFFNEY ROAD, FAIRBANKS, AK 99701	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	COMMISSIONED CORP,	
4141 AMBASSADOR DR, ANCHORAGE, AK 99508	LEASED CLINICS	1,602,645.
2 Total number of independent contractors (including but not limited to those liste \$100,000 in compensation from the organization ▶ 118	d above) who recelved more than	

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Form 990 (2009) TANANA CHIEFS 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).

	All other organizations must comp				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	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)	4 000	4 40 7 5 5	0.4.0	
	and section 403(b) employer contributions)		1,495,816.	312,627.	
9	Other employee benefits	10,318,605.		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.	
С	Accounting	67,665.	***************************************	67,665.	·
d	Lobbying	82,614.		82,614.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	00 005 000	00 165 150	007 500	
g		22,995,039.	22,167,459.	827,580.	
12	Advertising and promotion	2 450 065	2 005 040	024 010	
13	Office expenses	3,459,067.	3,225,048.	234,019.	
14	Information technology				
15	Royalties	0 0 6 0 5 7 2	221 065	2 646 707	
16	Occupancy	2,868,572.	221,865. 6,047,724.	2,646,707. 764,708.	
17	Travel	6,812,432.	0,047,724,	/04,/00•	
18	Payments of travel or entertainment expenses	'			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	314,876.		314,876.	
	Interest	314,070.		314,070	
21	Payments to affiliates	1,496,362.		1,496,362.	· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		1,400,304	
23	Insurance Other expenses, Itemize expenses not covered				
24	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	EQUIPMENT	2,716,879.	428,990.	2,287,889.	
a	DIRECT OPERATING COSTS	2,234,580.	1,655,810.	578,770.	
υ υ	MISCELLANEOUS EXPENSE	731,631.	627,253.	104,378.	
d	INDIRECT COST ALLOCATIO	200,998.	15,076,700.	-14875702.	
u e				220/0/04	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	93,814,389.	92,779,491.	1,034,898.	0.
26	Joint costs. Check here Jif following				
20	SOP 98-2. Complete this line only if the organization		ĺ		
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation				
02201	0.02-04-10		 	<u> </u>	Form 990 (2009)

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Pai	t X	Balance Sheet			
			(A) Beglnning of year		(B) End of year
	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	0.417 4.04	6	1 001 000
Assets	7	Notes and loans receivable, net	847,121.	7	1,921,933.
\ss	8	Inventories for sale or use	<u> </u>	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 Less: accumulated depreciation 10a 32,225,530. 10b 12,067,628.	17 002 407		20 157 002
		* *************************************	17,903,407. 10,503,316.	10c	20,157,902. 18,589,526.
	11	Investments - publicly traded securities	10,503,310.	11	10,309,340.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2,676,064.	14	2,987,482.
	15	Other assets. See Part IV, line 11	64,850,361.	15 16	69,696,497.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	5,133,480.	17	7,190,562.
	18	Grants payable and accided expenses	0.	18	,,230,0021
	19	Deferred revenue	2,814,593.	19	2,760,808.
	20	Tax-exempt bond liabilities		20	
m	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		 	
abil		highest compensated employees, and disqualified persons. Complete Part II			
Ë		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	Total liabilities, Add lines 17 through 25	19,684,091.	26	23,141,415.
		Organizations that follow SFAS 117, check here			
es		lines 27 through 29, and lines 33 and 34.			
ü	27	Unrestricted net assets		27	
3ali	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	,
교	1	Organizations that do not follow SFAS 117, check here 🕨 🗓 and			
ŏ		complete lines 30 through 34.	0= =40 040		
ets	30	Capital stock or trust principal, or current funds	35,743,049.	-	34,208,262.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	9,423,221.	31	12,346,820.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
4	33	Total net assets or fund balances	45,166,270.	33	46,555,082.
	34	Total liabilities and net assets/fund balances	64,850,361.	34	69,696,497.

Form **990** (2009)

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C		2c	Х	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 X Consolidated basis X Both consolidated and separate basis			
За	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? If the organization did not undergo the required audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	
		Form	990	(200a)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number 92-0040308

Dor# I	Doggon		ty Status (All arrania			- Alaka 1	\ O== ! !		22	0040	,,,,	
Part I			ty Status (All organiza					ructions.				
		•	pecause it is: (For lines 1	-								
1			s, or association of churc		ibed in se	ction 170(b)(1)(A)(i).	•				
2			0(b)(1)(A)(ii). (Attach Sch									
3 📙	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4 📖			perated in conjunction v	with a hos	pital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the	e hospital's	s name	э,
	city, and stat											
5 📖			penefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unit	described	d in		
		(b)(1)(A)(iv). (Comple										
6 🖳		· ·	ent or governmental unit									
7 X	An organizati	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ublic descr	ibed ir	n
	section 170(b)(1)(A)(vi). (Complet	te Part II.)									
8 🖳	A community	trust described in se	ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9 📖	An organizati	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	om contril	outions, m	embership	o fees, and	d gross rec	eipts f	from
	activities rela	ted to its exempt fur	ncti o ns - subject to certa	in exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fr	rom gr o ss i	nvestr	ment
	income and u	ınrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization af	ter June 30	ე, 197	5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety, S	See sectio	n 509 (a)(4	·).				
11 📖	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	ictions of,	or to carry	out the p	ourposes o	f one c	or
	more publicly	supported organiza	itions described in section	on 509(a)(1	i) or sectio	n 509(a)(2). See sec	tion 509(a	a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and comple	e <u>te lin</u> es 1 [.]	ie through	11h.						
	a L Type I	ь∟	J Type II c	: 🔲 Тур	e III - Func	tionally int	egrated		d L	Type III - C	ther	
е 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified p	ersons oth	er tha	n
	foundation m	anagers and other th	han one or more publicly	/ supporte	d organiza	itions desc	ribed in s	ection 509	(a)(1) or se	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	ре І, Туре	II, or Type	e III				
	supporting of	rganization, check th	nis box									
g	Since August	t 17, 2006, has the o	rganization accepted ar									
-	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	escribed i	in (ii) and (i	iii) below,		Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
			described in (i) above?									
			person described in (i) o									
h			about the supported org									
		· ·		•	, ,							
(I) Name	of supported	(II) EIN	(III) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Am	ount o	
	anization	(11) = 111	organization	in col. (i) lis	sted in your	organizat	on in col.	organizátio (i) organiz U.S	on in col. I ed in the	sup		'
0. 5.			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	\'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	.?" "	9 1		
			(see instructions))	Yes	No	Yes	No	Yes	No			
NAVARE									† · · · · · · ·			-,
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Tatal												
Total		L	L	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>			

 $\mbox{\sc LHA}$ 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

932021 02-08-10

301160016 A (101111 330 01 330-12/ 2003 1111111111 01111111 0 CO1111 111111011	<u> </u>	1 490 4
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		

Sec	Section A. Public Support										
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	1 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.				
2	2 Tax revenues levied for the organ-										
-	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
•	furnished by a governmental unit to										
	the organization without charge	ı	•								
4	Total. Add lines 1 through 3	66,496,097.	71,187,087.	73,483,112.	73,857,758.	83,918,340.	368,942,394.				
5	The portion of total contributions	, , , , , , , , , , , , , , , , , , , ,									
J	by each person (other than a	İ									
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)			ļ							
^			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			368,942,394.				
	Public support. Subtract line 5 from line 4.						300,542,354.				
	endar year (or fiscal year beginning in)	(m) 000F	(I-) 000C	(a) 0007	(d) 2008	(e) 2009	(f) Total				
		(a) 2005 66, 496, 097.	(b) 2006 71,187,087.	(c) 2007 73,483,112.	73,857,758.	83,918,340.	368,942,394.				
	Amounts from line 4	1 00,430,037.	71,107,007.	75,405,112,	73,037,730.	105,510,540,	300,542,554.				
8	Gross income from interest,										
	dividends, payments received on		:								
	securities loans, rents, royalties	1 114 556	1 624 065	020 275	451,110.	401,500.	4 440 306				
	and income from similar sources	1,114,556.	1,634,865.	030,4/3.	451,110.	401,500.	4,440,306.				
9	Net income from unrelated business										
	activities, whether or not the					1 053 005	1 052 005				
	business is regularly carried on		· · · · · · · · · · · · · · · · · · ·			-1,053,087.	-1,053,087.				
10	Other income. Do not include gain										
	or loss from the sale of capital		10 100	04 200		455 000	2 400 600				
	assets (Explain in Part IV.)	75,197.	10,127.	24,302.	1,928,985.	455,082.	2,493,693.				
11	Total support. Add lines 7 through 10		;	<u> </u>			374,823,306.				
12	Gross receipts from related activities,					L	,086,694.				
13	First five years. If the Form 990 is for										
<u> </u>	organization, check this box and stor	here	Hooptogo				>				
	ction C. Computation of Publ						00 43				
14	Public support percentage for 2009 (14	98.43 %				
15											
16a	16a 33 1/3% support test - 2009. 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 publicity supported organization										
t	b 33 1/3% support test - 2008. 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										
17a	17a 10% -facts-and-circumstances test - 2009. 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 stop here. Explain in Part IV how the organization										
	meets the "facts-and-circumstances"	-									
k	10% -facts-and-circumstances tes										
	more, and if the organization meets t										
	organization meets the "facts-and-cir-		-				. \square				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l							
	Schedule A (Form 990 or 990-EZ) 2009										

Sch Pa	edule A (Form 990 or 990 EZ) 2009 rt III Support Schedule for C	Organizations	Described in	Section 509(a	1)(2) (Complete only	if you checked the bo	Page 3
Sec	ction A. Public Support				7(-7 (Complete only	n you oncoked the be	ox off fille 3 of f are is;
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	1,1					
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandlse 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 bus-						
	iness 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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons				1		
ł	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						
	Add lines 7a and 7b						
Se	Public support (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	т.			-		
	Add lines 10a and 10b 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.)						
	Total support (Add lines 9, 10c, 11, and 12.)		L			1	<u></u>
14	First five years. If the Form 990 is fo	-			•		
80	check this box and stop here ction C. Computation of Publ	lio Support De	rcentage	***************************************			
	Public support percentage for 2009 (column (f)	······································	15	%
16	Public support percentage from 2008					16	
	ction D. Computation of Inve					110 1	
	Investment income percentage for 20				· · · · · · · · · · · · · · · · · · ·	17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2009. If the	organization did ı	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						>
ı	o 33 1/3% support tests - 2008. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	, box on line 14, 19	∌a, or 19b, check			90 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

Name of the organization Employer identification number TANANA CHIEFS CONFERENCE 92-0040308 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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). Schedule B (Form 990, 990-EZ, or 990-PF) (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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 X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	U.S. DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE S.W. WASHINGTON, DC 20201	\$ 56,294,238.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	STATE OF ALASKA DEPT OF HEALTH AND SOCIAL SERVICES PO BOX 110601 JUNEAU, AK 99811-0601	\$ 4,957,578.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ALASKA HOUSING FINANCE CORPORATION PO BOX 101020 ANCHORAGE, AK 99510-1020	\$_4,016,651.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02-0		\$Schedule B /Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009

of Part II

Name of organization

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
923453 02-0	1-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2009

Name of organization

CHIEFS CONFERENCE		92-0040308
Exclusively religious, charitable, etc., in- more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio	columns (a) through (e) and the four contributions of the four contributions of the contribut	ollowing line entry. For organizations completing of
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift	Exclusively religious, charitable, etc., individual contributions to section more than \$1,000 for the year. Complete columns (a) through (e) and the f Part III, enter the total of exclusively religious, charitable, etc., contributions \$1,000 or less for the year. (Enter this information once. See instructions.)] (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Use of gift (g) Use of gift (g) Use of gift (h) Purpose of gift

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of orga				Emp	loyer identification number
[B-41A]	TANANA	CHIEFS CONFERENC	E	or is a specien 507 a	92-0040308
<u> </u>		anization is exempt und			organization.
	,	ation's direct and indirect politic		L	.
		,,.,.,.)
3 Voluntee	r nours				The state of the s
Part I-B	Complete if the org	anization is exempt und	der section 501(c)	(3).	
1 Enter the	amount of any excise tax	incurred by the organization un	der section 4955	🟲 🕏	3
2 Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955	5 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S
3 If the org	janization incurred a sectio	n 4955 tax, did it file Form 4720) for this year?		Yes No
					Yes No
b if "Yes,"	describe in Part IV.			averal anation FO1	/5\/9\
		anization is exempt und			,,,,
		I by the filing organization for se			8
		ization's funds contributed to o			
exempt	function activities			> 9	j
		. Add lines 1 and 2. Enter here			h
		1120-POL for this year?			
5 Enter the	e names, addresses and er	nployer identification number (E he amount paid from the filing o	IN) of all section 527 person 527	olitical organizations to whi	tical contributions received
		vered to a separate political org			
		I, provide information in Part IV.		·	a political dollor tollinimites
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Marilo	(b) / (dd/000	(0) =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
	*				If none, enter -0

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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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 TANANA CHIEFS CONFERENCE 92-004030 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(8	a)	(Ł)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:	,			
а	Volunteers?		X X		
b			X	Calaboration hiptoria and account density	
	Media advertisements?		X		
	Mallings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?			Q,	2,614.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	0,	3,014
n ,	Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	ļ	X		
	Other activities? If "Yes," describe in Part IV			Ω,	2,614.
- ۲	Total. Add lines 1c through 1i		X	0.4	4, U14
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				······································
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u></u>	_		
Pai	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	1/5) or se	ection	
	501(c)(6).	011 00 1(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0011011	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members			1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b					
c	-				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
!	t IV Supplemental Information	· · · · · · · · · · · · · · · · · · ·		····	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	, line 1i. Als	o, complete	this part
	ny additional information.				
PA.	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
TH	E ORGANIZATION CONTRACTED WITH PROFESSIONAL LOBBYIS	TS TO	WORK	WITH	
LΕ	GISLATORS 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,

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.

2009
Open to Public Inspection

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number 92-0040308

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? 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). □ Proservation of and for public use (e.g., recreation or pleasure) □ Preservation of an historically important land area □ Preservation of natural habitat □ Preservation of poen space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements so a certified historic structure included in (a) 2.2 c d Number of conservation easements on a certified historic structure included in (a) 2.2 c d Number of conservation easements included in (c) acquired after 8/17/06 2.2 d 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 ▶ 5 Does she organization have a written policy regarding the periodic monitoring conservation easements during the year ▶ 5 Does the organization easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(8)(9)(9) and section 170(h)(4)(8)(9)? In Part XIV, describe how the organization reports conservation easements in furtherance of public service, provide, in Part XIV, the text of the forganization elected, as permitted und	Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
Total number at end of year 2 Aggregate grants from (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all conors 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? 6 Did the organization inform all grantses, 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 prize benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purposo(s) of conservation easements hold by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of on an historically important land area 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. a Total number of conservation easements 5 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements to a certified historic structure included in (a) 6 Number of conservation easements modified, transferred, released, exitinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easements is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements during the year ▶ \$ 5 Does such conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIV, describe how the organization reports conservation easements that describes the organization's accounting for conservation easement and balance sheet works of art, historical treasures, or		organization answered "Yes" to Form 990, Part IV, line	e 6.	
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 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? 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 on seasements and the preservation of conservation easements on the last day of the tax year. a Total number of conservation easements			(a) Donor advised funds	(b) Funds and other accounts
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Preservation of open space		Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an I	historically important land area
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a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2	2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	m of a conservation easement on the last
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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)(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 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 treasure or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating these items: (i) Revenues included in Form 990, Part VIII, line 1	d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Per III Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasure or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating these items: (I) Revenues included in Form 990, Part VIII, line 1	3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organization during the tax
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 the footnote to its financial statements that describes these items. In the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasure or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating these items: (i) Revenues included in Form 990, Part VIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	s during the year 🕨
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 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasure or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating these items: (i) Revenues included in Form 990, Part VIII, line 1 		and section 170(h)(4)(B)(ii)?		Yes No
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 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 treasure or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating these items: (i) Revenues included in Form 990, Part VIII, line 1	9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and exper	nse statement, and balance sheet, and
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these items: (i) Revenues included in Form 990, Part VIII, line 1	b	-	•	
(i) Revenues included in Form 990, Part VIII, line 1		or other similar assets held for public exhibition, education, of	or research in furtherance of public sen	rice, provide the following amounts relating to
(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X				
(ii) Assets included in Form 990, Part X		(i) Revenues included in Form 990, Part VIII, line 1		\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	2			cial 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	а	Revenues included in Form 990, Part VIII, line 1		
b Assets included in Form 990, Part X	b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2009

b Buildings 18,076,003. 7,488,959. 10,587,044. c Leasehold improvements 7,521,986. 3,728,067. 3,793,919. e Other 1,244,820. 850,602. 394,218.	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures, o	r Othe	er Simila	ar Ass	ets (cont	inued)
a Public exhibition d Loan or exchange programs b Scholarly research e Other c	3	Using the organization's acquisition, accession	on, and other record	s, checl	any of the	following that	are a s	gnificant	use of it	s collectio	n items
b Scholarly research e		(check all that apply):									
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 fressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Ecrow 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? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Beginning balance 3 Beginning balance 4 Beginning balance 5 Distributions during the year 1 Ending balance 6 Distributions during the year 1 Ending balance and part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 6 Orn-tributions 1a Beginning of year balance 6 Orn-tributions 1b Administrative expenses 9 End of year balance 1c Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 1 Administrative expenses 9 End of year balance 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrativ	а	Public exhibition	d		Loan or excl	hange progra	ms				
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 tressures, or other similar assets to be sed to raise further than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIV, and the organization answered "Yes" to Form 990, Part IV, line 9, or Part XIV and complete the following table:	b	Scholarly research e Other									
5 During the year, did the organization solicit or moelve 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? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Ves" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! In 21. Is going high part X? Beginning balance It is a did to be obtained by year. It is a beginning balance It is a beginning balance It is a beginning balance It is a beginning of year balance heart from the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance It is a beginning of year balance It is a beginning of year balance It is a beginning of year balance It is a beginning of year balance It is a beginning of year balance It is a beginning of year balance by Contributions It is a beginning of year balance by Contributions It is a beginning of year balance by Contributions It is a beginning of year balance by Contributions It is a beginning of year balance by Contributions It is a beginning of year balance by Contributions It is a beginning of year balance by Contributions It is a beginning of year balance by Contributions and programs It is a beginning of year balance by Contributions and programs It is a beginning of year balance by Contributions and programs It is a beginning of year balance by Contributions and programs It is a beginning of year balance by Contributions and programs It is a beginning of year balance by Contributions and programs It is a beginning of year balance by	С	Preservation for future generations									
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Secrow 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 No If "Yes," explain the arrangement in Part XIV and complete the following table: Comparison	5	During the year, did the organization solicit o	r receive donations (of art, hi	storical trea	sures, or othe	er simila	assets	_		
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13 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b (if Yes,* explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year 1 d c Distributions during the year 4 f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes* to Form 990, Part IV, line 10. 1 Beginning of year balance 6 Contributions 6 Contributions 7 Contributions 8 Contributions 9 Con	Par			ete if org	anization ar	nswered "Yes	" to For	m 990, Pa	ırt IV, lin	ө 9, or	
on Form 990, Part X? Fives, * explain the arrangement in Part XIV and complete the following table:											
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d Additions during the year									L	Yes	∟ No
C Beginning balance 1d	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:			r			
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Ending balance	d	Additions during the year						. 1d			
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e Other 1,244,820. 850,602. 394,218.	d	Equipment									
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Schedule D (Form 990) 2009

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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 TANANA CHIEFS CONFERENCE Part XIV Supplemental Information (continued)	92-0040308 Page 5
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.	
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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization TANANA C	CHIEFS CONFERENCE					92-0040	308
Part I Fundraising Activities. required to complete this part.	Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pab If "Yes," list the ten highest paid individed compensated at least \$5,000 by the organization have a written or head of the paid individed in the paid in the pa	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did alser ustody trol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
•		Yes	No				
		 	·		ļ	·····	
					ļ		
					.,		
		-				<u> </u>	
				1			
		<u> </u>	ļ		ļ		
Total 3 List all states in which the organization	a is registered at licensed to solicit	funde	or has	heen notified it is a	Vemr	ot from registrat	ion or licensing
S LIST All States III WHICH the Organization	TIS TEGISTERED OF IICERISED TO SOIICIT	Turius	OI Has	Deen nothed it is e.		egistiat	——————————————————————————————————————
							
					······································		
LHA For Privacy Act and Paperwork Re	duction Act Notice, see the Instri	uction	for F	orm 990 or 990-EZ	,	Schedule G (For	m 990 or 990-EZ) 200

Schedule G (Form 990 or 990-EZ) 2009 TANANA CHIEFS CONFERENCE 92-0040308 Page 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-E∠, line 6a. List events with o	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) throug col. (c))
e l			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ses	5	Noncash prizes				
Expen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	10	Other direct expenses	Q in column (d)	<u> </u>		1
		Net income summary. Combine line 3, column				
Pa	rt l	II Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or i	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (accol. (a) through col.
Re	1	Gross revenue	1,009,071.	545,099.	2,110.	1,556,28
ses	2	Cash prizes	773,368.	435,621.		1,208,98
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	196,603.	72,240.	1,687.	270,53
	6	Volunteer labor	Yes% X No	Yes% X No	Yes	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	(1,479,51
	8	Net gaming income summary. Combine line 1	, column (d), and line 7		>	76,76
9	En	ter the state(s) in which the organization opera	tes gaming activities: A	ĸ		Yes I
		the organization licensed to operate gaming ac				9a X
		No," explain:		,		
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	10a
b) If "	Yes," explain:				
11	Do	es the organization operate gaming activities v	vith nonmembers?			11 X
12	ls t	the organization a grantor, beneficiary or truste				40 V

932082 02-03-10

Schedule G (Form 990 or 990-EZ) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▼ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No. 1545-0047	2009	Open to Public

% Schedule I (Form 990) 2009 . ✓ Employer identification number 92-0040308 AND CULTURAL HISTORY OF TISITORS ABOUT NATURAL ROVIDES INPATIENT AND Inspection UTPATIENT BEHAVIORAL EDUCATE RESIDENTS AND (h) Purpose of grant or assistance X Yes HEALTH SERVICES INTERIOR ALASKA 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 in and address of organization (b) EIN (c) IRC section if applicable cash grant and address of organization (b) EIN (d) Amount of cash grant if applicable cash grant and address of organization (book, received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose or assistance or assis 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 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 other) 0 0 assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 654,504. 10,499 3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations CHIEFS CONFERENCE 501(C)(3) 501(C)(3) 20-1113317 92-0037488 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization TANANA FAIRBANKS NATIVE ASSOCIATION 605 HUGHES AVE., STE 100 101 DUNKEL STREET, #210 MORRIS THOMPSON CENTER FAIRBANKS, AK 99701 Name of the organization FAIRBANKS, AK 99701 Part PartII N

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Schedule I (Form 990) 2009 TANANA CHIEFS CONFERENCE

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.

Page 2

92-0040308

(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	66	61,783.	0		
BIA CLIENT SERVICE-ASSISTANCE	3314	1,015,145.	0.		in the second se
Part IV Supplemental Information. Complete this part to provide the	de the information	required in Part I,	line 2, and any other	ne information required in Part I, line 2, and any other additional information.	
	4 4 4	TOTAL CE	West Vinden	עגם אם פמאתומזי שחמגת תמדווח אם מדגת בת	

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

EXACT AMOUNT INCURRED.

Schedule I (Form 990) 2009

Schedule I-1 (Form 990) 2009 TANANA CHIEFS C	CONFERENCE	w		500	92-0040308 Page 2
Part II Continuation of Grants and Other Assistance to Individuals in	duals in the Unite	ed States (Schedule	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	.809	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

le I-1 (Form 990) 2009	TANANA CHIEFS CONFERENCE	92-0040308	Page 2
Continuation of Grants an	Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)		

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	luals in the Unite	d States (Schedule	1 (Form 990), Part II	(-	
(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
BINGO TRIBAL SHARES	36.	41,199.	0		
					,
					Schedule I-1 (Form 990) 2009

SCHEDULE J (Form 990)

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. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

TANANA CHIEFS CONFERENCE 92-0040308 Part I **Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 _____ 1b 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? 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. ☐ Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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. 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: X a The organization? \overline{X} b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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 7 Х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

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

TANANA CHIEFS CONFERENCE

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	204,302.	0	0	20,598.	44,520.	269,420.	0.
JERRY ISAAC	<u> </u>		0	0				0
	Θ	185,199.	0	0	12,881.	41,253.	239,333.	0
TED R CHARLES	Ξ		0	0.	1 1			0
	ε	150,431.	0	0	10,549.	30,853.	191,833.	0
BRIAN D. RIDLEY	: E	1	0	0				0
	Ξ	358,736.	0	0	17,150.	50,360.	426,246.	0
NIGEL WAPPETT	(E)	ı	0	0				0
	Ξ	199,943.	0	0	14,378.	12,957.	227,278.	0
MICHAEL FITCH	Ξ	0	0	0	0			0
	Ξ	184,344.	0	0	13,497.	10,947.	208,788.	0
GINA ESCOBAR	Ξ	ı	0	0	0			0
	Ξ	197,839.	0	0	14,812.	40,505.	253,156.	0
RICHA UPPAL	(E	0	0	0	0			0
	Ξ	181,331.	0	0	13,068.	42,105.	236,504.	0
M. CLARK FULTZ	Ξ	0	0	0	0	0	0	0.
	(i)							
	(ii)							
	(i)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(E)							
	Θ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
				(Schedul	Schedule J (Form 990) 2009

SCHEDULE 0

(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.



Name of the organization

Employer identification number

TANANA CHIEFS CONFERENCE 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: PROVIDES ASSISTANCE TO LOCAL GOVERNMENTS AND TRIBAL DEVELOPMENT: 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 REFRENCE 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.

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.

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.	
	<u></u>

(Form 990)
Department of the Treasury Internal Revenue Service SCHEDULER

Name of the organization

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

2009 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 92-0040308

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

(a)	(q)	(၁)	(p)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
DNH FUELS, LLC - 26-2170480					
201 FIRST AVENUE	1				
FAIRBANKS, AK 99701	WHOLESALE FUEL SERVICES	ALASKA	0	0	
DNE CONSTRUCTION LLC - 26-2498417					
201 FIRST AVENUE					
FAIRBANKS, AK 99701	CONSTRUCTION SERVICES	ALASKA	0	0	
DNE MANAGEMENT SERVICES LLC					
122 FIRST AVENUE SUITE 600					
FAIRBANKS, AK 99701	MANAGEMENT SERVICES	al.aska	0	0	
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.)	ations (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more re	slated tax-exempt
(a)	(p)	(c)	(p)	(e)	(1)
Name address and EN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
- No. Spring					
	ļ				
HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instructions for Form 990				Schedule R (Form 990) 2009

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

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92-0040308

Page 2

TANANA CHIEFS CONFERENCE

Schedule R (Form 990) 2009

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

(1)	General or managing partner?	res No			×	 			 		 	 Jotod L
(1)	Code V-UBI amount in box 20 of Schedule	(0001 1110 1) 134			N/A	_	-			_	 _	
Œ	ations?	ves No			×				 		 	 1
(g)	Share of Di end-of-year are assets				78,268.			!				4 60 9 6 0 6
()	Share of total income				57,173.							001
(e)	Predominant income (related, excluded from tax under sections 512-514)	(F10-210 cilonac			ONRELATED							February 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(p)	Direct controlling entity				NA							· · ·
(၁)	Legal domicile (state or foreign country)	3			AK							
(q)	Primary activity				GAMING							
(a)	Name, address, and EIN of related organization		CHENA BINGO - 94-3458475	107 CLAY STREET	FAIRBANKS, AK 99701							

Identification of Related Organizations Taxable as a Corporation or Irust (Complete if the organ organizations treated as a conocration or trust during the tax year.) Part IV

organizations treated as a corporation or trust during the tax year.)	year.)						
(a)	(q)	(0)	(p)	(e)			Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C cop, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
DNH INCORPORATED - 26-1148930							
2909 ARCTIC BLVD, SUITE 201							
ANCHORAGE, AK 99503	HOLDING COMPANY	AK	NA	C CORP	-163446.	165,482.	100.00%
	P						
							

Schedule R (Form 990) 2009

932162 07-21-10

Page 3

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.		Yes	s No
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 or (iv) rent from a controlled entity		1	×
		4	×
		10	×
d Loans or loan quarantees to or for other organization(s)		X P1	
		1e	×
f Sale of assets to other organization(s)		##	×
g Purchase of assets from other organization(s)		19	X
Exchange of assets		#	×
	,	1i X	
j Lease of facilities, equipment, or other assets from other organization(s)		Ţ	×
		4	
l Performance of services or membership or fundraising solicitations by other organization(s)		X 11	
m Sharing of facilities, equipment, mailing lists, or other assets		-Tu	×
n Sharing of paid employees		무	×
o Reimbursement paid to other organization for expenses		10	×
p Reimbursement paid by other organization for expenses		4	×
q Other transfer of cash or property to other organization(s)		1q ∨	_
. 1		4 1r −	
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	saction thresholds.	i	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	ned
(1) DNH CONSTRUCTION	D	197,	764.
(2) DNH CONSTRUCTION	ī	145,	502.
(3) DNH INCORPORATED	D	972,	403.
(4) CHENA BINGO	Н	56,	580.
(5) CHENA BINGO	æ	56,	716.
(6) DNH FUEL	ŏ	837,	837,676.
932163 02-04-10 42	Sched	Schedule R (Form 990) 2009	0) 2009

Page 4

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	lusion for certain investment partners						
(a)	(a)	(၁)	<u></u>			(6)	
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	(i)	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or toreign	organizations?	year assets		of Schedule K-1	part
		COULTE 9)	Yes No		Yes No	(Form 1055)	Yes No
	-						
							<u>,</u>
			-				
						Schedule R (Form 990) 2009	n 990) 2009

43

Form	990-T	E	xempt Organization Bus	ine	ss Income T	ax Return	·	2000
Depar	tment of the Treasury al Revenue Service (77)		(and proxy tax und			מים אר	10	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if	For c	alendar year 2009 or other tax year beginning OCT 1 Name of organization (Check box if name c			EP 30, 20	DEmplo	ver identification number
· -	address changed		Traine of organization (officer box if flame of	nangca	and soo men denone.		(Emplo	byees' trust, see Instructions ock D on page 9.)
B Ex	kempt under section	Print	TANANA CHIEFS CONFEREN	CE				2-0040308
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box				(See in	ited business activity codes astructions for Block E
<u>_</u>	408(e) 220(e)	''	122 FIRST AVENUE , NO.	60	0		on pag	ge 9.)
<u> </u>] 408A] 530(a)] 529(a)		City or town, state, and ZIP code FAIRBANKS, AK 99701-4	007			713:	200 532000
C Bo		F Groun	exemption number (See instructions for Block F.)				1/13	200 332000
	end of year		corganization type X 501(c) corporation	·	501(c) trust	401(a) trust		Other trust
	69696497.				. ,	, , ,		
					STATEMENT 1			
			oration a subsidiary in an affiliated group or a parei	nt-subs	idlary controlled group?	> L	Ye	s X No
			tifying number of the parent corporation. > BRIAN RIDLEY		Talanh	one number > 9	07_	152 <u>-8251</u>
			de or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sal			1				
b	Less returns and allo		c Balance ▶	1c				
2	Cost of goods sold (S	Schedule	A, line 7)	2	***************************************		,	
3			rom line 1c	3		·		
			h Schedule D) art II, line 17) (attach Form 4797)	4a 4b				
			sts	4c		· · · · · · · · · · · · · · · · · · ·		
5	Income (loss) from p	artnersh	ips and S corporations (attach statement)	5	1,140,618.	STMT 2	}	1,140,618.
6	Rent income (Schedu	ule C)		6				
7			ne (Schedule E)	7				
8			and rents from controlled organizations (Sch. F)	8				
9			on 501(g)(7), (9), or (17) organization	9				
10			ome (Schedule I)	10				
11	Advertising income (Schedul	э J)	11				
12	Other income (See in	struction	ns; attach schedule.)	12				
13			gh 12	13	1,140,618.			1,140,618.
Ра			ot Taken Elsewhere (See instructions foutions, deductions must be directly connecte					
14			rectors, and trustees (Schedule K)			•	14	
15							15	837,244.
16	Repairs and mainte	nance .			***************************************		16	
17	Bad debts				CDD COAD		17	2 000
18 19							18	2,980. 874.
20	Charitable contribut	ions (Se	e instructions for limitation rules.)				20	0/4.
21			562)					
22	Less depreciation c	laimed o	n Schedule A and elsewhere on return		22a	57,249.	22b	18,538.
23							23	
24			mpensation plans				24	
25 26	Employee benefit pr	-	chedule I)				25	
27	Excess readership	costs (Sc	hedule J)			*,***	27	
28	Other deductions (a	ıttach scl	nedule)		SEE STAT	EMENT 4	28	1,282,104.
29	Total deductions	s. Add lir	nes 14 through 28		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		29	2,141,740.
30			ncome before net operating loss deduction. Subtra-				30	-1001122.
31			n (limited to the amount on line 30)				31	-1001122.
32 33			ncome before specific deduction. Subtract line 31 f y \$1,000, but see instructions for exceptions.)				33	1,000.
34			able income. Subtract line 33 from line 32. If line				00	
							34	-1001122.

Part I	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ▶ ■ See Instructions and:	1 1	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \[\\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1	
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	
	Alternative minimum tax	38	·
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.
	V Tax and Payments		
·	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	1	
	Other credits (see instructions) 40b	1 1	
	General business credit. Attach Form 3800 40c	1	
	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	1 1	
	Total credits. Add lines 40a through 40d	40e	
41			0.
42	Subtract line 40e from line 39 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.
	Payments: A 2008 overpayment credited to 2009		
	2009 estimated tax payments 44b		
	Tax deposited with Form 8868 44c	7	
	Foreign organizations: Tax paid or withheld at source (see instructions) 44d		
	Backup withholding (see instructions) 44e	7	
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		···
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49	Enter the amount of line 48 you want; Credited to 2010 estimated tax	49	1
Part \		ge 17)	
	any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial a		Yes No
	nk, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Banl		X
,	ancial Accounts. If YES, enter the name of the foreign country here		
2 Dur	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ES, see page 5 of the instructions for other forms the organization may have to file.		X
	er the amount of tax-exempt interest received or accrued during the tax year >\$		
	dule A - Cost of Goods Sold. Enter method of inventory valuation		
	N/A		
1 Inv	entory at beginning of year 1 6 Inventory at end of year	6	
	rchases 2 7 Cost of goods sold. Subtract line 6	-2000-000-00	
3 Co:	st of labor 3 from line 5. Enter here and in Part 1, line 2	7	,
	ditional section 263A costs 4a 8 Do the rules of section 263A (with respect to		Yes No
	ner costs (attach schedule) 4b property produced or acquired for resale) apply to		
	tal. Add lines 1 through 4b 5 the organization?		X
	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	nowledge a	nd belief, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the IB	S discuss this return with
Here		•	er shown below (see
	Signature of officer Date Title	instruction	s)? X Yes No
y	Preparer's Date Check if F	reparer's	SSN or PTIN
Paid	signature KEY E. GETTY, CPA 08/09/11 self-employed		0121200
Prepare Use On	P'S Firm's name (or MTKTINDA COTTRETT & CO. CPA'S FIN 9		88037
000 OII	yours it self- employed). 3601 C STREET, SUITE 600		
	address, and ZIP code ANCHORAGE, AK 99503		-278-8878
			Form 990-T (2009)

Schedule C - Rent Incom	e (From Real	Property and	d Personal I	Property	Lease	d With Real Pr	ope	rty) (see instr. on pg 18)
1. Description of property								
(1)								
(2)	· · · · · · · · · · · · · · · · · · ·		······································	 		· · · · · · · · · · · · · · · · · · ·		
(3)					10.711111111111111111111111111111111111			
(4)								
	Rent receiv	ed or accrued				0/-15 1 11 11		
(a) From personal property (if the rent for personal property is m 10% but not more than 5	nore than	of rent for p	and personal propert personal property ex at is based on profit	ceeds 50% or i	itage if			nected with the income in (b) (attach schedule)
(1)	-							
(2)				**				
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columinere and on page 1, Part I, line 6, columinere and on page 1, Part I, line 6, columinere and on page 1, Part I, line 6, columinere and on page 1, Part I, line 6, columinere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part II, line 6, columnere and on page 1, Part II, line 6, columnere and on page 1, Part II, line 6, columnere and on page 1, Part II, line 6, columnere and on page 1, Part II, line 6, columnere and on page 1, Part II, line 6, columnere and on page 1, Part II, line 6, columnere and on page 1, pa						(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated D	ebt-Financed	l Income (See	instructions or	n page 19)				
			2. Gross Inc		(0)	3. Deductions directly of to debt-fine	anced p	property
1. Description of deb	t-financed property		financed		1 '	straight line depreciation (attach schedule) ATEMENT 5	İ	(b) Other deductions (attach schedule) STATEMENT 6
(1) CHENA BINGO BU	ILDING	,:		1,488		57,24		129,048.
(2)	7 1 1 1 1 1 1 1 1			-,	1			220 / 0 20 .
(3)					-			
(4)								
4. Amount of average acquisition	5 Average	adjusted basis	6. Column	4 divided		7. Gross income		8. Allocable deductions
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)		allocable to anced property	by column 5			reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						re and on page 1, e 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals					<u> </u>		0.	0.
Total dividends-received deduction Schedule F - Interest, An	s included in colum	n 8	nto Evons C	ontrolles	1 Organ	sizations /o. :		
Schedule F - Interest, An	nuities, Roya					IIZALIONS (See I	nstru	ctions on page 20)
			pt Controlled C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				1 6
Name of controlled organization	Employer Id	lentification Νet ι	3. Inrelated income (see instructions)	Total of	4. specified nts made	5. Part of column a included in the con organization's gross	troning	connected with income
(1)								
(2)								
(3)				***************************************				
(4)								
Nonexempt Controlled Organizati	ons							
7. Taxable Income	8. Net unrelated incor (see instruction		otal of specified pay made	ments 1	in the cont	of column 9 that is included controlling organization's gross income		, Deductions directly connected with income in column 10
(1)								
(2)						······································		
(3)								· · · · · · · · · · · · · · · · · · ·
(4)						· · · · · · · · · · · · · · · · · · ·		
				Er	dd columns nter here and ne 8, column	d on page 1, Part I,	Enter	columns 6 and 11. here and on page 1, Part I, 3, column (B).
					,		1	_
Totals				>]		0.	1	0 Earm 000 T/2000
923721 01-08-10								Form 990-T (200

Schedule G - Investme (see inst	ent Income of a ructions on page 20)	Section 5	01(c)(7)	, (9), or (17) Org	janizati	on		
1. Desc	ription of income		2	2. Amount of income	3. Dedu directly co (attach so	nnected 4	. Set-asides attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)	· · · · · · · · · · · · · · · · · · ·	·····						
(4)								· · · · · · · · · · · · · · · · · · ·
				nter here and on page 1, art I, line 9, column (A).				Enter here and on page 1 Part I, line 9, column (B).
Totals				0.				0.
Schedule I - Exploited	Exempt Activity	/ Income,	Other		ng Inco	me		
· · · · · · · · · · · · · · · · · · ·		0 _		4. Net Income (loss)				7
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly confiden	nected ction red	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross from activ is not un business	vity that related	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, Ilne 10, col. (A).	Enter here a page 1, Pa line 10, col	arti,	<u> </u>		J		Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0
Schedule J - Advertisi	ng Income (see	instructions (on page 2	21)			· · · · · · · · · · · · · · · · · · ·	
Part I Income From	Periodicals Rep	orted on	a Cons	olidated Basis	· · · · · · · · · · · · · · · · · · ·			
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation 6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)				1				
Totals (carry to Part II, line (5))	•	0.	0.					0
Part II Income From					ach perio	dical listed in I	Part II, fill in	<u>-</u>
	n 7 on a line-by-line ba		•	•	•			
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation come	3. 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
(5) 1010101111111	Enter here and		ere and on	'				Enter here and
	page 1, Part I lins 11, col. (A	page	1, Part I, col. (B).					on page 1, Part II, line 27.
Takila Dashii (Basa d E)		0.	0 •					0
Totals, Part II (lines 1-5)					inatruatio	no on page 01	\	
Schedule K - Compen	Sation of Office	is, Direct	ors, an	u 11431665 (888	แอบนต	ns on page 21		
1.	Name			2, Title		time devoted to business	to ur	pensation attributable nrelated business
, , , , , , , , , , , , , , , , , , ,							%	
							%	
							%	
							%	

Form **990-T** (2009)

Total. Enter here and on page 1, Part II, line 14

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

JOINT VENTURE - PULL-TABS CONSTRUCTION SERVICES REAL PROPERTY RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T	NCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		AMOUNT
PULL TAB REVENUE FROM JOI NET LOSS FROM DNH CORPORA	37,238. 1,103,380.	
TOTAL TO FORM 990-T, PAGE	1,140,618.	
FORM 990-T	INTEREST PAID	STATEMENT 3
DESCRIPTION		AMOUNT
		2,980.
TOTAL TO FORM 990-T, PAGE	2,980.	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
MANDATORY CHARITABLE CONTO DIRECT OPERATING COSTS TRAVEL SUPPLIES FACILITIES PROFESSIONAL AND CONTRACT EQUIPMENT OTHER EXPENSE		37,238. 1,006,244. 16,270. 16,748. 90,665. 38,726. 2,056. 74,157.
TOTAL TO FORM 990-T, PAGE	₹ 1. Titne 28	1,282,104.

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCTI	ON	STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION	- SUBTOTAL -	2	57,249.	57,24	49.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	3(A)		. 57,2	49.
FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
INTEREST MAINTENANCE			70,232. 33,685. 25,131.	129,0	
TAXES	- SUBTOTAL -	2			

~

Current Year Deduction	57,249.	on Deduction
Current Sec 179	•	 ercial Revitalizat
Accumulated Depreciation	653,532.	Je, Bonus, Comm
Basis For Depreciation	2,232,695.	
Reduction In Basis	0	* ITC, S
Bus % Excl		
Unadjusted Cost Or Basis	2,232,695.	(D) - Asset disposed
Line No.	9	7-(Q)
Life	39.0016	
Method		
Date Acquired	VARIESSI	
Description	CHENA BINGO 41BUILDING * TOTAL 990-T SCH E DEPR	
Asset No.	4	928 102 06-24-09

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

internal ne	Verige Service	File a sepa	rate appli	ication for each return.			
If you	are filing for an Automati	c 3-Month Extension, complet	e only Pa	rt I and check this box			
-	-	, ,	•	omplete only Part II (on page 2 of this			
	=			tic 3-month extension on a previously fil		m 8868,	
		· · · · · · · · · · · · · · · · · · ·		3-month automatic extension of time to			ration
required	to file Form 990-T), or an	additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	orm 88	68 to request an ex	tension
of time t	o file any of the forms liste	ed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Tran	sfers A	ssociated With Cer	tain
Persona	al Benefit Contracts, which	n must be sent to the IRS in pape	er format ((see instructions). For more details on th	ne elec	tronic filing of this fo	orm,
visit ww	w.irs.gov/efile and click on	e-flle for Charities & Nonprofits.		·			
Part	Automatic 3-N	Nonth Extension of Time	• Only sul	bmit original (no copies needed).			
A corpo	ration required to file Form	n 990-T and requesting an autom	natic 6-mo	onth extension - check this box and com	plete		
Part I or	باِy						X
All othe	corporations (including 1	120-C filers), partnerships, REMI	Cs, and tr	rusts must use Form 7004 to request an	extens	sion of time	
to file In	come tax returns.						
Type or	Name of exempt orga	nization			Empl	oyer identification	number
print							
File by the		FS CONFERENCE			9.	2-0040308	
due date fe fillng your return. See	122 FIRST A	oom or suite no. If a P.O. box, se VENUE , NO • 600	e instruct	tions.			
Instruction	s. City, town or post offi	ce, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	FAIRBANKS,	AK 99701-4897					
Enter th	e Return code for the retu	rn that this application is for (file	a separa	te application for each return)			0 7
	·						T
Applica	tion	Return Application					Return
ls For			Code				Code
Form 99			01	Form 990-T (corporation)			07
Form 99			02	Form 1041-A			08
Form 99			03	Form 4720			09
Form 99			04	Form 5227	 		10
	90-T (sec. 401(a) or 408(a)		05	Form 6069			11
Form 9	90-T (trust other than abov	BRIAN RIDLEY	06	Form 8870			12
			יו יבוד	FAIRBANKS, AK 99701			
	books are in the care of \triangleright bhone No. \triangleright $907-45$) <u></u> 1				
				FAX No.			
				nited States, check this box emption Number (GEN)			hank thin
				ich a list with the names and EINs of all		_ ,	
				to file Form 990-T) extension of time un		ers the extension is	101.
1 11	AUGUST 15, 2			to hie Form 990-1) extension of time dif- tion return for the organization named a		The extension	
ie	for the organization's retu	· · · · · · · · · · · · · · · · · · ·	i Organiza	illorreturn for the organization named a	above.	THE EXTENSION	
10	calendar year						
	X tax year heginning	OCT 1, 2009	an	d ending SEP 30, 2010			
	tax your bog		, , a.,	id offding	,	 '	
2 If	the tax year entered in line	e 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al retur	า	
- ï	Change in accounting		1100111000	on maintean na	ai 10tai	•	
	3.14.195 11 45554111115	y					
3a If	this application is for Forn	n 990·BL, 990·PF, 990·T, 4720, o	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See		, -	,	3a	\$	0.
		n 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		, , , , , , , , , , , , , , , , , , , 	
	• •	ade. Include any prior year overp	•		3b	\$	0.
-		3b from line 3a. Include your pa					
		Federal Tax Payment System).		•	3с	\$	0.
Cautio	n. If you are going to make	an electronic fund withdrawal v	vith this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.

923841 01-03-11

LHA

Form 8868 (Rev. 1-2011)

For Paperwork Reduction Act Notice, see Instructions.

Form 886	88 (Rev. 1-2011)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	х		X
	ly complete Part II if you have already been granted an a		•	Form 8	3868.	
	are filing for an Automatic 3-Month Extension, complet					
Part II	†	xtensio	n of Time. Only file the original (no co	1		
Type or	Name of exempt organization			Empl	oyer identification	n number
print	TANANA CHIEFS CONFERENCE			9:	2-0040308	
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, so 122 FIRST AVENUE , NO. 600	ee instruc	tions.			
filing your return. See	City, town or post office, state, and ZIP code. For a fo	rolan add	ross, soo instructions			
instructions.	FAIRBANKS, AK 99701-4897	Ji eigi i add	1655, 566 [[51]001015.			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
		r				
Applicati	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990		01	Farm dOdd A			
Form 990		02	Form 1720			08
Form 990						
Form 990		04 Form 5227				10
	form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					
	OT (trust other than above)	06	Form 8870		-1.5 0000	12
The b	o not complete Part II if you were not already granted books are in the care of ▶ BRIAN RIDLEY —	122	FTRST AVENUE - FATRE	ISIY IIIE	G AK 997	<u>'01</u>
	none No. ► 907-452-8251	122	FAX No. >	7771/1/	o, An Joi	<u> </u>
•		o io the lle	The second secon			. [
	organization does not have an office or place of business					ebaek thia
	is for a Group Return, enter the organization's four digit		ich a list with the names and EINs of all			
box 🕨			Γ 15, 2011	memb	ers the extension	is for.
	· · · · · · · · · · · · · · · · · · ·			CED	30, 2010	١
	,,		······································	Final r		<u> </u>
9 11 11	he tax year entered in line 5 is for less than 12 months, c Definition continum control of the	neck reas	on: Ll Initial return Ll	rinair	etum	
7 C+a	• • • • • • • • • • • • • • • • • • • •					
	ate in detail why you need the extension DDITIONAL TIME IS NEEDED TO (<u> </u>	R THE THEORMATION NE	CES	SARV TO E	<u>'ΤΙ.Ε' Δ</u>
	OMPLETE AND ACCURATE RETURN.	<u> </u>	N IIII IIII OMIIII ION III	10110	DIII(I IO I	
	JHI HHI MAD MCCOUNTE MHIOMA					
So If the	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 a	nter the tentative tax less any			
	nrefundable credits. See instructions.	01 00000, 0	The the tellative tax, less arry	8a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	- Oa	Ψ	
	payments made. Include any prior year overpayment all					
	eviously with Form 8868.	10W00 as 6	a credit and any amount paid	8b	\$	0.
	lance due. Subtract line 8b from line 8a. Include your pa	avment wit	th this form if required by using	- 05	'	
	TPS (Electronic Federal Tax Payment System). See instru		ar this form, it required, by dailing	8c	\$	0.
L1			d Verification	, 50	ı Y	
Under pen it is true. c	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ling accomp		e best o	f my knowledge and	d belief,
-				Data	_	
Signature	Title > V	CT. O		Date		

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

IRS e-file Signature Authorization for an Exempt Organization

			•				
ndar year 2009, or fiscal year beginning	OCT	1	, 2009, and ending	\mathtt{SEP}	30	,20	

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

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	► See instructions.		
Name of exempt organization		Employe	r identification number
	TANANA CHIEFS CONFERENCE	92-0	0040308
Name and title of officer			AND THE PROPERTY OF THE PROPER
	BRIAN RIDLEY CFO		
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5 4b, or 5b, whichever is appropriate more than 1 line		re filing this form was blank, th n, then enter -0- on the applicat	en leave line 1b, 2b, 3b, ole line below. Do not
1a Form 990 check here		(A), line 12) 1b	96443965
2a Form 990-EZ check h		2b	
3a Form 1120-POL chec		3b	
4a Form 990-PF check h	- Internal Control of the Control of		
Sa FORTH BOOK CHECK HER	b Balance Due (Form 6000, line 50)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part II Declarat	ion and Signature Authorization of Officer		
(a) an acknowledgement of processing the return or rean electronic funds withdrorganization's federal taxe the U.S. Treasury Financia institutions involved in the issues related to the paym	der, transmitter, or electronic return originator (ERO) to send the originator or reason for rejection of the transmission, (b) an indication fund, and (d) the date of any refund. If applicable, I authorize the Lawal (direct debit) entry to the financial institution account indicates owed on this return, and the financial institution to debit the entry I Agent at 1-888-353-4537 no later than 2 business days prior to the processing of the electronic payment of taxes to receive confidencent. I have selected a personal identification number (PIN) as my sin's consent to electronic funds withdrawal.	on of any refund offset, (c) the r J.S. Treasury and its designate d in the tax preparation softwa y to this account. To revoke a p le payment (settlement) date. I tial information necessary to ar	reason for any delay in d Financial Agent to initiate are for payment of the payment, I must contact also authorize the financial aswer inquiries and resolve
Officer's PIN: check one	box only		
X I authorize MI	KUNDA, COTTRELL & CO., CPA'S	to enter	my PIN 40308
	ERO firm name		Enter five numbers, bu
is being filed wit	on the organization's tax year 2009 electronically filed return. If I h n a state agency(ies) regulating charities as part of the IRS Fed/Sta the return's disclosure consent screen.		
indicated within	he organization, I will enter my PIN as my signature on the organiz this return that a copy of the return is being filed with a state agen nter my PIN on the return's disclosure consent screen.		
Officer's signature		Date >	
Part III Certifica	tion and Authentication	44	
<u> </u>			
ERO's EFIN/PIN. Enter yo	our six-digit EFIN followed by your five-digit self-selected PIN.	92063888878 do not enter all zeros	
	meric entry is my PIN, which is my signature on the 2009 electronic ng this return in accordance with the requirements of Pub. 4163, M as Returns.		
ERO's signature 🕨		Date ▶ _ 08/09/1	1
	ERO Must Retain This Form - See Ir	etructions	
	Do Not Submit This Form To the IRS Unless F		

LHA For Paperwork Reduction Act Notice, see instructions. 923061 03-02-10

Form **8879-EO** (2009)



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

V Jain Fyr 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 For calendar year 2008, or fiscal year beginning 10/01 ___, 2008, and ending 09/30 ___, 20_09 __ Do not send to the IRS. Keep for your records.

Department of the Treasury	▶ Do not send to the IRS. Keep for you	ir records.		<u> </u>
Internal Revenue Service	► See instructions.		Employer Iden	fication number
Name of exempt organization			92-004	0308
TANANA CHIEF	5 CONFERENCE	- <u></u>		
BRIAN RIDLEY	. CFO			
Part I Type of R	eturn and Return Information (Whole Dollars Only)			
any. If you check the tilling this form was blacentered -0- on the return 1s. Form 990 check 2a. Form 990-EZ che 3a. Form 1120-POL check 4s. Form 990-PF check	ck here b Total revenue, if any (Form 990-EZ, line 23 check here b Total tax (Form 1120-POL, line 23 ck here b Tax based on investment income (Form	hat line for thable, blank (of the more than the 9)	ne return for which do not enter -0-). Bu 1 line in Part I. 2 b 3 b art VI, line 5). 4 b	you are
5a Form 8868 checi	chere ▶ b Balance Due (Form 8868, line 3c)	• • • • • •		
Part II Declaration	on and Signature Authorization of Officer			
organization's return transmission, (b) an it of any refund, if appli (direct debit) entry to federal taxes owed or the U.S. Treasury fin authorize the financia received to answer	onsent to allow my intermediate service provider, transmitted to the IRS and to receive from the IRS (a) an acknowled indication of any refund offset, (c) the reason for any delay is cable, I authorize the U.S. Tressury and its designated Financial institution account indicated in the tax preport this return, and the financial institution to debit the entry terminating and the service and all institutions involved in the processing of the electronic productions and resolve issues related to the payment. I have regarization's electronic return and, if applicable, the organization	dgement of a processing cial Agent to aration softy o this account days prior to ayment of ta selected a l	receipt or reason the return or reful initiate an electror vare for payment of the payment (set) the payment (set) these to receive con personal identificati	for rejection of the reference of the date inc funds withdrawal of the organization's ment, I must contact dement) date. I also fidential information on number (PIN) as
Officer's PIN: check	one box only		<u> </u>	!
X authorize K	PMG LLP to er	nter my PIN	9 2 1 7 3 Enter five numbers, he do not enter all zeros	as my signature
is being filed aforemention	ization's tax year 2008 efectronically filed return. If I have in I with a state agency(les) regulating charities as part of ed ERO to enter my PIN on the return's disclosure consent scr	the IRS Ference.	d/State program, I	also authorize the
filed return. I	of the organization, I will enter my PIN as my signature f I have indicated within this return that a copy of the return to the IRS Fed/State program, I will enter my PIN on the return to the IRS Fed/State program, I will enter my PIN on the return to the IRS Fed/State program, I will enter my PIN on the return to the IRS Fed/State program, I will enter my PIN on the return to the IRS Fed/State program, I will enter my PIN on the IRS Fed/State program, I will enter my PIN on the IRS Fed/State program, I will enter my PIN as my signature for the IRS Fed/State program is the IRS Fed/State program in the IRS Fed/State program in the IRS Fed/State program is the IRS Fed/State program in the IRS Fed/State program in the IRS Fed/State program is the IRS Fed/State program in the IRS Fed/State program in the IRS Fed/State program is the IRS Fed/State program in the IRS Fed/State program in the IRS Fed/State program is the IRS Fed/State program in the IRS Fed/State program is the IRS Fed/State program in the IRS Fed/State program in the IRS Fed/State program is the IRS Fed/State program in the IRS Fed/State program in the IRS Fed/State program is the IRS Fed/State program in the IRS Fed/State pr	n is being fi	iled with a state ag	2008 electronically rency(les) regulating
Officer's signature	Sria Kidly	Date	<u>> 8/10/1</u>	<u> </u>
Part III Certificat	ion and Authentication			
	or your six-digit EFIN followed by your five-digit self-selected PI		do not enter	
indicated above. co	ve numeric entry is my PIN, which is my signature on the antiferm that I am submitting this return in accordance with Authorized IRS e-file Providers for Business Returns.	the requirem	inically filed return nents of Pub. 4163	for the organization , Modernized e-File
<u> </u>	PRO II. A P. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. A. C. T. T. C. T. T. T. T. T. T. T. T. T. T. T. T. T.			
	ERO Must Retain This Form - See Ins Do Not Submit This Form To the IRS Unless R		a Da Sa	
	DO NOT SUBJUIT THIS COURT TO THE IVE AUTO AUTORS V	equested (~ >~ ~~	

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

20**08**

Open to Pub

Open to Public Inspection

Department of the Treasury

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 10/01 , 2008, and ending A For the 2008 calendar year, or tax year beginning 09/30,2009 D Employer identification number C Name of organization TANANA CHIEFS CONFERENCE Please Check if applicable Doing Business As 92-0040308 change label or Number and street (or P.O. box if mail is not delivered to street address) print or Room/suite Telephone number Name change type. 122 FIRST AVENUE SUITE 600 (907)452 - 8251Specific City or town, state or country, and ZIP + 4 Termination instructions. <u>FAIRBANKS, AK 99701-4</u>897 G Gross receipts \$ 98,532,586. ceturn F Name and address of principal officer: JERRY ISAAC Application H(a) is this a group return for X No pending FIRST AVENUE FAIRBANKS, AK 99701-4897 H(b) Are all affiliates included? No X 501(c) (3) ◀ (insert no.) If "No." attach a list. (see instructions) Website: ► WWW.TANANACHIEFS.ORG H(c) Group exemption number L Year of formation: 1971 M State of legal domicile Type of organization: X Corporation ΑK Part I Summary Briefly describe the organization's mission or most significant activities:_ PROVIDE HEALTH, SOCIAL AND ECONOMIC SERVICES TO THE NATIVE PEOPLE AND Activities & Governance VILLAGES OF CENTRAL ALASKA KNOWN AS THE TCC REGION USING FEDERAL, STATE AND LOCAL RESOURCES 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of employees (Part V, line 2a) 881 Total number of volunteers (estimate if necessary) 6 NONE 7 a Total gross unrelated business revenue from Part VIII, line 12, column (C) NONE b Net unrelated business taxable income from Form 990-T, line 34 NONE **Current Year** Contribution and grants (Part VIII, line 1h) 8 73,483,112 73,857,758. Revenue Program service revenue (Part VIII, line 2g) 9 10,817,339 9,736,617. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 838,275 -1,153,589. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 216,193 336,982. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12), 85,354,919 82,777,768. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,406,528 9,375,860. 14 NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 29,564,654 33,869,094. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 45,673,912 42,304,120. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,645,094 85,549,074. Revenue less expenses. Subtract line 18 from line 12........ 1,709,825 -2,771,306or Beginning of Year End of Year 20 Total assets (Part X, line 16) 65,303,844 64,850,361. Total liabilities (Part X, line 26) 21 18,919,700 19,684,091. 22 Net assets or fund balances. Subtract line 21 from line 20. 46,384,144 45,166,270. Part II Signature Block Under penalties of penjury, 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 gnature of officer Here Date Type or print name and title Check if Preparer's identifying Preparer's Paid signature employed P0017 Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 701 WEST 8TH FIN 13-5569 Phone no. 701 WEST BTH AVENUE, SUITE 600 ANCHORAGE, AK \$9501 907-265 May the IRS discuss this return with the preparer shown above? (See instructions)

Statement of Program Service Accomplishments (see Instructions)	
1 Briefly describe the organization's mission: SEE STATEMENT 1	
Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ? If "Yes" describe these new services on Schedule O.	d on Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
 If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo 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\$	
4a(Code:) (Expenses\$	8,756,613.
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\$ 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,	439,735.
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).)	
SA E1020 1.000	Form 990 (2008)

Checklist of Required Schedules

Part IV



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?/f "Yes,"		V. Tarabana	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	***************************************
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
	candidates for public office? If "Yes." complete Schedule C. Part I	,		.,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3	+	X
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		1	1
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		Transition of the second	-
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?// "Yes,"			
9	complete Schedule D, Part III	8	ļ	X
3	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?!f "Yes,"	A Principle of the Prin		
	complete Schedule D. Part IV		-	
10	Did the organization hold assets in term, permanent, or quasi-endowments?// "Yes," complete Schedule D, Part V	9		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	ļ	X
	Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		1 2	
	that was prepared in accordance with GAAP?If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)?/f "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4 =	business, and program service activities outside the U.S.?lf "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
10	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			
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e?/f "Yes," complete Schedule G, Part I	16		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	17		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		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	21	Х	
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	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,3f "Yes," complete			
	Schedule J	23	Х	
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		ļ	
b	24b-24d and complete Schedule K. If "No," go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	***************************************	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
•	to defense and the second by t			
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
	with a disqualified person during the year? If "Vee "	25a	West or second states	v
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	£ J d		<u>X</u>
	parson from a prior year? If "Van " complete Schadul- I. D. + I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			13
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		-	
172.6	substantial contributor, or to a person related to such an individual?lf "Yes," complete Schedule L, Part III	27		X
JSA 8E 1021	1 000	Furm 9	90 (Anthropological Company of the Compa

Form 990 (2008) 92-0040308 Page **4**

Part IV Checklist of Required Schedules (continued)

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

Form **990** (2008)

Form	92-0040308	Pag
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	
		Yes !
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	GH 301
	U.S. Information Returns. Enter -0- if not applicable	Jan Burk
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	Teal
	gaming (gambling) winnings to prize winners?	1c X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 881	1 2 2 2 3 1 5 7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	
	this return?	3a 3
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	
	account)?	4a 2
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	44
	and Financial Accounts.	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a >
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b >
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	
	Prohibited Tax Shelter Transaction?	5 c
6 a	Did the organization solicit any contributions that were not tax deductible?	6a >
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	
	gifts were not tax deductible?	6 b
7	Organizations that may receive deductible contributions under section 170(c).	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7a X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c X
	If "Yes," indicate the number of Forms 8282 filed during the year	3年 日本
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	Brail Ballan
	benefit contract?	7e X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7.
8	required?	7h
o	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	
	organization, have excess business holdings at any time during the year?	8 x
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8 X
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b
10	Section 501(c)(7) organizations. Enter:	Manager West
a	Initiation fees and capital contributions included on Part VIII, line 12	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
	, , , , , , , , , , , , , , , , , , ,	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

Form 990 (2008)

12a

11

Section 501(c)(12) organizations. Enter:

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .

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

Sec	tion 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.			1.2.
1 a	Enter the number of voting members of the governing body			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		Х
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		Х
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	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X	·
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during	30.00		EX SERV
	the year by the following:			
a	The governing body?	8 a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b	X	***************************************
9a	Does the organization have local chapters, branches, or affiliates?	9 a	- 1	Х
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?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	0.0		***********
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
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		Х
Sect	ion B. Policies	<u> </u>		
		T	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	724	- 2	
	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		- 25	
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	-23	Х
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		<u> </u>	70 M
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	Х	CASTA
b	Other officers or key employees of the organization?	15b	$\frac{\Delta}{X}$	***************************************
	Describe the process in Schedule O. (see instructions)		A	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Х	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	, , , ,		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16h	х	
Secti	on C. Disclosure	100	Δ	
17	List the states with which a copy of this Form 990 is required to be filed			
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.	oiny)		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	act		
. •	policy, and financial statements available to the public.	est		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
~ ~		ne		
	organization: ▶BRIAN RIDLEY 122 FIRST AVE FAIRBANKS, AK 99701-4897	and take take his h		
-	907-452-8251			

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

	T	1						-		
(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average	Position (check all that apply)			pty)	Reportable	Reportable	Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	BE	Former	compensation	compensation	amount of
	week	ivid	I	cer	en	ploy	Jie Jie	from	from related	other
		cto	9		Bo	/ee		the organization	organizations (W-2/1099-MISC)	compensation from the
		tag	at		уее	E		(W-2/1099-MISC)	(VV-2/1099-NIISC)	organization
		tee	uste			ens		(** - *********************************		and related
			эе			Highest compensated employee				organizations
					-	0	-			
SEE SCHEDULE J-2							-			
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Part VII

	(A) Name and title	(B) Average	(C) Position (check all that app						(D) Reportable	(E) Reportable	via.	(F) Estimated
	Traine and the	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		compensa from rela organizati (W-2/1099-	tion ted ons	amount of other compensation from the organization and related organizations
			VALANTINA SESSIONAL AND SESSIONAL ASSESSIONAL AND SESSIONAL		TO THE REAL PROPERTY AND THE REAL PROPERTY A	**************************************						
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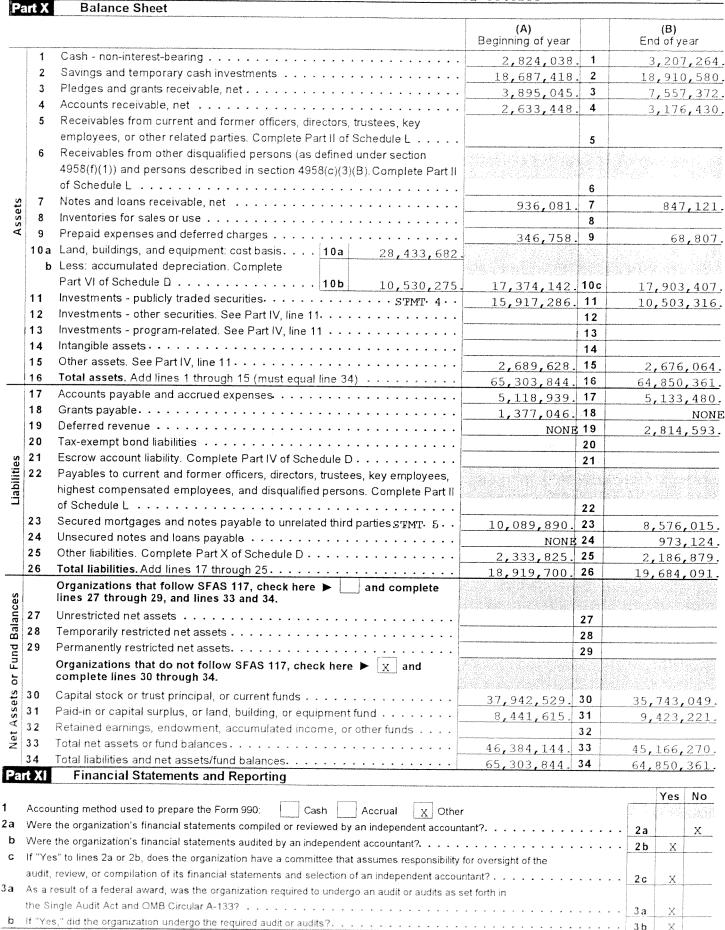
4 h	Tabl								4 5 4 4 5 5			20.00
2	Total Total number of individuals (including those organization ▶ 39							nan	1,841,429. \$100,000 in rep		NONE npensa	80,000 ation from the
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu							mpl	loyee, or highest	compensa	ted	Yes No
4	For any individual listed on line 1a, is the the organization and related organizations individual											4 X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5 X
Sec	tion B. Independent Contractors									9 9 5 8 8 8	* 4	
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	dep	end	ent	conti	ract	ors that received	more than	\$100),000 of
	(A) Name and business addr	ess							(B) Description of serv	rices	Со	(C) mpensation
SE	E STATEMENT 2											
2	Total number of independent contractors (in compensation from the organization ▶	ocluding the	ose ii	n 1) W	ho	recei	ved	more than \$100	1 8		

Pai	rt VII	Statement of Reven	ue	/m/	92-0040308									
			in an earlier		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514						
1 3					া মারমার্কেশ সং	revende		1312: 313, 67314						
ons, gifts, grants similar amounts	1a	Federated campaigns	1 1			第二条数据数据								
	ь	Membership dues	1.1											
	С	Fundraising events	1 :											
	d	Related organizations		23 012 310		经开始的分别的								
Contributions, and other simi	e	Government grants (contribu		77,857,758.		的设置的机器								
but	f		1		· · · · · · · · · · · · · · · · · · ·	经营营管促制的领包	特殊性等。	A PANTED BETT						
ntri d ot		and similar amounts not included				15.00 F 1.16.2 kg	ASSESSED IN	10.5 看起数据						
Co	9	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f			73 857 758.	4864	· //							
9	n.			Business Code		· 经基础产品的		THE WAY						
Service Revenue	2.	HEALTH SERVICES		621400	58,853.	58,853.		THE REAL PROPERTY.						
ğ	2a b	CLIENT DEVELOPMENT		900099	439,735.									
ice.	C	NATURAL & CULTURAL RESOUR	RCES	900099	336,542.	1								
e.v	d	TRIBAL DEVELOPMENT	100 110	900099	203,727.		i							
	e	MEDICAL RECEIPTS		621400	8,697,760.									
Program	f	All other program service rev	venue											
Pro	g				9,736,617.			44						
	3	Investment income (includin						,						
		other similar amounts)			451,110.			451,110						
	4	Income from investment of t			1									
	5	Royalties	<u> </u>	<u> </u>	NONE									
			(i) Real	(ii) Personal										
	6a	Gross Rents			新田村 27, 62 0	2011/2011		A MESSAGE						
	b	Less: rental expenses				证明指引着1486年,		and the latest						
	С	Rental income or (loss)				100000000000000000000000000000000000000	and the state of the	No. of London						
	d	Net rental income or (loss).			NONE									
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			A borrailly							
		assets other than inventory	14,150,119.			14.20以本位	· 自然 化水红	154866						
	b	Less: cost or other basis			学业是1000年	和基礎經過至各級	madel Diff	全国群岛						
		and sales expenses	1		《 图图》	为有利利 提及1000年至1		2. 计图像 经经营						
	С	Gain or (loss)			STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,		THE RESIDENCE	ACHERICAL DESIGNATION OF THE PERSON OF THE P						
	d	• ,		· · · · · · >	-1,604,699.		CONTRACTOR OF THE							
	8a		undraising			HERE THE PARTY	阿斯斯 斯斯斯	全性的性態						
nue		events (not including \$			· 计图形图像图像	对对于 位于1000	144							
eve		of contributions reported on	•											
ΩĽ		See Part IV, line 18												
Other Revenue	b	Less: direct expenses Net income or (loss) from fur			NONE	BELGS AND WAS STOLEN BY	THE RESERVE OF STREET	ELIZABETH PROPERTY IN						
U	1	Gross income from gaming a	_		AVION .		ALLESS TO LIGHT TO THE PARTY OF	Carlotte State						
	9a	See Part IV, line 19				司马克斯斯 斯		学报的股份						
	ь	Less: direct expenses					The state of the s							
		Net income or (loss) from ga		:	NONE			3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
	10a	Gross sales of invento	•		42.									
	, , ,	returns and allowances	* '	į		化有效效应 。在10		a en en en en en en en en						
	b	Less; cost of goods sold												
	С	Net income or (loss) from sa			NONE									
		Miscellaneous Rever	nue	Business Code										
	11a	ADMINISTRATION DIVISION		900099	377,051.	377,051.	NONE							
	b	MISCELLANEOUS		900099	-40,069.	-40,069.								
	c													
	d	All other revenue					NONE.							
:	e	Total. Add lines 11a-11d			336, 982.	14 . L. + 12								
	12	Total Revenue, Add lines 1h	, 2g. 3, 4, 5, 6d, 7	d, 8c,										
	·	9c, 10c, and 11e · · · · ·		>	82,711,768.	10,073,539.	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).

7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing 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			1974 274 284 284	
	the U.S. See Part IV, line 22	8,728,925.	8,728,925.		
3	Grants and other assistance to governments,				Karaka Saka
	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	3313331	1711011011.	4,100,002.	
	(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):	1,037,432.	1,430,313.	390,313.	-
а	Management	NONE			
b	Legal	NONE			
С	Accounting	NONE			
ď	Lobbying	NONE			
	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.	
2	Advertising and promotion	NONE			
3	Office expenses	2,372,363.	2,204,441.	167,922.	
4	Information technology	NONE			
5	Royalties	NONE			
6	Occupancy	4,070,734.	2,086,283.	1,984,451.	
7	Travel	5,743,741.	5,132,399.	611,342.	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	Nove			
9	Conferences, conventions, and meetings	NONE			
		NONE	The state of the s		
1	Interest	439,950.		439,950.	
2	Depreciation, depletion, and amortization	NONE			
3		1,137,896.		1,137,896.	ety että eteksiste toemaaliseassa oli vassa oli osaa oli osaa oli oli oli oli oli oli oli oli oli oli
	Insurance	NONE	85.201.02.201.03.201.002.02.02		
	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.)				
		1 704 604			
	DIRECT_OPERATING_COSTS	1,704,674.	1,247,957.	456,717.	
	EQUIPMENT	2,090,239.	1,112,484.	977,755.	
	INDIRECT_COST_ALLOCATION	255,973.	12,019,963.	-11,763,990.	
	GRANT_ADMINISTRATION	166,779.	NONE	166,779.	
	MISCELLANEOUS EXPENSE	370,901.	200,455.	170,446.	
	Total functional expenses. Add lines 1 through 24f	85,549,074.	82,439,647.	3,109,427.	NON
	Joint Costs. Check here ► If following	00,010,073.	02,733,041.	3,103,44/.	NON.
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		COMPONENT OF THE PARTY OF THE P		



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

<u> PANANA</u>		CONFERENCE							92-0	<u>040308 </u>	
Part I			i <mark>rity Status</mark> (All orga	and the same of th				ee instr	uctions)		
The orga			ndation because it is: (
1	A church, c	convention of ch	lurches, or association	of churche	es describe	d in secti	on 170(b)(1)(A)(i)			
2	A school de	escribed in sect	ion 170(b)(1)(A)(ii). (A	ittach Sche	dule E.)						
3	A hospital	or a cooperative	e hospital service orga	nization de	scribed in s	ection 17	0(b)(1)(A	()(iii). (At	tach Sche	dule H.)	
4	A medical	research organ	nization operated in c	onjunction	with a ho	spital de	scribed in	n sectio	n 170(b)(1)(A)(iii). E	nter the
		ame, city, and s									
5	An organiz	ation operated	for the benefit of a co	ollege or u	niversity ov	wned or	operated	by a go	vernmenta	l unit desc	cribed in
			Complete Part II.)								
6	A federal, s	state, or local go	overnment or governm	rental unit c	lescribed in	section	170(b)(1)	(A)(v).			
7 X			ally receives a substa						it or from	the genera	al public
\)(1)(A)(vi). (Complete							3	
8			ed in section 170(b)(1		omplete Pa	rt II.)					
9			ally receives: (1) more				om contri	butions.	membersł	nip fees, ar	nd aross
Lucianid			ated to its exempt fu								
			tment income and ur								
			on after June 30, 1975							,	
0			and operated exclusiv						. (see inst	ructions)	
1			d and operated exclus								out the
***************************************			publicly supported org								
			hat describes the type								
	a Typ			phononica and	pe III - Fund					ype III - Oth	ner
е	By checkin	g this box, I c	ertify that the organi								
			ition managers and otl								
		r section 509(a)				, ,					
f	If the organ	nization receive	ed a written determina	ation from	the IRS th	at it is a	Type I.	Type II	or Type III	supportin	a
		n, check this bo					,	71			
g	Since Augu	st 17, 2006, has	s the organization acc	epted any o	ift or contr	ibution fr	om anv o	f the			• ———
	following pe			,	•		,				
	(i) A pers	on who directly	y or indirectly controls	s, either al	one or tog	ether wi	th persor	ns descri	ibed in (ii)	Y	es No
			erning body of the sup				•		()	11g(i)	x
			person described in (i)							11g(ii)	X
			y of a person describe) above?					11g(iii)	X
h			na t ion about the organ			on suppo	rts.				
(i) Name	of supported	(ii) EIN	(iii) Type of organization				ou notify	(vi)	Is the	(vii) Amou	int of
orga	nization		(described on lines 1-9	in col. (i) li	sted in your	the orga	nization in	organiza	ition in col.	suppo	
		İ	above or IRC section (see instructions)	governing	document?		of your port?		ized in the		
		WOOD TO THE TOTAL THE TOTA	, , ,	Yes	No	Yes	No	Yes	No		
				1							
					Warden and a second	- Department on the second of					
								 	 		
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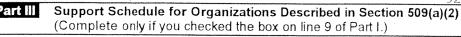
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.)

Sec	ction A. Public Support						
Cal	endar 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.")	65,846,605	66,496,097.	71,187,087.	73,483,112.	73,857,758.	350 , 870,659
	its behalf	1					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	65,846,605.	66,496,097.	71,187,087.	73,483,112.	73,857,758.	350,870,659
5	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		物的自然各种和	Fill of English	2. 经保险贷款的	A 17 Sept 20 - 12 A 18	
•	shown on line 11, column (f)	The state of the s	26/20/64	CORD REPERONS OF THE PERSON NAMED IN	PERSONAL PROPERTY AND PROPERTY	No Design	
500	Public support. Subtract line 5 from line 4. tion B. Total Support	人 居可以表现	河西 经 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本	经数是数定债价值	经国地营和制	HORSE CHE	350,870,659.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(-) 2000	(O T-A-I
	ŕ					(e) 2008	(f) Total
7 8	Amounts from line 4	65,846,605. 1,049,278.	66,496,097. 1,114,556.	71,187,087. 1,634,865.	73,483,112. 838,275.	73,857,758.	350,870,659. 5,088,084.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<u>. 189,48</u> 7.	75, 197.	10, 127.	24,302.	336, 982.	636,095.
11	Total support. Add lines 7 through 10	distant time	2.19年至12月2日	出。是是是国有强力	1000年11日	五年日本	356,594,838.
12 13	Gross receipts from related activities, etc. (\$					12	55,612,693.
13	First five years. If the Form 990 is for the o	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a 501(c)(3)		, [
Sec	organization, check this box andstop here tion C. Computation of Public Sup	ort Percenta		· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · ·	· · · • • · · ·
14	Public support percentage for 2008 (lir			11 (5)		. 14	00.30.%
15	Public support percentage from 2007 8	Schedule A. Pa	divided by line	ri, column (t)) .		15	98.39 % 97.21 %
	33 1/3% support test - 2008. If the or						
	and stop here. The organization qualifi	es as a publicly	supported orga	nization	u iiile 14 is 55	175% OF INOTE, C	► X
b	33 1/3% support test - 2007. If the or	ganization did r	ot check a box	on line 13 or 16	a and line 15 is	33 1/3% or mo	re check this
	box and stop here. The organization qu	ualifies as a pub	olicly supported	organization			> l
17a	10%-facts-and-circumstances test - 2	008. If the organ	nization did not	check a box on	line 13, 16a or	16b. and line 14	• • • • • • • • • • • • • • • • • • • •
	is 10% or more, and if the organization	meets the "fac	t-and-circumstai	nces" test, check	k this box and to	p here. Explain	
	in Part IV how the organization meets t	he "facts and c	ircumstances" te	est. The organiz	ation qualifies a	s a publicly supr	orted
	organization						>
b	10%-facts-and-circumstances test - 2	007. If the organ	nization did not d	check a box on l	ine 13, 16a, 16	b, or 17a, and li	ne
	15 is 10% or more, and if the organizat	tion meets the "	facts and circun	nstances" test, cl	heck this box ar	ostop here.	
	Explain in Part IV how the organization	meets the "fact	s-and-circumsta	nces"" test. The	organization qu	ialifies as a publi	cly
18	supported organization	did not check a	box on line 13,		or 17b, check th		▶ 🔲
	instructions		· · · · · · · · · · · · · · · · · · ·				>





Sec	tion A. Public Support						
C	alendar 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	no reposition on the			Act and a second		
	any "unusual grants.")	no continuo de la continuo del continuo de la continuo del continuo de la continu					No. of the Control of
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	- deprivation					- No. of the control
	furnished in any activity that is related to the	· managana a ang	to financial state of the state				Transaction and the second
	organization's tax-exempt purpose					***************************************	The appropriate of the state of
3	Gross receipts from activities that are not an		The second secon				
	unrelated trade or business under section 513	Approximation of the state of t	EPOLIS BROKE SELECT				
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		of memory concession	RAA ha a far para	***		
	its behalf		000000000000000000000000000000000000000	open a may more and a more and			
5	The value of services or facilities						
	furnished by a governmental unit to the			VIII TO TO COLOR		1000	
	organization without charge						
6	Total. Add lines 1-5			-			
	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						
c	year or \$5,000 · · · · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		Hala Ara davi et a stratig	1 and the say of the say of		The state of the s	
	alendar 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			AND THE PROPERTY OF THE PROPER			
b	Unrelated business taxable income (less				***************************************		
	section 511 taxes) from businesses			TO THE PARTY OF TH			
	acquired after June 30, 1975	a na Albania					
С	Add lines 10a and 10b						***************************************
11	Net income from unrelated business						
	activities not included in line 10b,	THE COMMENT				400	
	whether or not the business is regularly carried on	and the second s				TI POLICE BEAUTY	
12	Other income. Do not include gain or					***************************************	
	loss from the sale of capital assets	30 000000000000000000000000000000000000					
	(Explain in Part IV.)				residential		
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First five years. If the Form 990 is for		s first, second,	third, fourth, or	fifth tax year as	a section 501/c	3)(3)
	organization, check this box and stop here.						
ec	tion C. Computation of Public Sup				**************************************		
5	Public support percentage for 2008 (line 8,	column (f) divide	d by line 13, colu	mn (f))		15	%
6	Public support percentage from 2007 Sched	dule A, Part IV-A,	line 27g			16	%
ect	tion D. Computation of Investmen	t Income Pero	centage				
7	Investment income percentage for 2008 (lin	e 10c, column (f) divided by line 1	3, column (f))		17	%
8	Investment income percentage from 2007 S	chedule A, Part I	V-A, line 27h			18	%
9 a	33 1/3% support tests - 2008. If the orga	anization did not	check the box of	n line 14, and lin	e 15 is more tha		
	17 is not more than 33 1/3 %, check this box						>
b	33 1/3% support tests - 2007. If the organ	ization did not cl	neck a box on lin	e 14 or line 19a, a	and line 16 is mo	re than 33 1/3 %. a	and
	line 18 is not more than 33 1/3 %, check this						
0	Private foundation, If the organization did no						* * * _

JSA 8E1221 1.000



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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

2008

Name of the organization		Employer identification numb
TANANA CHIEFS CONE	FERENCE	22 22 12 22 2
Organization type (check o	one):	92-0040308
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)(3) (enter number) org	anization
	4947(a)(1) nonexempt charitable	trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundat	ion
	4947(a)(1) nonexempt charitable	trust treated as a private foundation
	501(c)(3) taxable private foundati	on
	s filing Form 990, 990-EZ, or 990-PF that rece ny one contributor. Complete Parts I and II.	eived, during the year, \$5,000 or more (in money or
Special Rules		
under sections 50	09(a)(1)/170(b)(1)(A)(vi), and received from a 000 or (2) 2% of the amount on Form 990, Pa	990-EZ, that met the 331/3 % support test of the regulations ny one contributor, during the year, a contribution of the art VIII, line 1h or 2% of the amount on Form 990-EZ, line
during the year, a	iggregate contributions or bequests of more t	0, or Form 990-EZ, that received from any one contributor, han \$1,000 for use exclusively for religious, charitable, for use to children or animals. Complete Parts I, II, and III.
during the year, s not aggregate to the year for an exc applies to this org	ome contributions for use exclusively for religion more than \$1,000. (If this box is checked, ent clusively religious, charitable, etc., purpose. D	0, or Form 990-EZ, that received from any one contributor, ous, charitable, etc., purposes, but these contributions did ser here the total contributions that were received during to not complete any of the parts unless the General Rule religious, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but the	ymust answer "No" on Part IV, line 2 of their	the Special Rules do not file Schedule B (Form 990, Form 990, or check the box in the heading of their of meet the filing requirements of Schedule B (Form 990,
For Privacy Act and Paperwork Re	duction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

for Form 990. These instructions will be issued separately.

of Part I

Name of organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

General	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	\$\$ <u>55,963,008.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	US DEPT OF INTERIOR OFFICE OF SECRETARY WASHINGTON, DC 20240	\$ 10,713,806.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

Nam	ne of the organization			Employer identification number
TA	NANA CHIEFS CONFERENCE			92-0040308
Pa	Organizations Maintaining Donor Active organization answered "Yes" to Fo	lvised Funds or Other S orm 990, Part IV, line 6.	Similar Fund	s or Accounts.Complete if
		(a) Donor advise	d 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				
J	Did the organization inform all donors and donor			
6	funds are the organization's property, subject to to Did the organization inform all grantees, donors,			
U	used only for charitable purposes and not for the			
	impermissible private benefit?			
- 2	rt II Conservation Easements. Complete	if the organization ancw	orod "Voc" to	Yes No
1	Purpose(s) of conservation easements held by the			or offit 990, Fait (V, line 7.
1		1		
	Preservation of land for public use (e.g., rec	reation or pleasure)	1	on of an historically importantly land area
	Protection of natural habitat	hammon	Preservation	on of certified historic structure
2	Preservation of open space			
2	Complete lines 2a-2d if the organization held a que on the last day of the tax year.	ialified conservation contr	ibution in the	form of a conservation easement
	on the last day of the tax year.			Held at the End of the Year
_	Takal ayaab ay of companyation and a			
a	Total number of conservation easements			
b	Total acreage restricted by conservation easemer			
C	Number of conservation easements on a certified			t t
d 3	Number of conservation easements included in (
3	Number of conservation easements modified, trai	nsterred, released, extingi	lisned, or terr	ninated by the organization during
4	the taxable year Number of states where present as the state and the state of states where present as the state of states and the state of states as the states as the state			
5	Number of states where property subject to const			
J	Does the organization have a written policy regard			
6	enforcement of the conservation easements it hole			
7	Staff or volunteer hours devoted to monitoring, ins			
8	Amount of expenses incurred in monitoring, inspe			
ŭ	Does each conservation easement reported on lin			
9	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
3	In Part XIV, describe how the organization reports			
	balance sheet, and include, if applicable, the text the organization's accounting for conservation eas		nization's fina	incial statements that describes
Þа	rt III Organizations Maintaining Collection		sure or O	thar Similar Accate
	Complete if the organization answered	l "Yes" to Form 990, Pa	t IV, line 8.	mer ommar Assets.
1 a	If the organization elected, as permitted under SF	AS 116, not to report in its	revenue stat	rement and balance sheet works of
	art, historical treasures, or other similar assets he	ld for public exhibition led	acation or res	search in furtherance of public service
	provide, in Part XIV, the text of the footnote to its			
b	If the organization elected, as permitted under SF	AS 116, to report in its rev	/enue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, educat me:	ion, or resear	ch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line			▶ €
	(ii) Assets included in Form 990, Part X			
2				
2	If the organization received or held works of art, h			is for financial gain, provide the
	following amounts required to be reported under S			. .
a	Revenues included in Form 990, Part VIII, line 1.			
b	Assets included in Form 990, Part X			
ForF	Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.		Schedule D (Form 990) 2008

Pa	rt III Organizations Maintair	ning Co	llections o	of Art, His	torica	l Treasures	s, or O	ther Simila	r Assets	(continue	ed)
3	Using the organization's accessio	n and ot	ner records	, check an	y of th	e following th	nat are	a significant	use of its	collection	ı
	items (check all that apply):										
č				d		Loan or exc	change	programs			
t				е		Other					
4	Provide a description of the organ	ization's	collections	and expla	in how	they further	the org	janization's e	exempt pu	ırpose in	
	Part XIV.										
5	During the year, did the organizat	on solic	t or receive	donations	of art	, historical tr	easure:	s, or other sii	milar		
	assets to be sold to raise funds ra	ther than	nto be mair	ntained as	part of	the organiza	ation's d	collection?.		Yes	N
Pa	Part IV, line 9, or report	odial A ed an a	rrangeme mount on	nts. Com Form 990	plete , Part	if organizati X, line 21.	on ans	swered "Yes	s" to Forr	n 990,	
4	Em Alica and the Control of the Cont										
та	Is the organization an agent, trust	ee, custo	xdian or oth	er interme	diary f	or contributio	ns or o	ther assets i	not		
	included on Form 990, Part X?									Yes	N
b	If "Yes," explain the arrangement i	n Part X	V and com	plete the fo	ollowin	g table:					
	D								Amount		
0	9			• • • • •			1 c				
d	and the same state of the same			• • • • •			1d				
e	Distributions during the year					• • • • • _	1 e				
f	3			• • • • •		• • • • • [1f				
2 a	3	ount on	Form 990,	Part X, lin	e 21?					Yes	No
	If "Yes," explain the arrangement i			· · · · · · · · · · · · · · · · · · ·							
1.6	rt V Endowment Funds. Cor					'Yes" to For	m 990,	, Part IV, lin	e 10.		
4 -	Danimina of constant	(a) Cu	rrent Year	(b) Prior	year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	rears back
1a	5 , , , , , , , , , , , , , , , , , , ,		8			No. 1	64.8	17.37.70			
b											
۳ 5											
d							190	y the second second			
e	Other expenditures for facilities .										
	and programs										
	Administrative expenses	****									
g	End of year balance										
2	Provide the estimated percentage		ar end bala	ince held a	S:						
a	Dodia accignated of quasi chaowi	nent ▶_		%							
a	Permanent endowment	%									
2 -		%									
3 a	Are there endowment funds not in	the poss	session of t	he organiz	ation t	hat are held	and adı	ministered fo	r the		
	organization by:									Y	es No
	(i) unrelated organizations		• • • • • •							3a(i)	
_	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related org	janizator	is listed as	required or	n Sche	dule R?				3 b	
4	Describe in Part XIV the intended u	ises of h	e organizat	ion's endo	wment	funds.					
Ea	t VI Investments - Land, Buil	dings, a	and Equip	ment. See	Forn	n 990, Part	X, line	10.			***************************************
	Description of investment		(a) Cost or (inves	other basis tment)		Cost or other pasis (other)	(c)	Depreciation	(d	l) Book value	
1 a	Land				3	,182,555				3,182	. 555
b	Buildings]	,151,351		913,223.	(44) - (10,238	
C	Leasehold improvements					- Mariana and A. Mariana and A. Mariana		-	**************************************		
d	Equipment				6	,074,615	. 2.	537,211.		3,537	404
е	Other				2	025 161	1	079 941			,320.
Tota	I. Add lines 1a-1e. (Column (d) shoul	d equal .	Form 990, I	Part X, col	umn (E	3), line 10(c).)				17,903,	

Schedule D (Form 990) 2008

17,903,407.

Part VII	Investments - Other Securities. See F	Form 990, Part X, li	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial de	rivatives and other financial products		
	equity interests		
			\$ }
Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. See I	Form 990, Part X. li	ne 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	(4) 2000, p. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	(1, 210, 1	Cost or end-of-year market value
	THE TAXABLE PROPERTY OF THE PR		
T-4-1 (0-1	41.4.4.4.4.5		
	(b) should equal Form 990, Part X, col. (B) line 13.) • Other Assets. See Form 990, Part X, I	ino 15	
Part IX		Description	(I.) Parkerskin
***************************************	(a)	Description	(b) Book value

	(b) should equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. See Form 990, Part X	(, line 25.	
	(a) Description of liability	(b) Amount	
Federal incon	ne taxes		
	ANNUAL & SICK LEAVE	1,068,994.	
	FOR CLAIM PAYMENTS	1,111,943.	2000年1月1日 1日 1日 1日 1日 1日 1日 1日 1日 1日 1日 1日 1日 1
	PAYABLE	4,742	
REFUNDAE	LE DEPOSITS	1,200.	The second secon
		1	
			TO SERVICE SER
T-4-1 /C /	All to 14 15 200 D	The state of the s	
iotal, (Column	(b) should equal Form 990 Part X, sol (B) line 25)	2,186,879.	· 有對經濟性的發揮技術於於今日的於伊爾特的於 · · · · · · · · · · · · · · · · · · ·

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

 Page 4

	92-0040308		Page -
Par			
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	diction the state of the state
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
Par			1,211,012
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:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a		34	
b			
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
e		2 e	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:		02,111,100
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
С		4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	40	00 777 760
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	82,777,768
1	Total expenses and losses per audited financial statements		85,549,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	[28]	03,343,074
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	\dashv	
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	\dashv	
е	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1		85,549,074
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		03,343,074
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	+ $+$	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		95 E40 074
Part		. 1 3	85,549,074.
Comp and 2t	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P p; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	art IV, line	s 1b
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Schedule D (Fo	rm 990) 2008		92-0040308	Page 5
Part XIV	Supplemen	tal Information (continued)		
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S.

545-004/	<u>∞</u>	
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Employer identification number

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▶ Attach to Form 990.

DUCATE RESIDENTS AN å ROVIDES INPATIENT (h) Purpose of grant or assistance X Yes 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. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 92-0040308 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations (d) Amount of cash grant (e) Amount of non-cash assistance 106,041. 540,894 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable General Information on Grants and Assistance 92-0037488 20-1113317 (p) TANANA CHIEFS CONFERENCE 101 DENKEL STR FAIRBANKS, AK 99701 MORRIS THOMPSON CULTURAL CENTER 1 (a) Name and address of organization or government FALHEANKS NATIVE ASSOCIATION 605 HUBBES AVE, STE #100 Part II

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Enter total number of other organizations,

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

			92-0040308			raje 🕻
Partill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed.	ndividuals in the	ne United States needed.	. Complete if the	e organization answered	"Yes" on Form 990, Part IV, line 22.	
(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	
SEE SCHEDULE 1-1						
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Part IV Supplemental Information. Complete this part to provide the information required in Part I	ete this part to	provide the info	ormation required	I in Part I, line 2, and any	, line 2, and any other additional information.	10-Personal and a state of the
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SCHEDULE 1-1 (Form 990)

Department of the Treasury

Interna Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

Open to Publi

A						92-0040308								
Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule (Form 990), Part	Other Assista	ince to Govern	ments and Organ	izations in the U.	S. (Schedule I (Forn	1990), Part II.)								
(a) Name and address of organization of government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance							
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Schedule I-1 (Form 990) 2008

Page 2

Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule | (Form 990), Part III.) 92-0040308

(a) Type of grant or assistance (b) Number of cash grant or assistance (c) Amount of (e) Method of vor	(b) Number of recipents	(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 HRATING 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	ECON 14,000	461,945.			
ASAP TANF	375	1,871,559.			
SG MINTO REC FOOD STAMPS	113	9,161.	The second secon	,	
SG CHILD CARE FOOD PROGRAM	68	22,875.	A PARTICIPATION AND A PART		
VOCATIONAL REHAB	08	147,172.	The second secon		
ELDER NUTRITION	200	67,831.			
FEDERAL HEADSTART	06	9,758.			
AGIA - PIPELINE TRAINING	17	32,808.			
ALASKA WIA YOUTH - IN SCHOOL	300	8,158.			
FAS - COMM DEV DISABILITIES	5	61,742.	The state of the s		
BINGO TRIBAL SHARES	37	31,374.	a de la constante de la consta		
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SCHEDULE J (Form 990)

Department of the Treasury

Questions Regarding Compensation

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.

20**08**Open to Public

Open to Public Inspection

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number
92-0040308

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		A		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	19.73		
	provision of all of the expenses described above? If "No," complete Part III to explain	1 b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Total 330 of other organizations Approval by the board of compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
4		4 a	8858664	Х
a	Receive a severance payment or change of control payment?	4b		X
b		4c		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	46	84,000	<u>X</u>
	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:			
а	The organization?	5 a		X
b	Any related organization?	5 b		_X
	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?	6 a		X
b	Any related organization?	6 b		_X
	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		Appellance of the second	
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
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			
	Subject to the mind don't do choop and document with the control of the control o	Q		v

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Schedule J (Form 990) 2008

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.

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		(a)	O VV-2 alluful 1099-MISO	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Farm 990 or Form 990-EZ
	Ξ	182,302.	NONE	NONE	22,000.	NONE	204,302.	183.166.
JERRY ISAAC	(3)			NONE	NONE	NONE	NONE	NONE
	(3)	165,699.	NONE	NONE	19,500.	NONE	185,199.	147,045.
TED CHARLES	(ii)			NONE		NONE	NONE	NONE
	9	150,431.	NONE	NONE	NONE	NON	150,431.	NONE
BRIAN RIDLEY	(E)	NONE	NONE	NONE	NONE	NONE	HON	NONE
	Ξ	380,799.	NONE	NONE	22,000.	NONE	402,799.	277,350.
NIGEL G WAPPETT	3	NONE		NONE	NONE	NONE	NONE	NONE
	Ξ	210,547.	NONE	NONE	NONE	NONE	210,547.	NONE
MICHAEL J FITCH	(E)		NONE	NONE	NONE	NONE	NONE	NONE
	Ξ	210,547.	NONE	NONE	NONE	NONE	210,547.	NONE
RICHA UPPAL	(E)	NONE	NONE	NONE	NONE	NONE	NON	NONE
	Ξ	196,500.	NONE	NONE	NONE	NONE	196,500.	258,660.
JONATHAN STARR	3	NONE	NONE	NONE	NONE	NONE	NONE	HONE
	(i)	192,870.	NONE	NONE	16,500.	NONE	209,370.	NONE
SASHA E ERICKSEN	(E)	NONE	NONE	NONE	NONE	NONE	HNON	NONE
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Schedule J (Form 990) 2008

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Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

TANANA CHIEFS CONFERENCE

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

Employer Identification number

92-0040308

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated
	Employees

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week		T	}	-	that ap		Reportable compensation	Reportable compensation	Estimated amount of
	•	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other of other compensation from the organization and related organizations
DONALD HONEA, SR.	1									
1ST TRADITIONAL CHIEF	2.	X			-			NONE	NONE	NONI
PETER CAPTAIN, SR.	i									
VICE PRESIDENT PAT MCCARTY	5.	X						29,700.	NONE	NONE
SECRETARY/TREASURER		17						75 000		
********	2.	X						15,000.	NONE	NONE
DANNY ADAMS DIRECTOR		.,						1.5 0.00		
NICK ALEXIA, SR.	2.	X						16,800.	NONE	NONE
DIRECTOR	2.							15 600		
NANCY JAMES		X						15,600.	NONE	NONE
DIRECTOR	2.	v						11 400	NONE	******
		X						11,400.	NONE	NONE
DIRECTOR	2.	х	ĺ					0.600	MOME	MOME
LEO LOLNITZ		Δ						9,600.	NONE	NONE
DIRECTOR	2.	х				***************************************		16 200	MONT	NONE
JULIE_ROBERTS-HYSLOP	***************************************	Δ.	-				-	16,200.	NONE	NONE
DIRECTOR	2.	х						15 200	NONE	NONE
DICHADD EDAM		Λ						15,300.	NONE	NONE
ELDER ADVISOR	2.	х						13,500.	NONE	MONE
T TICY TTO TOLETON		-21						13,300.	NONE	NONE
YOUTH ADVISOR	2.	х	***************************************					8,634.	NONE	MONIE
TEDDY TOARC		-1					$\neg \dagger$	0,034.	NONE	NONE
PRESIDENT	40.			Х				182,302.	NONE	22,000.
TED CUADIFC	1			-23				102,302.	NONE	22,000.
CAO	40.			Х				165,699.	NONE	19,500.
BRIAN_RIDLEY	10.		-	- 2 \			-	100,000.	NONE	13,300.
CFO	40.			Х				150,431.	NONE	NONE
NIGEL G WAPPETT	121		_	-23				130,431.	NONE	MOINE
MEDICAL DIRECTOR	40.					Х		380,799.	NONE	22,000.
MICHAEL J FITCH	10.		_	-				300,733.	NONE	44,000.
PHYSICIAN	40.	-		distribution of the same of th		х		210,547.	MONE	MCMIE
RICHA UPPAL	10.		_	\dashv	$\neg \dagger$	\rightarrow	+	210,347.	NONE	NONE
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JONATHAN STARR	10.		-	-	1	Δ		210,347.	NONE	<u> NONE</u>
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SASHA_E_ERICKSEN	10.		-	\dashv	\dashv	Δ.		196,500.	NONE	NONE
PHYSICIAN	40.	***				Х		102 070	NONE	16 500
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 Open to Public

Department of the Treasury Inte Mar

► 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

Name of the organization	Employer identification number
TANANA CHIEFS CONFERENCE	92-0040308
ORGANIZATION'S MEMBERS OR STOCKHOLDERS	ي الله الله الله الله الله الله الله الل
PART VI LINE 6	
FORTY-TWO TRIBES COMPRISE THE MEMBERS OF THE FULL BOARD OF DIRECT	FORS FOR
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TANANA CHIEFS CONFERENCE	e han dan dan han une une van van dan dan dan dan en man en dan en dan dan dan dan dan dan dan dan dan da
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Page 2

Name of the organization	Employer identification number
TANANA CHIEFS CONFERENCE	92-0040308
PROCESS FOR DETERMINING COMPENSATION OF THE CEO/EXECUTIVE DIRECTO	<u>R</u>
PART VI LINE 15A	
PERIODICALLY AFTER A REVIEW OF COMPANY COMPENSATION, SALARY STUDI	ES_ARE
COMMISSIONED FOR THE ENTIRE ORGANIZATION. ADOPTION OF THE STUDY B	Y_THE_
EXECUTIVE BOARD CONSTITUTES APPROVAL OF THE SALARIES. THE REVIEW	PROCESS
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Schedule O (Form 990) 2008

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Schedule O (Form 990) 2008

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

Open to Public

Direct controlling entity Schedule R (Form 990) 2008 Employer identification number (F) Direct controlling 92-0040308 Legal domicie (state Exempt Code section Public charity status or foreign counity) (if section 501(c)(3)) (E) End-of-year assets (D) Total income (C) Legal domicile (state or foreign country) (B) Primary activity (B) Primary activity Identification of Related Tax-Exempt Organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (A) Name, address, and EIN of related organization $\ensuremath{\left\langle A\right\rangle}$ Name, address, and EIN of disregarded entity Identification of Disregarded Entities TANANA CHIEFS CONFERENCE Name of the organization Part II Parti

92-0040308

Page 2

Partill Identification of Related Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

)				
(J) General or managing partner?	Yes	X		The state of the s			400000000000000000000000000000000000000
Oode V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ACCOUNTS OF THE PROPERTY OF TH						
(H) Disproportance alcoalenty7	Yes No	×			TO CONTRACT A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T		
(G) Share of end-of-year assets	AN CHARRICH MANAGEM AND CONTROL OF AN OWNER, AND AND AND AND AND AND AND AND AND AND	44,618.			подовальной менять ставляющей в передостивной в подоваться в подоватьс	and a state of the	
(F) Share of total income		-36,457.	ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos ang Carlos and Carlos				
(E) Predominant income (related, investment, unrelated)		RELATED					
(D) Direct controlling entity		N/A					
Legal domicile (state or foreign	(4)	AK		·			
(B) Primary activity		BINGO					
(A) Name address, and EIN of related organization	AHT.	109 CLAY SP.	en ern ber enne den som dan dan dan ban som tren ber enn som som som som som som som som som				

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Identification
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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct confrolling entity	(E) Type of entity (C corp., S corp., or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
H INCORPORATED 26-1148930 809 ARCTIC BLVD, SUITE 201 ANCHORAGE, AK 99503	HOLDING COMPANY	AK	N/A	C COPR	1,156,810.	271,212.	100.0000
					A CONTRACTOR AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT	т бай- до об туб туб тировия в борганий у том до от туб туб туб туб туб туб туб туб туб ту	
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	And the second s	,		A describer of the second seco		Schedule R (Form 990) 2008	m 990) 2008

Transactions With Related Organizations PartV

	ON EVANOUS PROPRIOR CONTRACTOR CO	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV.		-12
Puring the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	- \/-	
		×
b Gift, grant, or capital contribution to other organization(s)		1b ×
c Gift, grant, or capital contribution from other organization(s)		1c ×
d Loans or loan guarantees to or for other organization(s)		1d ×
e Loans or loan guarantees by other organization(s)		×
f Sale of assets to other organization(s).		14 ×
i Lease of facilities, equipment, or other assets to other organization(s).		1 ×
		‡
) 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		4 m
n Sharing of paid employees		7n ×
		10 X
p Reimbursement paid by other organization for expenses		<mark>ф</mark>
4 Other transfer of cash or property to other organization(s).		19 X
If the answer to any of the change in the contraction of the change in t		7 .
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	olds.
(A) Name of other organization(s) type	(B) (C) Transaction Amount involved type (a~r)	volved
(1) DNH INCORPORATED (DNH FUELS SMLLC) GUARANTEE	ФТ , Т	1,140,000.
(2) DNH INCORPORATED	C	605 107
		. / 0 7 7 5
(3) DNH INCORPORATED D	1,04	.045,054
(4) CHENA BINGO D	205	5.949
(5) CHENA BINGO		1
d se vicini		78,658.
(9)		
	£	

Page 4 92-0040308 Schedule R (Form 990) 2008

Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and ElN of entry	(B) Primary activity	(C) Legal domicile	(D) Are all partners section	(E) Share of	(F) Disproportionate	(G) Code V-UBI	(H) General of
			501(c)(3) organizations?	assets	allocations	of Schedule K-1	partner?
			Yes No		Yes No	loan man	Yes No
					TOTAL STATE OF THE		
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FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION The proper and sold little little from the property of the pro

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 HOSIPITAL 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 COMPENSAT	ION	12,918,394.

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FORM 990, PART VIII - INVESTMENT INCOME

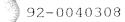
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TOTALS

92-0040308

(<u>a</u>)	EXCLUDED	REVENUE	with state made dates made state state that	227,666.	105,729.	19,457.	79,403.	18,855.	water dates when when some about takes dates their state their speech parties project	451,110.	ndende delde senne störe treter men veren istesse states ståde senne meter sente skate skate Vasid delde skide skide fotom tident istelle menn senne sende libere kress menn men
(C)	UNRELATED	BUSINESS REV.	THE CASE WAS AND AND AND AND AND AND AND AND AND AND						desir many patra than the same term than the same term than the same term than the same term.		
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(B)	RELATED OR	EXEMPT REVENUE							ente mante tabate, tabate quante desant mante tabate saltat, tabate saltat depart tabate		10000 MM MM MM MM MM MM MM MM MM MM MM MM

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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING	ENDING	COST
	BOOK VALUE	BOOK VALUE	OR FMV
Manus counts which which which which which which which without within	matter tender stretcher senten kontract bedasst dettend sentend senten	Jahre lands Jakon value stock trans trans states where	with him was well done with
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

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

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. 867,515. ENDING BALANCE DUE

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)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

► File a separate application for each return.

internal Revenue 3	8: 70.0	
 If you are f 	iling for an Automatic 3-Month Extension, complete only Part I and check this box	
 If you are f Do not comple 	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag te Part II unless you have already been granted an automatic 3-month extension on a prev	le 2 of this form). viously filed Form 8868.
Part I Auto	matic 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 b	oox and complete
All other corp	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns.	004 to request an extension of
Electronic Fili one of the re electronically	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autiturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms omposite or consolidated From 990-T. Instead, you must submit the fully completed and the details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	TANANA CHIEFS CONFERENCE	92-0040308
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	122 FIRST AVENUE, SUITE 600	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	FAIRBANKS, AK 99701-4897	
	f return to be filed (file a separate application for each return):	
X Form 99		m 4720
Form 990		m 5227 m 6069
Form 990		m 8870
Form 990	-PF	
If the orgaIf this is fo		
names and FI	Ns of all members the extension will cover.	
until	st an automatic 3-month (6 months for a composition required to file Form 05/15,2010 , to file the exempt organization return for the organization required for: calendar year or	m 990-T) extension of time named above. The extension is
► X	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 a	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I	less any
nonrefur	dable credits. See instructions.	3a \$ NONE
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	ayments
made. In	clude any prior year overpayment allowed as a credit.	3b \$ NONE
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	1 1 .
instructio		3c \$ NONE
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and Form 8879-EO
for payment in		0000
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return.

nternal Revenue	Service	<u> </u>
If you are	iling for an Automatic 3-Month Extension, complete only Part I and check this box	
 If you are for not complete 	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of th te Part II unless you have already been granted an automatic 3-month extension on a previously fi	is form). led Form 8868.
	matic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this box and c	omplete
•		
time to file inc	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to ome tax returns.	
one of the re electronically returns or a c	ing <i>(e-file)</i> . Generally, you can electronically file Form 8868 if you want a 3-month automatic electrons noted below (6 months for a corporation required to file Form 990-T). However, you if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, composite or consolidated From 990-T. Instead, you must submit the fully completed and signed re details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities.	cannot file Form 8868 6069, or 8870, group page 2 (Part II) of Form
Type or	Name of Exempt Organization Employ	er identification number
print		0040308
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for filing your	122 FIRST AVENUE, SUITE 600	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FAIRBANKS, AK 99701-4897	
Form 99	of return to be filed (file a separate application for each return): X Form 990-T (corporation) Form 4720	
Form 99		
Form 990		
Form 990		
If the orgaIf this is fo	No. ► 907 452-8251 Initiation does not have an office or place (*** This is the stress of the stre	
names and El	Ns of all members the extension will cover.	
until	st an automatic 3-month (6 months for a corporation required to file Form 990-08/15,2010, to file the exempt organization return for the organization named reganization's return for: calendar year or RECEIVED tax year beginning 10/01,2008 5 in Children 109/3	above. The extension is
2 If this tax	year is for less than 12 months, check reason: Initial return Final return Chang	e in accounting period
nonrefur	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any idable credits. See instructions.	3a \$ NONE
b If this ap	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments	
	clude any prior year overpayment allowed as a credit.	3b \$ NONE
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit	<u> </u>
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	
instructio		3c \$ NONE
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For	m 8879-EO
for payment ir		
	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

Form 8868 (Re	ey 4-2009)				Page 2
	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	y Part II a	nd check this box		▶ X
	y complete Part II if you have already been granted an automatic 3-month ex				868.
	re filing for an Automatic 3-Month Extension, complete only Part I (on page				
	Additional (Not Automatic) 3-Month Extension of Time. Only		original (no cop	ies ne	eded).
	Name of Exempt Organization		Employer identific		
Type or print	TANANA CHIEFS CONFERENCE		92-0040308	3	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only		
extended due date for	122 FIRST AVENUE, SUITE 600				
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
return. See instructions.	FAIRBANKS, AK 99701-4897	1 22 1			
Check typ	pe of return to be filed (File a separate application for each return):	groundstanding			
X For	m 990 Form 990-PF		Form 1041-A	F	Form 6069
For	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 4720	F	Form 8870
	m 990-EZ Form 990-T (trust other than above)		Form 5227		
STOP! Do	not complete Part II if you were not already granted an automatic 3-mo	nth exten	ısion on a previoι	sly file	d Form 8868.
• The boo	oks are in the care of BRIAN RIDLEY			****	
Telepho	one No. ▶ 907 452-8251 FAX No. ▶				·
• If the or	ganization does not have an office or place of business in the United States, o				▶ 🔲
	for a Group Return, enter the organization's four digit Group Exemption Numb			iis is	
for the wh	iole group, check this box $\dots ightharpoonup igsqcup$. If it is for part of the group, check this	box	. ▶ and attacl	ı a	
list with the	e names and EINs of all members the extension is for.	,			
4 Ireq	uest an additional 3-month extension of time until08/16/2010			·	
	calendar year, or other tax year beginning10/01/2008	_,and end	ding <u>09/30/20</u>		
6 If this	s tax year is for less than 12 months, check reason: Initial return	Final retu	rn Change	in acco	ounting period
7 State	e in detail why you need the extension <u>INFORMATION NECESSARY TO</u>	PREPA	RE A COMPLET	<u> </u>	
ACCU	JRATE RETURN IS NOT YET AVAILABLE.				
1000 day - 1000 day - 1000 day - 1000 day - 1000 day - 1000 day - 1000 day - 1000 day - 1000 day - 1000 day -					
8a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative			
	efundable credits. See instructions.			8a \$	NONE
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable				
	payments made. Include any prior year overpayment allowed as a credit	and any	1		
	iously with Form 8868.			8b \$	NONE
	nce Due. Subtract line 8b from line 8a. Include your payment with this form				
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S		ee instructions.	8c \$	NONE
	Signature and Verification				
	ties of perjury, I declare that I have examined this form, including accompanying schedules an	d statement	ts, and to the best of	my know	ledge and belief,
it is true, corr	rect, and complete, and that I am authorized to prepare this form.				
	Λ Λ Λ Λ Λ Λ Λ Λ Λ			ارر	100110
Signature >	Grace (Carpentes Title > CPA		Date >	<u>~7/c</u>	<u> 40110</u>
	KPMG LLP		F	orm 886	8 (Rev. 4-2009)

701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501

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

ARR II) Side

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.

	000 T	levem.	at Organizat	ion Dugin	oca Inac		a Tay Daturn					OMBI	No. 1545-0687
Form	990-T						e Tax Return (ar				033(e))	9	MNS
	tment of the Treasury at Revenue Service		ending	09/30			mning ► See's					Open to	Public Inspection) Organizations Only
	Check box if	 	Name of organiz				ne changed and see it				D Emple) Organizations Only cation number
A L.	address changed	Associated de Contraction de Contrac	7	· L									instructions for Block D
B Exe	empt under section		TANANA	CHIEFS	CONFE	Q F N	ICE				on page	r 3. y	
ţ	501(C)(03)	Print				-	. box, see page 9 of in	structions.			92-1	0040308	₹
-	408(e) 220(e)	or											ss activity codes
	408A 530(a)	Type	122 FTR	ST AVEN	IUE SU	гтв	: 600				(See ii	nstructions for	Block E on page 9.)
	529(a)		City or town, stal			2.2.3	<u> </u>	******************					
	ok value of all assets		, AK							į			
ate	end of year	F Gro		umber (See	instruction	ns fo	or Block F on page 9	₹.) ▶	***************************************				
E	4,850,361.		ck organization					501(c	trust		401(a)	trust	Other trust
20022000000	escribe the organiz								MENT	1			
	uring the tax year,					ed a						>	Yes X No
	"Yes," enter the na								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. a-b.		• • " 1	
	he books are in care	anne ann an ann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an Aire Bu					Additional divinities and a second second	elephone	number	▶ 90	7-452	2-8251	
Pa			or Busines				(A) Income	***************************************		Expens			(C) Net
1 a						-						1	
b	Less returns and allowa			c Ba	lance >	1 c		·					
2	Cost of goods sol		ule A, line 7)			2	i de la companya da la companya da la companya da la companya da la companya da la companya da la companya da l						
3	Gross profit. Sub	•				3	and the second s						
4 a	Capital gain net in					la							
b	Net gain (loss) (For					b							
С	Capital loss dedu					‡c							
5	Income (loss) from				i	5	and the first own in 100 his last dearlines delice in recent for a the bis his his home in more any de						
6	Rent income (Sch	edule C)				6							
7	Unrelated debt-fir					7							
8	Interest, annuitie				1						**************************************		
	organizations (Sch	-			1	8							
9	Investment incon				1						******************		
	organization (Sche	edule G)				9							
10	Exploited exempt					0							
11	Advertising incom	ne (Sched	ule J)		1	1							
12	Other income (See				1	2							
13	Total. Combine lin	nes 3 thro	ough 12	<u> </u>	1	3							
Pai	t Deductio	ns Not	Taken Elsev	where (Se	e page	11	of the instructi	ons for	limitation	ons on	deduc	tions.)	
	(Except f	or cont	ributions, de	ductions r	nust be	dir	ectly connected	with th	e unrel	lated bu	usines	s income	e.)
14	Compensation of	officers,	directors, and tru	istees (Sche	dule K)						14		NONE
15	Salaries and wage	s									15		~~~
16	Repairs and maint	tenance					. 				. 16		
17													
18													
19	Taxes and licenses	s									19		
20	Charitable contrib	outions (S	see page 13 of t	he instructio	ns for limi	tatio	n rules.)				. 20		
21							21			NONE			
22							22a				22b		NONE
23	Depletion										2.3		· h-1.00
24													
25	Employee benefit	programs				* *					2.5		
26													
27													
28	Other deductions	(attach s	chedule)								28		
29	Total deductions.	Add line	s 14 through 28						<i>.</i>		29		NONE
30							tion, Subtract line 2						NONE
31													
32							act line 31 from line						NONE
33							r exceptions.)				33		
34	Unrelated busine						-	han line					
	32, enter the sma	Her of zer	o or line 32								3.4		NONE

Controlled group electrical (sections 164 and 1630), check here I See instructions and 1610 provided group electrical (sections) 572,000, and 59,925,000 baseds income brackets (in that order). 11	Part	Ⅲ Tax Computation		
# Finter your share of the \$50.000, 325.000 and \$50.952,000 transhely income brackets (in that order) (17)	35	Organizations Taxable as Corporations. See instructions for tax computation on page 15.		
13 23 15		Controlled group members (sections 1561 and 1563) check here ► See instructions and:	0.00	
De Enter regardations allow of (1) Adultional 5% tax (not more than \$11,756)	a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(2) Additional 3% has not more than \$100,000 100		(1) (2) (3)	Target and the same and the sam	
c Income tax on the amount on the 34 Frusts Taxabbe at Trust Rates. See instructions for tax computation on page 16, Income into on the general form of the page 16 of the instructions. From y tax, See page 16 of the instructions. Alternative meintrum tax Anternative meintr				
S Trusts Taxable at Trust Rates. See instructions for tax computation on page 16, Income tax on the airmount in the afform. The arrate schedule or Schedule D (Form 1041) 7 Proxy tax. See page 16 of the instructions 7 Proxy tax. See page 16 of the instructions 7 Proxy tax. See page 16 of the instructions 9 Total. Add lines 37 and 38 to line 35c or 38, whichever applies 9 Total. Add lines 37 and 38 to line 35c or 38, whichever applies 9 Total. Add lines 37 and 38 to line 35c or 38, whichever applies 9 Total are credit (corporations attach Form 1118; trusts attach Form 1110) 9 Cher credits (see page 17 of the instructions) 9 Ceneral business credit. Additions 5 attach Form 380 9 Ceneral business credit. Additions 5 attach Form 3801 or 8827) 9 Cottact credits, Add lines 40 attached Form 3800 9 Cottact for prior year minimum tax (attach Form 8801 or 8827) 9 Cottact credits, Add lines 40 attached Form 3800 9 Cottact form 40 form 180e 39 9 Cottact form 40 form 180e 39 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 50 9 Cottact form 80 9 Cottact form 5			e e e e e e e e e e e e e e e e e e e	
7 Proxy tax. See gag 16 of the instructions	c 1 36 -	Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on	35c	NONE
3 Altamative minimum tax 3 Total Add tines 37 and 38 to line 35c or 38, whichever applies 3 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 4 General business credit Attached Form 3800 6 General business credit. Attached Form 3800 6 General business credit. Attached Form 3800 6 General business credit. Attached Form 3800 6 General business credit. Attached Form 3800 6 General business credit. Attached Form 3800 7 General business credit. Attached Form 3800 8 July 2006 8 General business credit. Attached Form 3800 8 July 2006 8 General business credit. Attached Form 3800 8 July 2006 8 General business credit. Attached Form 3800 or 88277 8 July 2006 8 July 2007 8 July 2007 8 July 2007 8 July 2007 8 Subtracts line 40s from line 39 8 July 2008 8 Submated tax payments 9 July 2008 9 Submated tax payments 10 July 2008 9 Submated tax payments 10 July 2008			36	
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G Central business creatit. Attached Form 3800 40 de Credit for prior year minimum tax (attach Form 8801 or 8827) 40 de de Credit for prior year minimum tax (attach Form 8801 or 8827) 40 de de Credit for prior year minimum tax (attach Form 8801 or 8827) 41 NONE 3 Total tax. Add lines 40 ines 40 ines 41 and 42 43 NONE 44 Payments. A 2007 overpayment credited to 2008 44 de Double 1 Add 1 NONE 45 2008 estimated tax payments 44 de Debuggier organizations: Tax paid or withheld at source (see instructions) 44 de Debuggier organizations: Tax paid or withheld at source (see instructions) 44 de Debuggier organizations: Tax paid or withheld at source (see instructions) 44 de Debuggier organizations: Tax paid or withheld at source (see instructions) 44 de Debuggier organizations: Tax paid or withheld at source (see instructions) 44 de Debuggier organizations: Tax paid or withheld at source (see instructions) 44 de Debuggier organizations: Tax paid or withheld at source (see instructions) 44 de Debuggier organizations: Tax paid or withheld at source (see instructions) 44 de Debuggier organizations and tax penalty (see page 4 of the instructions). Check if Form 2220 s attached 1 de Debuggier organizations and the total of lines 43 and 48, enter amount overed 1 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 4 de Debuggier organization 5 de Debuggier organization 6 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organization 7 de Debuggier organ				
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44 Payments: A 2007 overpayment credited to 2008 b 2008 estimated tax payments:	42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42	
b 2008 estimated tax payments. c Tax deposited with Form 8888 d Foreign organizations. Tax paid or withheld at source (see instructions) d 44d d 44e	4 3	Total tax. Add lines 41 and 42	43	NONE
Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Other credits and payments: Form 4136 Total payments. Add lines 44a through 44f Estimated tax penalty (see page 4 of the instructions), Check if Form 2220 is attached Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owen Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owenpaid Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owenpaid Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owenpaid Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owenpaid Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owenpaid Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owenpaid Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owenpaid Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owenpaid Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owenpaid NONE 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 ▶ 1 Inventory at beginning of year. 1 1 Inventory at beginning of year. 1 1 Inventory at beginning of year. 1 1 Inventory at beginning of year. 1 1 Inventory at beginning of year. 1 1 Inventory at beginning of year. 1 1 Inventory at beginning of year. 1 1 Inventory at beginning of year. 1 1 Inventory at beginning of year. 1 1 Inventory at beginning of yea	44a f	Payments: A 2007 overpayment credited to 2008	4.	
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e Backup withholding (see instructions) f Other credits and payments: Form 4138				
Other credits and payments:	d	Foreign organizations: Tax paid or withheld at source (see instructions) , . 44d		
Total payments. Add lines 44a through 44f. 5 Total payments. Add lines 44a through 44f. 6 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached. 7 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 8 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 9 Enter the amount of line 48 you want. Credited to 2009 estimated tax ▶ 10 Enter the amount of line 48 you want. Credited to 2009 estimated tax ▶ 11 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, thank, 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 ▶ 12 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 13 Enter the amount of tax-exempt interest received or accrued during the tax year. 14 Inventory at beginning of year. 15 Purchases. 16 Inventory at beginning of year. 17 Cost of goods sold. Subtract line 18 Purchases. 19 During the tax exempt interest received or accrued during the tax year. 10 Enter the amount of tax-exempt interest received or inventory valuation. 11 Inventory at beginning of year. 12 Purchases. 13 Cost of goods sold. Subtract line 14 Additional section 263A costs (attach schedule). 15 Total Add lines 1 through 4b. 15 Total Add lines 1 through 4b. 15 Total Add lines 1 through 4b. 15 Total Add lines 1 through 4b. 15 Total Add lines 1 through 4b. 15 Total Add lines 1 through 4b. 16 Total Parameters of preparer (either than taxpayer) is based on all information of which preparer has any knowledge. 16 Preparer's Signature of officer. 17 Self-employed. 18 Preparer's Signature of officer. 19 Preparer's Signature of officer. 10 Self-employed. 10 Self-employed. 10 Self-employed. 10 Self-e	e i	Backup withholding (see instructions)		
Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached 7 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 9 Coverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 9 Enter the amount of line 48 you want: Credited to 2009 estimated tax ▶ Refunded ▶ 49 NONE 2 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 ▶ 2 During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 1 Inventory at beginning of year 1	f (
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Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid Enter the amount of line 48 you want. Credited to 2009 estimated tax \(\) Refunded \(\) 49 NONE None No	16	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46	
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 ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	7	Fax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	NONE
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 ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 3 Chedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year 1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4 Additional section 263A costs 4 (attach schedule) 4 Do the rules of section 263A (with respect to Yes No property produced or acquired for resale) apply to the organization? 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 8 from line 5. Enter here and in Part I, line 2 8 Do the rules of section 263A (with respect to Yes No property produced or acquired for resale) apply to the organization? 9 Cost of labor 4 During the tax year, did the organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 8 Do the rules of section 263A (with respect to Yes No property produced or acquired for resale) apply to the organization? 1 Cost of goods sold. Subtract line 9 Check if self-employed 10 Check if self-employed 10 Check if self-employed 10 Check if self-employed 10 Check if self-employed 11 Check if self-employed 11 Check if self-employed 12 Check if self-employed 12 Check if self-employed 12 Check if self-employed 12 Check if self-employed 12 Check if self-employed 12 Check if self-em	18 (Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	NONE
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 ▶				NONE
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 ▶ 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. 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ chedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year 1 2 Purchases				·
Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		-		No
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. 3			eport of Foreign	
If YES, see page 5 of the instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ inchedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year				X
aid reparer's se Only Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Chedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ 6 Inventory at beginning of year 1 6 Inventory at end of year			n trust?	X
Inventory at beginning of year 1				
Inventory at beginning of year 1 6 Inventory at end of year 6 2 Purchases				<u></u>
Purchases			-	
3 Cost of labor			6	
Additional section 263A costs (attach schedule) 4a Bo the rules of section 263A (with respect to Yes No property produced or acquired for resale) apply to the organization? 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. Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. When the RS discuss this sturn with the preparer shown below the instructions? Yes Signature of officer Date Preparer's signature Firm's name (or yours if self-employed), yours if self-employed).		godd odd odd odd odd odd odd odd odd odd		
(attach schedule). 4a 8 Do the rules of section 263A (with respect to Yes No property produced or acquired for resale) apply to the organization? 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. Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Date Title May the IRS discuss this alum with signature of officer Date Signature				
b Other costs (attach schedule) 4b				
Under penalties of perjury. It 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. Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Date Date Date Preparer's SSN or PTITE Signature Signa			respect to Yes	No
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. Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Elication Elic			7 1 4 7 3	
ign lere Signature of officer Date Date Check if self-employed Preparer's se Only Self-employed		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of		is true,
Signature of officer Date Title Check if self-employed Preparer's SSN or PT	Sian	correct, and complete. Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	An analysis	gadingo dag
Signature of officer Date Title instructions)? Yes Yes Only Preparer's SSN or PT Signature Preparer's SSN or PT Self-employed Proparer's SSN or PT Self-employed Proparer's SSN or PT Self-employed Proparer's SSN or PT Preparer's SSN or PT Self-employed Proparer's SSN or PT Self-employed Proparer's SSN or PT Proparer's SSN or PT Self-employed Proparer's SSN or PT Self-employed Proparer's SSN or PT Proparer's SSN or PT Self-employed Proparer's SSN or PT		 	4	
aid reparer's signature Firm's name (or yours if self-employed), VPMG LLP EIN 13-5565207				
reparer's signature Firm's name (or yours if self-employed), yours if		Date	163	
reparer's Firm's name (or yours if self-employed), KPMG LLP EIN 13-5565207	Paid	Preparers Check if Check if	* *	111.00
se Only yours if self-employed), APMG LLP / EIN 13-5565207	repa [,]	rer's Firm's pame for Sen-employed		7 <u>47</u> N
Faunces, and AIT Code 7 /UI WEST 81H AVENUE, SUITE 600 Phone no. 907-265-1200	Jse C	Only yours if self-employed), PPRG_LLP EIN		* * * *
ANCHORAGE, AK 99501 Form 990-T (2008)				

Form 990-T (2008)					92~	0040308		Page
Schedule C - Rent Incor (see instructions on page	me (From Real Pr	operty a	and Personal Prop	perty			erty)	
1 Description of property	, , , , , , , , , , , , , , , , , , , ,			***************************************				
1)		No office description in the second			***************************************	**************************************		
31					· · · · · · · · · · · · · · · · · · ·			
3)			1111 H Walter Direction of the second control of the second contro		***************************************			
4)			The second secon	***************************************				
	2 Rent receive	d or accru	ed					
(a) From personal property (if the for personal property is more more than 50%	e percentage of rent than 10% but not	(b) F	from real and personal pr age of rent for personal p r if the rent is based on p	roperty	y exceeds			nnected with the income in (attach schedule)
				*********	***************************************			
2)								
3)								
)		***************************************						
otal		Total				***************************************		<u> </u>
) Total income. Add totals of ere and on page 1, Part I, line	6, column (A)	. ▶				(b) Total deduction Enter here and color Part I, line 6, color	on page 1,	
chedule E - Unrelated [Debt-Financed Inc	ome (se	ee instructions on pa	age 1	9)			***************************************
1 Description of d	ebt-financed property		2 Gross income from allocable to debt-finan property			uctions directly con debt-finance It line depreciation	ed property	o or allocable to
			property		(attăc	h schedule)	,	(attach schedule)
1)								
)					everen di li la disalah sana anaka sana sana a			
)								The state of the s
1)			<u> </u>					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted or allocable to debt-financed pro (attach schedu	o perty	6 Column 4 divided by column 5			Gross income reportable column 2 x column 6)		Illocable deductions on 6 x total of columns 3(a) and 3(b))
)		**********************		%				
2)				%	***************************************			
)				%	***************************************			
)				%				
otals	tions included in colu	mn 8		>	Part I, line 7	and on page 1,	Part I,	here and on page 1, line 7, column (B).
chedule F - Interest, An	nuities, Royalties	, and Re	ents From Contro	lled	Organizati	ons (see instru	ctions or	n page 20)
			empt Controlled Or					
1 Name of controlled organization	2 Employer identification number	[3 Net unrelated income (loss) (see instructions)	1	otal of specified yments made	5 Part of column included in the organization's gros	ontrolling	6 Deductions directly connected with income in column 5
)								
)								
)								
onexempt Controlled Orga	nizations						-	
7 Taxable Income	8 Net unrelated in (loss) (see instruct		9 Total of specified payments made	1	include	of column 9 that is id in the controlling ation's gross income		Deductions directly nected with income in column 10
	_			· · · · · · · · · · · · · · · · · · ·				

)	<u> </u>		······································					
					Enter here	ns 5 and 10. and on page 1, 8, column (A).	Enterh	olumns 6 and 11. nere and on page 1, line 8, column (B).
							and the same of th	
otals	y , y + y y s . 1 s s			. >	-			

Schedule G - Investment I	ncome of a Sec	ction 501(c)(inization (see ins	structions on pa	age 21)
1 Description of income	2 Amount o	f income	3 Deductions directly connected (attach schedule)	1	et-aside s h schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)			Marie Control of the			
(2)						
(3)						
(4)						
	Enter here and Part I, line 9, co					Enter here and on page Part I, line 9, column (B).
Totals , ,	•					
Schedule I - Exploited Ex	empt Activity In	come, Other	Than Advertising Ir	ncome (see instri	uctions on page	e 21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connect with production unrelated busine income	of (column 2 minus	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).
			tinough 7.			
(1)						
(2)					-	
(3)						
(4)				<u> </u>	1	
T	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part I line 10, col. (B				Enter here and on page 1, Part II, line 26.
Totals ▶ Schedule J - Advertising I		uctions on pag	70 21)			

Part I Income From Per	riodicais Repor	ed on a Con	Solidated Basis	T	Т	
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos	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)			<u> </u>		<u> </u>	
Totals (carry to Part II, line (5))		tad an a Can	avota Dania (For so	ob posiculical list	adia Dart II f	ill in a clument 2
Part II Income From Pe through 7 on a lin		ted on a Sepa	arate Basis (For ea	ch periodicai list	ed in Part II, t	iii in columns 2
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos	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)		-		The state of the s		
(5) Totals from Part I					<u> </u>	
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and o page 1, Part I line 11, col. (B)	and a second			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶ Schedule K - Compensatio		iroctore and	Trustona (anni inni		\	
Scriedule K - Compensation	on or omcers, D	nectors, and	i irustees (see instru	ctions on page 22 3 Percent of	<u> </u>	manting attain to be
1 Name			2 Title	time devoted to business	o unr	nsation attributable to elated business
		+			%	
					%	
		+			%	
and for in this first ship is the communication of					%	
Total, Enter here and on page 1. F	art II, line 14				>	MONE

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

	AMOUNT	AMOUNT		
YEAR	GENERATED	UTILIZED	ADJUSTMENT	CARRYOVER
			(NOTES 1 & 2)	
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 CARF	RYOVER:			
TOTAL CARRIE	D 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 SHORTFORM

For the calendar year 2008 or the taxable year beginning

200)8	
Department	Use	Only

· · · · · · · · · · · · · · · · · · ·		0.0 / 2.0		FSN.SEQ	ENVELO	PE#	
10/01	, 2008 a	nd ending $09/30$	2009				
Federal EIN	(This field not	used)	NAICS	ode	(This field not	used)	
92-0040308	***************************************		813	3	BANGA COMMISSION OF THE STATE O		
Name	<u></u>			ne Number XXX XXX-	xxxx		
Tanana Chiefs Conference			907	-452-8251			
Mailing Address				nber XXX XXX-XXXX			
122 First Avenue, Suite 6	nn		Ma A Company				
City	State	Zip Code	E-mail A	ddress			-
Fairbanks Contact Person	AK	99701	Contant	Telephone Number X	/V		
	Title		ł	•			
Brian Ridley	CFO			452-8251	EXT		
Check applicable boxes:	Limited	d Liability Company LLC		X Check if a fe	deral extention	is in effect and	
First Alaska return	X Exem	pt Organization (see in	nstructions)	attach a cop	y of Form 700	4	
Final Alaska return		rporation (Attach 1120	-	·	•		
Name or address change since last year		owners Association (/	,				
Name of address change since fast year	Tiome	OWNERS 71330Clatio() (7	Titaeir 112011)				
SCI	HEDULEA-	NET INCOME TAX	KSUMMARY				
1. Alaska income (loss) from Schedule B-SF	-		* * * * * * * *	1		NONE	
2. Alaska net operating loss deduction (att				1 -1	90	9,315.00	NL
3. Alaska taxable income. Subtract line 2 fi				1 -1	-90	9,315.00	П
4. Alaska income tax from Schedule D-SF,				1 .1			TX
5. Other taxes from Schedule E-SF, line 5				11			ОТ
6. Federal-based credits from Schedule F, I				1 -1	() CR
7. Total Tax. Sum of lines 4, 5 and 6				11	2	NONE	
				• • • • • • • • • • • • • • • • • • • •	1) IC
8. Incentive Credits (see instructions)					() EC
9. Education Credit from Schedule G, line 4					<u> </u>	21 - 11. i-1	
10. Net Alaska income tax (line 7, net of line	•			10	***	0 March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NT
attach Form 0405-708				• • • • • • • • • • • • • • • • • • • •			PT
11. Payments from Page 2, Schedule C-SF				i i		MONT	PI
12. Tax due. If line 10 is larger than line 11,	enter amount of	of tax due	· · · · · · · · ·		Mindron A	NONE	-
13. Overpayment. If line 11 is larger than lin	e 10, enter am	ount overpaid		1 1			-
14. Penalty for underpayment of estimated t	ax (Form 0405-	-708, line 18, see instr	ructions)				UP
15. Penalty for failure to file (see instructions	s)						F
16. Penalty for failure to pay (see instruction	s)			16			FP
17. Interest (see instructions)				17			IN
18. Total amount due (overpaid). Line 12 plu	is lines 14-17, o	or line 13 less lines 14	-17	18			
19. Overpayment credited to 2009 estimated				19			Œ
20. Refund (line 18 reduced by line 19)	,	,		20		and the second s	FF
					Man 18 - 1007	Solitana and Malan problement is	th the
I declare, under penalties of perjury, that I have					preparer sho	R discuss this return wo win below (see instruc	
best of my knowledge and belief, it is true, co	rrect, and compl	ete. Declaration of prep	arer (other than ta	expayer) is based on	i	No X	
information of which preparer has any knowledge.				and the second second second second second second second second second second second	Yes] 40 []	
Officer's Signature		Date	Title	FINANCIAL	Office	DEPTUSEONLY	Y
		C// Q// O Date		Preparer's SSN			Refund
Preparer's Signature			Check if	146	2958	P. C. C. C. C. C. C. C. C. C. C. C. C. C.	, , c, unit
Signature / have ter	<i></i>	8-11.10	self-employed	P001 708		* * * * * * * * * * * * * * * * * * * *	
Similar and Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment			EIN				OPYC
Firm's name (or yourst			13-5565	207			
seif-employed) and KPMG LLP			Phone				OFØNE 0
address 701 W 8TH AVE, S	SUITE 600		907-265	5-1200		1.3.	
City	State	Zip	Dept Use Only			* * *	Nati
ANCHORAGE	AK	99501, #	Validation Nun	nber;	in the second	* * * *	

SCHEDULE B - SF - ALASKA INCOME (LOSS)

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			1 1120, line 28 or Fo			[F-5]	i problem	sages se selve - For En 175.5	e sa si et cida	4 4	<u> </u>	NON	CT
	•						74/128		Y BANK TO	1 1		NON.	라
2.	Additions:	* /	ased on or measure	•					****	1			
			ch schedule)				D		1.00 K/M		2 - 201 49	\$ 14 J 42 8 2 19 1	1,102,108
			ions. Add 2a and 2b						2000	1			15.5
3.	Subtractions	* '	m obligations of the			-				4:	51.7		
			ductions from Form			f	-			1 200	5 (\$3 AB)		
			ch schedule)			1 :	C C	al er el el al la company de la company de la company de la company de la company de la company de la company		1			- 26-5
		(d) Total subtr	actions. Add 3a thro	ough 3c						<u> 3d</u>		ki da da da kana kana ka ka ka ka ka ka ka ka ka ka ka ka ka)
4.	Alaska incom	ne (loss). Add line	es 1, 2c and 3d. Ente	er here and o	า							heed made a	
	Schedule A,	line 1				L			2 \$454.0%	14	<u> </u>	NON	번
	TA	X RATE SCH	IEDULE (AS 43	.20.011)				SCH	EDUL	EC.	SF		
T.6					/5\			ESTIMATED				RECORD	
1"	•	taxable income is			(5)	Estim	ated F	Payments		Date		Amount	
	(1)	(2)	(3)	(4)	Of The				\top				
	At Least	But Less	Your Tax Is	Plus	Amount	(1)	041	05-711					
		Than			Over	(2)	04	05-711					
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Form 0405-611SF (Rev 03/03/09)

NET OPERATING LOSS CARRYFORWARD

	AMOUNT	AMOUNT		
٧٣٨٥	AMOUNT	AMOUNT		0.455./0./55
YEAR	GENERATED	UTILIZED	ADJUSTMENT	CARRYOVER
			(NOTES 1 & 2)	
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		, <u>-</u>	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			
		***************************************	AND AND AND AND AND AND AND AND AND AND	***************************************
TOTAL	890,849	39,566	58,032	909,315
EXPIRED CARRY	OVER:			
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).



Page 2 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



Page 3 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 <u>in advance</u> 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



Page 4 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 Feies

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

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Tanana Chiefs Conference, Inc.

Jerry Liver

Authorized Signature

PRESIDENT

Title

7-10-08



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: Tanana Chiques Cong	is they				
Tax Year: 2007					
		turn e-File	1	on e-File	-
 Federal: Electronic filing is mandatory for tax exempt organizations that: File Form 990 and; Have total assets of \$10 million or more at the end of the taxable year; 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. 	⊠ Yes	☐ No	Yes	No No	
• 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.					
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.					AND THE RESIDENCE AND THE PARTY AND ADDRESS OF THE PARTY AND THE PARTY A
The federal e-file mandate does not apply to 990T returns or 1120-C returns (replaced Form 990-C in 2006).	,				

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 ongoing 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

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.

"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.

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.

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.
- 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

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

For calendar year 2007, or fiscal year beginning 10/01 , 2007, and ending 09/30 , 20 08

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

Department of the Treasury Internal Revenue Service	See instructions.		<u> </u>
Return ID (20-digit num	9200342007123454N01U		
Name of exempt organization	, 920031200/1231341010	Employer Iden	tification number
TANANA CHIEFS	CONFERENCE	92-004	0308
Name and title of officer	ı.	-	
BRIAN RIDLEY			
	sturn and Return Information (Whole Dollars Only)		
	eturn for which you are using this Form 8879-EO and enter the applicable amo		
	ox on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the retu		
	nk, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not		t, if you
1a Form 990 check h	n, then enter -0- on the applicable line below. Do not complete more than 1 line ere \blacktriangleright X b Total revenue, if any (Form 990, line 12)		05254010
2a Form 990-EZ ched		, , 1D	85354919.
3a Form 1120-POL cl			
4a Form 990-PF ched		ine 5) 4b	
5a Form 8868 check	here b Batance Due (Form 8868, line 3c)	. 5b	
Partill Declaratio	n and Signature Authorization of Officer	<u> </u>	
electronic return. I con organization's return t transmission, (b) an in of any refund. If applic (direct debit) entry to federal taxes owed on the U.S. Treasury Financial authorize the financial necessary to answer is	I further declare that the amount in Part I above is the amount shown of sent to allow my intermediate service provider, transmitter, or electronic rettor the IRS and to receive from the IRS (a) an acknowledgement of receip dication of any refund offset, (c) the reason for any delay in processing the reable, I authorize the U.S. Treasury and its designated Financial Agent to Initiate the financial institution account indicated in the tax preparation software for this return, and the financial institution to debit the entry to this account. To rincial Agent at 1-888-353-4537 no later than 2 business days prior to the prinstitutions involved in the processing of the electronic payment of taxes to aquiries and resolve issues related to the payment. I have selected a person ganization's electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization is consent to electronic return and the first transmitted in the resolution is the consent of the consent to the payment of the consent to the payment of the consent to the c	curn originator to reason fetum or refure an electron or payment o revoke a payment (settically color control in the color col	r (ERO) to send the for rejection of the did, and (d) the date to funds withdrawai f the organization's nent, I must contact ement) date. I also the control of the property of the property (PIN) as a pumber (PIN) as
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filed return. It	of the organization, I will enter my PIN as my signature on the organization I have indicated within this return that a copy of the return is being filed wit to the IRS Fed/State program, I will enter my PIN on the return's disclosure con	th a state ac	2007 electronically ency(les) regulating
Officer's signature	2) pec Fidlig Date ▶_	+10+10	<u>H</u>
Part III Certification	on and Authentication	***************************************	
ERO's EFIN/PIN. Enter yo	ur sbi-digit EFIN followed by your five-digit self-selected PIN. 9 2 0	do not enter a	3 5 4 6 8 H zeros
indicated above. I con	numeric entry is my PIN, which is my signature on the 2007 electronically firm that I am submitting this return in accordance with the requirements outhorized IRS e-file Providers.	filed return for Pub. 4163,	or the organization Modernized e-File
ERO's signature >	ada C Carpertes 000 > 7/2	27/09	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form To the IRS Unless Requested To Do S	io	
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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 Aler	ts Jurisdiction	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN Debts PIN EI
54N01U C	TANANA CHIEFS ONFERENCE	51623	FED			Accepted	7/28/2009 11:04:00 AM	7/28/2009 11:30:00 AN	A

1 record returned.

R	efre:	sh
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Cancel

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



OMB No. 1545-0047 Open to Public

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

Inspection

A F	or the	2007 calendar year, or tax year beginning	q 10/0	1,2	007, and e	nding	0	9/30/2008
B ch	eck if appli						D	Employer identification number
	Address change	use IRS label or TANANA CHIEFS CONFERE	ENCE				9	2-0040308
	Name d	hange print or type, Number and street (or P.O. box	if mail is not delivered t	o stre	et address)	Room/suite	Ε	Telephone number
	Initial re	tun See 122 FIRST AVENUE SUIT	TE 600				() –
	Termina	Specific Instruction City or town, state or country, an	d ZIP + 4					Accounting Cash Accrual
	Amende return		1897					X Other (specify) ►FUND ACC
	Applicat pending	e Costion E01(a)(2) organizations and		t char	itable	H and I are not ap	olicat	ole to section 527 organizations.
		trusts must attach a completed Sch	edule A (Form 990 or	990-E	Z).	H(a) Is this a grou	p retu	ırn for affiliates? Yes X No
G \	Nebsite	: ► N/A				H(b) If "Yes," ente	rnun	to the same of the
J	Organiz	ation type (check only one) ► X 501(c) (3) ◀	(insert no.) 4947(a)	(1) or	527	H(c) Are all affiliate	es inc	luded? Yes No
K	Sheck h	ere if the organization is not a 509(a)	(3) supporting organizat	ion an	d its gross			st. See instructions.)
į	eceipts	are normally not more than \$25,000. A return is no			•	H(d) is this a separal organization co		m filed by an by a group ruling? Yes X No
		return, be sure to file a complete return.	•			I Group Exemp		
						M Check ▶		if the organization is not required
L	Gross re	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12	85	. 354	1,919.		. B (F	form 990, 990-EZ, or 990-PF).
Pai		Revenue, Expenses, and Changes in Net						
	1	Contributions, gifts, grants, and similar amount			1000	0	T	
		Contributions to donor advised funds		12				No. of the control of
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		m A					1 e	72 402 112
	2 e	Program service revenue including government	Accessor and the second		rt VII lina O')	2	73,483,112. 10,817,339.
	3						3	10,817,339.
		Membership dues and assessments					4	702 225
	4	Interest on savings and temporary cash investr					-	783,335.
	5	Dividends and interest from securities		1 1			5	54,940.
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nue	7	Other investment income (describe		T T)	7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities	-	(B)	Other		
Œ		than inventory		8a				
	1	Less: cost or other basis and sales expenses.		8 b				
	3	Gain or (loss) (attach schedule)		8 c				
	1	Net gain or (loss). Combine line 8c, columns (A)				F	8 d	
	9	Special events and activities (attach schedule).	If any amount is from g	amin	g, check her	re >		
	a	Gross revenue (not including \$		1 1				
		contributions reported on line 1b)		9 a				
	1	Less: direct expenses other than fundraising ex						
	į.	Net income or (loss) from special events. Subtr					9с	
	i	Gross sales of inventory, less returns and allows		10a				
	b	Less: cost of goods sold						
	С						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 .	· · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	12	85,354,919.
	13	Program services (from line 44, column (B))					13	82,703,181.
ses	14	Management and general (from line 44, column	(C))				14	941,913.
Expenses	15	Fundraising (from line 44, column (D))					15	
EXE	16	Payments to affiliates (attach schedule)					16	
	17	Total expenses. Add lines 16 and 44, column	ı (A)			<u></u>	17	83,645,094.
ts	18	Excess or (deficit) for the year. Subtract line 17					18	1,709,825.
Assets	19	Net assets or fund balances at beginning of year					19	45,412,342.
Ä	20	Other changes in net assets or fund balances (20	-738,023.
Net	21	Net assets or fund balances at end of year. Cor				-		46,384,144.
For P	rivacy	Act and Paperwork Reduction Act Notice, see		****				Form 990 (2007)

		zations	and section 4947(a)(1)	nonexempt charitable trui	sts but optional for other	s. (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
228	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$ f this amount includes foreign grants,					
	If this amount includes foreign grants, check here	22a				
221	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$] If this amount includes foreign grants,					(1) · (1) · (1)
	check here	22b	8,406,528.	8,406,528.		
23	Specific assistance to individuals	0.0				letas a section
	(attach schedule)	23				· 1000 1000 1000 1000 1000 1000 1000 10
24	Benefits paid to or for members	24				
25.	(attach schedule)	24	- 1995 - 1995 - 1996 -		e den delakele	* 4 1 284 3-3
258	a Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	25-	405 601		105 601	
		25a	485,691.		485,691.	
ı	Compensation of former officers,					
	directors, key employees, etc. listed in Part V-B	256				:
,	Part V-B Compensation and other distributions, not includ-	25b				
•	ed above, to disqualified persons (as defined					ı
	under section 4958(f)(1)) and persons described	25.				1
26	in section 4958(c)(3)(B)	25c				
20	included on lines 25a, b, and c	26	10 401 005	16 122 007	2 260 010	
27	Pension plan contributions not	20	19,491,025.	16,122,007.	3,369,018.	
۷.	included on lines 25a, b, and c	27	1 262 445	1,099,547.	262,898.	
28	Employee benefits not included on	21	1,362,445.	1,099,547.	202,030.	
20	lines 25a - 27	28	8,225,493.	6,638,301.	1,587,192.	
29	Payroll taxes	29	1,534,422.	1,238,340.	296,082.	
30	Professional fundraising fees	30	1,004,422.	1,230,340.	230,002.	
	Accounting fees	31				
32	Legal fees	32				
3.3	Supplies	33	2,410,931.	2,180,326.	230,605.	
	Telephone	34	2/110/33-1			
35	Postage and shipping	35				
	Occupancy	36	4,496,738.	1,876,520.	2,620,218.	
37	Equipment rental and maintenance	37	2,386,135.	798,953.	1,587,182.	Particular in the Control of the Con
	Printing and publications	38				
	Travel	39	5,022,735.	4,550,162.	472,573.	Washington and Administrative Street Control of the Street Control
	Conferences, conventions, and meetings	40				
41	Interest	41	763,652.		763,652.	
	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
а	PROFESSIONAL_AND_CONTRACT_	43a	28,025,427.	27,176,774.	848,653.	
b	DIRECT OPERATING COSTS	43b	1,615,039.	1,132,510.	482,529.	
С	PROPERTY TAXES	43c	200,046.	NONE	200,046.	
d	OTHER	43d	100,774.	37,498.	63,276.	
e	GRANT ADMINISTRATION	43e	-159,632.	NONE	-159,632.	
f	INDIRECT COST ALLOCATION	43f	-722,355.	11,445,715.	-12,168,070.	
g		43g				
44	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing columns (B)-(D), carry these totals to lines			* Additional and the state of t	accommodition	
	13-15)	44	83,645,094.	82,703,181.	941,913.	
	nt Costs. Check ▶ if you are follow					<u></u>
	any joint costs from a combined educational					
	'es," enter (i) the aggregate amount of these jo		ats \$	areas .	ted to Program services S	,
(iii)	the amount allocated to Management and gen	eral \$; and (iv) the amount all	ocated to Fundraising \$	Face 990 (3007)
						Facous MIMIT (20022)

JSA 7E1020 1 000

, ,	92-0040308	i age •
E	Art III Statement of Prog. And Service Accomplishments (See the instructions.)	
For particular particu	orm 990 is available for public inspection and, for some people, serves as the primary or sole source of articular organization. How the public perceives an organization in such cases may be determined by the in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Parograms and accomplishments.	information presented
W	hat is the organization's primary exempt purpose? ▶SEE_STATEMENT_3	Program Service Expenses
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for
or	ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others.)
a	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 ▶	47,612,923.
b	NATURAL & 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 ▶	12,872,417.
С	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 ▶	15,020,260.
d	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 ▶	7,197,581.

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

82,703,181. Form **990** (2007)

e Other program services (attach schedule)

(Grants and allocations \$

) If this amount includes foreign grants, check here >

L	altiv	Datance 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
	45	Cash - non-interest-bearing	5,173,572	. 45	2,824,038
	46	Savings and temporary cash investments	24,743,271		28,246,150
	470	Accounts receivable		400	
		Accounts receivable	1,945,990	470	2,633,448
	L)	Less. allowance for doubtful accounts	1,940,990	4/6	2,033,440
	48a	Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	1	Grants receivable	8,312,316	. 49	3,895,045
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section		-	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
s	51a	Other notes and loans receivable (attach			
Assets		schedule)			
As		Less: allowance for doubtful accounts	582,329		936,081
		Inventories for sale or use		52	0.10.000
	i	Prepaid expenses and deferred charges	103,681		346,758
		Investments - publicly-traded securities STMT . 4 ▶ Cost X FMV Investments - other securities (attach schedule) ▶ Cost FMV	8,580,592		6,358,554
	1	Investments - other securities (attach schedule) ▶ Cost FMV Investments - land, buildings, and		54b	
	334	equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)	13,750,813	57c	14,191,587
	58	Other assets, including program-related investments			
		(describe ► STMT 5)	5,085,106	1	5,872,183
	59	Total assets (must equal line 74). Add lines 45 through 58	68,277,670.		65,303,844
	60	Accounts payable and accrued expenses	6,695,595.		5,118,939
	61 62	Grants payable	6,122,792.	61	1,377,046
s	63	Loans from officers, directors, trustees, and key employees (attach		02	
		schedule)		63	
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ë		Mortgages and other notes payable (attach schedule)	8,177,897.	+	10,089,890.
	65	Other liabilities (describe ►STMT 6)	1,869,044.	1	2,333,825.
	66	Total liabilities. Add lines 60 through 65	22,865,328.	66	18,919,700.
	Orga	nizations that follow SFAS 117, check here and complete lines		1	
υń		67 through 69 and lines 73 and 74.			
ıce		Unrestricted		67	
alaı	68 69	Temporarily restricted		68 69	
00		nizations that do not follow SFAS 117, check here ► X and		03	
Fund Balances	orga	complete lines 70 through 74.			
or F	70	Capital stock, trust principal, or current funds	35,727,344.	70	37,942,529.
		Paid-in or capital surplus, or land, building, and equipment fund	9,684,998.		8,441,615.
sse		Retained earnings, endowment, accumulated income, or other funds		72	
Net Assets	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Š		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21)	45,412,342.		46,384,144.
	74	Total liabilities and net assets/fund balances, Add lines 66 and 73	68 277 670	74	65 303.844.

Form **990** (2007)

Ρ	art IV-A Reconciliation of Revenue per Audited F instructions.)	Financial Statem	ents With Revenue	per keturn (S	ee the
а	Total revenue, gains, and other support per audited finan	ncial statements		a	84,616,896.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments		7	738,023.	
2	Donated services and use of facilities				
3	Recoveries of prior year grants				
4	Other (specify):		1 1	de manorina de se	
	A dal Commanda A dal commanda de la compansa de la				770 000
С	Add lines b1 through b4				-738,023. 85,354,919.
d	Amounts included on Part I, line 12, but not on line a:				03,334,313.
1	Investment expenses not included on Part I, line 6b		d1	nde minerale so	
2	Other (specify):		1 1		
			4 1		
	Add lines d1 and d2			d	
е	Total revenue (Part I, line 12). Add lines c and d			▶ e	85,354,919.
ić	Reconciliation of Expenses per Audited F	Financial Statem	ents With Expense	s per Return	
a	Total expenses and losses per audited financial statement	ts		a	83,645,094.
b	Amounts included on line a but not on Part I, line 17:		1 .1		
1	Donated services and use of facilities		1 . 1		
2	Prior year adjustments reported on Part I, line 20		1 1		
3	Losses reported on Part I, line 20				
4	Other (specify):		11		
	Add lines b1 through b4		Year-old-describble-season-	ь	
С	Subtract line b from line a			1 1	83,645,094.
d	Amounts included on Part I, line 17, but not on line a:		1 1		
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify):		1 1	***************************************	
	ALLE		d2		
e	Add lines d1 and d2			d	83,645,094.
Pa	art V-A Current Officers, Directors, Trustees, and	Key Employees	(List each person wh	o was an office	r. director. trustee
	or key employee at any time during the year ever				.,
	(A) Name and address	(B)	(C) Compensation (D) Contributions to employee benefit plans & deferred	(E) Expense account and other allowances
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Title and average hours pe week devoted to position		compensation plans	and other anowances
		-			
SE	E STATEMENT 7		485,691.	33,305.	3,240
	والمراقبة والمرا				

	of the same and the date can not also said said said said said said said said				
	V TOT TOTAL CASE AND CASE AND CASE CASE CASE CASE CASE CASE CASE CASE				
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orm	990 (2007)				92-004030	8			Page
Pa	rt V-A	Current Office, J, Directors	s, Trustees, and Ko	ey Employees (cor	ntinued)			Yes	No
75a		the total number of officers, d				business at board			
b	emplo contra	ny officers, directors, trustees, yees listed in Schedule A, ctors listed in Schedule A, nships? If "Yes," attach a stater	Part I, or highest Part II-A or II-B.	compensated profrelated to each o	fessional and o ther through fa	ther independent			X
С	compe indepe organi the de	ny officers, directors, truste ensated employees listed in endent contractors listed in zations, whether tax exempt finition of "related organization ," attach a statement that inclu	Schedule A, Part Schedule A, Part or taxable, that are	I, or highest com II-A or II-B, receive related to the orga	pensated profese compensation anization? See the contraction?	ssional and other from any other ne instructions for			X
		he organization have a written Former Officers, Directors (If any former officer, director the year, list that person below instructions.)	s, Trustees, and K trustee, or key emp	Key Employees The loyee received comp	at Received Constitution of the	ompensation or er benefits (describ	Other ed bel	ow) d	uring
		(A) Name and address		(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension Expension () Expensio	other
				-0-	-0-	-0-	-0-	A	

								· · · · · · · · · · · · · · · · · · ·	
			TO THE WIN DIST THE STATE OF TH						
									<i>a</i> seinementer
			7 700 100 100 100 100 100 100 100 100 10						
	The same was also a								
	AVI 6						<u> </u>	Yes	Na
6	Did the	ther Information (See the interpretation of the organization make a change of statement of each change of the organization of	e in its activities or				76	X	Je Aus
7	Were a	iny changes made in the organ attach a conformed copy of the	izing or governing do				77		X
	Did the	organization have unrelated	business gross inco				78a	Х	
		' has it filed a tax return on Forr ere a liquidation, dissolution,					78b	Х	4 . 6/4
	a state	ment					79		X
	commo	organization related (other than n membership, governing bation?	oodies, trustees, of	ficers, etc., to any	other exempt	or nonexempt	80a		Χ
		enter the name of the organize	ريب بردن بيوم بيزم بيت بيت عبد نجد الله الله الله الله الله الله الله الل	and check whethe	ritisexempt				
		irect and indirect political expe organization file Form 1120-POI	,	,	VI. 20 10 10 10 10 10 10 10 10 10 10 10 10 10		81b		X
							Enter	990	20071

Form 990 (2007) 92	-0040308			F	Page
Part VI Other Information tinued)		}		Yes	No
82 a 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?			82a		X
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.)		N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applies	cations?		83a	Х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	N/	A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b If "Yes," did the organization include with every solicitation an express statement	that such	contributions or			
gifts were not tax deductible?			84b	N/	A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?			85a	N/	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	,		85b	N/	A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h	below unless	the organization			
received a waiver for proxy tax owed for the prior year.		J			
c Dues, assessments, and similar amounts from members	85c	N/A			
d Section 162(e) lobbying and political expenditures	85d	N/A	1		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	1		ĺ
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			ĺ
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	• 1		85g	N/	Δ
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to ac			009	-11/	<u> </u>
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for			85h	N/	72
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A	0011	-14/	7
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	1		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A	1		
b Gross income from other sources. (Do not net amounts due or paid to other	• 5/4	1V/A	1		
sources against amounts due or received from them.)	87h	N/A		-	
88a At any time during the year, did the organization own a 50% or greater interest	in a tavable		1		
partnership, or an entity disregarded as separate from the organization under Regulations sections	iii a taxabie	corporation of			
301.7701-2 and 301.7701-32 if "Yes." complete Part IX			00-	.,	
301.7701-2 and 301.7701-3? If "Yes," complete Part IX b At any time during the year, did the organization, directly or indirectly, own a	apptrolled on	titu within the	88a	_X	
meaning of section 512(b)(13)? If "Yes," complete Part XI 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			88b	X	
		/			
		N/A			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958				l	
during the year or did it become aware of an excess benefit transaction from a a statement explaining each transaction					
*************************			89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year un		(
sections 4912, 4955, and 4958		N/A			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party	>	N/A			
transaction?			89e	1	<u>X</u>
f All organizations. Did the organization acquire a direct or indirect interest in any a g For supporting organizations and sponsoring organizations maintaining donor			89f		X
s in a second se		1	***************************************		
supporting organization, or a fund maintained by a sponsoring organization, have					
at any time during the year?			89g		X
90 a List the states with which a copy of this return is filed AK,					
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			906		
11 a The books are in care of ► BRIAN RIDLEY			<u>2-825</u>	1	
Located at ▶ 122 FIRST AVE FAIRBANKS, AK	ZIP + 4 >	99701	····	**************	
to AA many time advantage that and an array of the second			ſ.	,	
b At any time during the calendar year, did the organization have an interest in or a signature or other au		٢		'es	
a financial account in a foreign country (such as a bank account, securities account, or other financial a		-	91b		<u>X</u>
If "Yes," enter the name of the foreign country ▶	the view wine where help have white page white page.	*** *** *** *** ***			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Band Financial Accounts.	ank	and the state of t			

	GENERALING CONDS THAT AKE	PROGRAM KELL	TIED AND EXEMPT		
	UNDER SEC. 501(C)(3)				
103B	MISCELLANEOUS RECEIPTS				
Part IX	Information Regarding Taxable S	ubsidiaries and D	isregarded 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
		%			

Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
STMT 10	%		71,672.	208,086
	%			
	%			
	%			
Part X Information Regarding Transfers Ass	sociated with	Personal Benefit Cor	ntracts (See the insti	ructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2007)

Χ No

Х

Yes

Yes

No

Par		g Transfers To and Front as defined in section 5	om Controlled Entities. Co	mplete unly if the organ	nization is a
106	agency and a control of the control	on make any transfers to a	controlled entity as defined in	n section 512(b)(13) of	Yes No
vikalinguya a video	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer
a	SEE STATEMENT 11				
b					
С					
	Totals				403,477. Yes No
107		•	n a controlled entity as defined le below for each controlled enti		X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer
a	SEE STATEMENT 12				
b					
C					
	Totals				1,620. Yes No
108	rents, royalties, and annuitie	s described in question 107			X
Plea Sigr Here	and belief, it is true, correct, Signature of officer	and complete. Declaration of prep	eturn, including accompanying schedule arer (other than officer) is based on all Pate	information of which preparer has	
	rarer's Firm's name (or yours)	(O CASALE	Date Check if self- employed ▶	Preparer's SSN or PTIN (Se P001788! EIN ► 13-55652	5.5
	address, and ZIP + 4	701 WEST 8TH AVENUE ANCHORAGE, AK	E, SUITE 600 99501	Phone no. ▶ 907-265-	

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

Name of the organization TANANA CHIEFS CONFERENCE Employer identification number

TANANA CHIEFS CONFERENCE					92-0	0040308
Compensation of the Five Higher (See page 1 of the instructions. List of	est Paid Employed ach one. If there a	es O ire no	ther Than Off ne, enter "None	ficers, Direc e.")	ctors, a	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average her week devoted to po		(c) Compensation	(d) Contributi employee benef deferred comp	it plans &	(e) Expense account and other allowances
SEE STATEMENT 13		200				
			STATE OF THE PARTY		noon can assess again, one	
						and the second s
Fotal number of other employees paid over \$50,000 ▶	100					
Part II-A Compensation of the Five Highe (See page 2 of the instructions. List	st Paid Independe each one (whether	dent (Contractors f duals or firms).	or Professi If there are i	onal S	ervices nter "None.")
(a) Name and address of each independent contractor paid	d more than \$50,000		(b) Type of ser	vice	(0	Compensation
SEE STATEMENT 14						
			NA (1972)			
Fotal number of others receiving over \$50,000 for professional services	NONE	And the state of t				
Part II-B Compensation of the Five Highe (List each contractor who performed firms. If there are none, enter "None.	est Paid Independ I services other tha	n prof	essional servic	or Other Se es, whether i	rvices ndividu	als or
(a) Name and address of each independent contractor paid	more than \$50,000		(b) Type of sen	rice	(c) Compensation
EE STATEMENT 15	helps helps which delige delige which was hook was able who high says, who					
and the time that the time the time the time the time the time the time time time time time time time tim	open out the late that the late that had been also also the best that had					
		antické www.phrapided absorbs ri			recovered to the second second second second second second second second second second second second second se	
Fotal number of other contractors receiving over	138					

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

Schedule A (Form 990 or 990-EZ) 2007

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Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	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.).		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.	Kiffe 1888ak kaddek kakam promonoma andan angan maganan	
2	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.)		
a	Sale, exchange, or leasing of property?		Х
b	Lending of money or other extension of credit?		X
С	Furnishing of goods, services, or facilities?		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d	Х	
e	Transfer of any part of its income or assets?		Х
3 a	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.)		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	Х	
С	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		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	N/2	<u>X</u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	N/I	<u> </u>
d	Enter the total number or donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	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		
g	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

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Part IV					he ir. uctions	.)			
	nat the organization is not a private found			plicable box.)					
5	A church, convention of churches, or a	ssociation of churches	s. 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.)								
11a X	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the Sup			jovernmental i	unit or from the	general public. Section			
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete th	ne Support Schedule in I	Part IV-A.)					
13	An organization that normally receives: activities related to its charitable, etc., to investment income and unrelated busines 1975. See section 509(a)(2). (Also compound organization that is not controlled requirements of section 509(a)(3). Check	functions - subject to ess taxable income (le lete the Support Sch ed by any disquali	o certain exceptions, and ess section 511 tax) from redule in Part IV-A.)	(2) no more a businesses ac	than 33 1/3% of cquired by the org	f its support from gross panization after June 30			
	Type I Type II	Type III - Fu	nctionally Integrated	Type III	- Other				
	Provide the following information	n about the supported	d organizations. (See pag	je 8 of the instr	uctions.)	and the second s			
(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 Amo		(e) Amount of support			
				Yes	No				
					>				
14 /	An organization organized and operated to	o test for public safet	y. Section 509(a)(4). (See	page 8 of the i	nstructions.)				

Schedule A (Form 990 or 990-EZ) 2007

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Part IV-A Support Schedu complete only if you checked a box on line 10, 11, or 12.) Use call nethod 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 15 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. 269371458. 17 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. 18 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 19 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its 21 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 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 75,197. 189,487. 2,496,199. 10,127. 2,771,010. 323709288. 277111567. Enter 1% of line 23..... 830, 317. 782, 790. 813, 513. 810, 473. 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 > 26b 277111567. d Add: Amounts from column (e) for lines: 18 4,969,099. 19 22 <u>2,771,010</u>. 26b▶ 26d 7,740,109. 269371458. 97.2069 % 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 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) ____ (2004) ____ (2003) ____ c Add: Amounts from column (e) for lines: 15 17 _____ 20 ____ 21 ____ d Add: Line 27a total... _____ and line 27b total , , _____ , ▶ 27d Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f Unusual Grants: 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.

Pa	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	APPLICABI	LE	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, by	oylaws,	Yes	No
	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 admi	issions,	AND STREET, ST	
	programs, and scholarships?	30	<u> </u>	-
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			-
	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	-	-
		on the state of th		

32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	3	-
U	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminasis?	inatory 32b	_	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public d		,	-
	with student admissions, programs, and scholarships?	320	:	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate state	ment.)		
			-	
33	Does the organization discriminate by race in any way with respect to:	nature nature nature nature		
	The state of the s	Year Table Street		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
	, , , , , , , , , , , , , , , , , , , ,	550		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	225		
•	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 staten	mont)		
		A CONTRACTOR OF THE PARTY OF TH		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	340		
	, and a state of the state of t		, in the second	
	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	3.5		

chedule A (Form 990 or 990-E				92-00	40308	Page
		cting Public Chariti				
		eligible organizatio				
heck ▶ a if the organiza	ition belongs to an aff	iliated group. Check	▶ b if you	ı checked	i "a" and "limited c (a)	control" provisions app
	nits on Lobbyin	•		distribution physicisms	Affiliated group totals	To be completed for all electing
		ns amounts paid or incu	,			organizations
Total lobbying expenditu				36		
7 Total lobbying expenditu				37	de Windows and a graph of the control of the body of the control o	
Total lobbying expenditu	res (add lines 36 al	na 37)		38		
Other exempt purpose e Total exempt purpose e				39		
Lobbying nontaxable am			tahle -	40		
If the amount on line 40		obbying nontaxable ar	•			
Not over \$500,000						
Over \$500,000 but not over \$						
Over \$1,000,000 but not over				41		
Over \$1,500,000 but not over	\$17,000,000 \$225,0	00 plus 5% of the excess o	ver \$1,500,000			
Over \$17,000,000	\$1,000),000				
O4EL #17,000,000		, , , , , , , ,				
? Grassroots nontaxable a	mount (enter 25% o	of line 41)		42		
Grassroots nontaxable aSubtract line 42 from line	mount (enter 25% o 36. Enter -0- if line	of line 41) e 42 is more than line	36	43		
? Grassroots nontaxable a	mount (enter 25% o 36. Enter -0- if line	of line 41) e 42 is more than line	36	-		
Grassroots nontaxable a Subtract line 42 from line Subtract line 41 from line	mount (enter 25% of 36. Enter -0- if line 38. Enter -0- if line	of line 41)e 42 is more than line a 41 is more than line	36	43		
Grassroots nontaxable aSubtract line 42 from line	mount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a sount on either line	of line 41)	36	43		
Grassroots nontaxable a Subtract line 42 from line Subtract line 41 from line Caution: If there is an ar	mount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year	of line 41)	36	43 44 501(h)		ns below.
Grassroots nontaxable a Subtract line 42 from line Subtract line 41 from line Caution: If there is an ar	mount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect	of line 41)	36	43 44 501(h)	ll of the five column	ns below.
Grassroots nontaxable a Subtract line 42 from line Subtract line 41 from line Caution: If there is an ar	mount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect	of line 41)	36	43 44 501(h)	II of the five columninstructions.)	
Grassroots nontaxable a Subtract line 42 from line Subtract line 41 from line Caution: If there is an ar	mount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect	of line 41)	36	43 44 501(h)	II of the five columninstructions.)	
Grassroots nontaxable a Subtract line 42 from line Subtract line 41 from line Caution: If there is an ar	mount (enter 25% of a 36. Enter -0- if line a 38. Ente	of line 41)	36	43 44 501(h)	Il of the five columninstructions.)	
Grassroots nontaxable at Subtract line 42 from line Subtract line 41 from line Caution: If there is an art (Some organization Calendar year (or fiscal year beginning in) ► Lobbying nontaxable	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Grassroots nontaxable a Subtract line 42 from line Subtract line 41 from line Caution: If there is an ar (Some organization Calendar year (or fiscal year beginning in) ▶ Lobbying nontaxable amount	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Caution: If there is an are (Some organization Subtract line 41 from line Caution: If there is an are (Some organization Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Causing Grassroots nontaxable amount	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Grassroots nontaxable at Subtract line 42 from line Subtract line 41 from line Caution: If there is an are (Some organization Calendar year (or fiscal year beginning in) ▶ Lobbying nontaxable amount	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures Grassroots ceiling amount (150% of secondary expenditures) Grassroots ceiling amount	amount (enter 25% of a 36. Enter -0- if line a 38. Enter -0- if line a 38. Enter -0- if line a 4-Year as that made a sect See the instruction (a)	of line 41)	36	43 44 501(h)	Il of the five columninstructions.) Averaging Period (d)	(e)

	ing the year, did the organization attempt to influence national, state or local legislation, including any mpt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
D	Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h.)			ernamen ernamen ernamen ernamen ernamen ernamen ernamen ernamen ernamen ernamen ernamen ernamen ernamen ername
С	Media advertisements			
d	Mailings to members, legislators, or the public			
е	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			
	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 act	ivities.		

Schedule A (Form 990 or 990-EZ) 2007

JSA

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Schedule A	A (Form 990 or 990-EZ) 2007		92-0040308	Page
Part VII	Information/ jarding Exempt Orga Zations	g Transfers To and Transactions a (See page 14 of the instructions.)	and Relationships With ancharitab	
501(c a Trans (i) (ii) b Other (ii) (iii) (iii) (iv) (v) (vi) c Sharin	exempt Organizations ne reporting organization direct c) of the Code (other than sect afters from the reporting organiz Cash Other assets transactions: Sales or exchanges of assets Purchases of assets from a not Rental of facilities, equipment, Reimbursement arrangements Loans or loan guarantees Performance of services or ment ng of facilities, equipment, mai	(See page 14 of the instructions.) tly or indirectly engage in any of the folion 501(c)(3) organizations) or in sect zation to a noncharitable exempt organization with a noncharitable exempt organization or other assets embership or fundraising solicitations ling lists, other assets, or paid employe	ollowing with any other organization description 527, relating to political organizations nization of:	? Yes No 51a(i) a(ii) b(ii) b(iii) b(iv) b(v) c
goods,	other assets, or services give	"Yes," complete the following schedule. n by the reporting organization. If the vin column (d) the value of the goods, othe	Column (b) should always show the fair no organization received less than fair mar assets, or services received:	narket value of the arket value in an
(a) Line no). Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	aring arrangements
descr b If "Ye:	ibed in section 501(c) of the Cos," complete the following sche	etly affiliated with, or related to, one or ode (other than section 501(c)(3)) or include:	more tax-exempt organizations n section 527?	Yes X No
	Name of organization	Type of organization	Description of relationship	
N/A				
			Schedule A (Form 990	or 990-EZ) 2007

Schedule B

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

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Employer identification number

TANANA CHIEFS CONE	FERENCE		020040200
Organization type (check of	one):		92-0040308
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number	er) organization	
	4947(a)(1) nonexempt c	haritable trust not treated as a private	foundation
	527 polítical organization	n	
Form 990-PF	501(c)(3) exempt private	foundation	
	4947(a)(1) nonexempt c	haritable trust treated as a private four	ndation
	501(c)(3) taxable private	foundation	
	filing Form 990, 990-EZ, or 990-PF t one contributor. (Complete Parts I a	hat received, during the year, \$5,000 and II.)	or more (in money or
Special Rules -			
under sections 509		Form 990-EZ, that met the 331/3 % su f from any one contributor, during the se forms. (Complete Parts I and II.)	
during the year, ag	gregate contributions or bequests of	Form 990, or Form 990-EZ, that received for the form \$1,000 for use exclusively the ention of cruelty to children or animals.	for religious, charitable,
during the year, so not aggregate to m the year for an <i>excl</i> applies to this orga	me contributions for use exclusively for the standard sta	Form 990, or Form 990-EZ, that receive or religious, charitable, etc., purposes ked, enter here the total contributions pose. Do not complete any of the Parts usively religious, charitable, etc., cont	, but these contributions did that were received during s unless the General Rule ributions of \$5,000 or more
990-EZ, or 990-PF), but they	must check the box in the heading (and/or the Special Rules do not file Schoof their Form 990, Form 990-EZ, or on h Schedule B (Form 990, 990-EZ, or 990-	ine 2 of their Form
For Paperwork Reduction Act Noti			le B (Form 990, 990-EZ, or 990-PF) (2007)

for Form 990, Form 990-EZ, and Form 990-PF.

of Part I

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 X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	VARIOUS VARIOUS, AK 99701	\$\$,794,892.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MUNICIPAL AND OTHER GRANTS VARIOUS VARIOUS, AK 99701	\$1,511,471.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION

TRUOMA

MONEY MARKET INTERST INVESTMENT EXPENSES

908,235. -124,900.

TOTAL

783,335.

Control toward values and the second

FORM	990,	PART	I		OTHER	DECREASES	IN	FUND	BALANCES							
=====			===	===												

DESCRIPTION

AMOUNT _____

UNREALIZED GAINS (LOSSES) ON SECURITIES

738,023.

TOTAL

738,023. manage arrow cross wrong service version could be a service could be a service could be a service of the service could be a service of the se

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

		BEGINNING	ENDING	COST
DESCRIPTION		BOOK VALUE	BOOK VALUE	OR FMV
		TOO MED AND MADE AND MADE AND WATER THE MEDICAL PROPERTY.	same was take and was was wall diff the	
EQUITY SECURITIES		8,580,592.	6,358,554.	FMV
	TOTALS	8,580,592.	6,358,554.	
		Sinked Henrice Station suches suches annue control control about the state of the state annue annue control section control co	mines rispage various mines restore tames process process areas areas success restore makes a mines opened control makes areas opened control makes control mines opened control makes control mines opened control mines o	

FORM 990, PART IV OTHER ASSETS

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
was about about along area from the first than the same	the table that the table and table the table that	
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.
TOTAL		****
TOTALS	5,085,106.	5,872,183.

FORM 990, PART IV - OTHER LIABILITIES

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
		clima effort states made after states transit estate between	also take also also take take take also take
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.
		skelet hiller skelet skelet skelet bleet betek besee some same erne some steer some steer some some	THE STATE OF THE CONTROL STATE AND S

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

E ACCT THER ANCES	360.	360.	360.	360.	360.	360.	360.
NS EXPENSE ACCT E AND OTHER NS ALLOWANCES	NE	яN	E Z	NE	N H	M Z	NE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	HON	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRADITIONAL CHIEF 20.00	DIRECTOR 20.00	DIRECTOR 20.00	DIRECTOR 20.00	DIRECTOR 20.00	DIRECTOR 20.00	DIRECTOR 20.00
NAME AND ADDRESS	DON HONEA SR 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	CARL JERUE 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	NANCY JAMES 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	JULIE ROBERTS 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	LEO LOLNITZ 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	NICK ALEXIA 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DONALD ADAMS

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND IRUSTEES

Ø

3,240.

33,305.

485,691.

GRAND TOTALS

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.

51623

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

and when design and have been design design the course for the course design and the course of the c

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST 	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING
2909 ARCTIC BLVD SUITE 201 ANCHORAGE, AK 99503 APPLIED FOR DNH FUELS LLC 201 FIRST AVENUE	100.000000	HOLDING COMPANY WHOLESALE FUEL SERVICES	NONE 105,280.	162, 925.
FAIRBANKS, AK 99701 26-2170480 DNH CONSTRUCTION LLC 201 FIRST AVENUE FAIRBANKS AK 99701	100.000000	CONSTRUCTION SERVICES	45,161.	-33,608.
26-2498417 DNH MANAGEMENT SERVICES LLC 122 FIRST AVENUE, SUITE 600 FAIRBANKS, AK 99701-4897 APPLIED FOR	100.000000	MANAGEMENT SERVICES	NONE	NONE

129,317.

150,441.

10

STATEMENT

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:

T.OAN

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 45,161.

TRANSFER AMOUNT: EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

CONSTRUCTION MANAGEMENT FEE

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT ------

CONTROLLED ENTITY'S NAME: CONTROLLED ENTITY'S ADDRESS: 201 FIRST AVENUE

DNH FUELS LLC FAIRBANKS, AK 99701

CITY, STATE & ZIP: 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:

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EXPENSE ACCOUNT	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	15,750.	13,193.	14,310.	12,422.	12,699.	68,374.
COMPENSATION	277,350.	258,660.	196,917.	179,902.	183,166.	1,095,995.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	MEDICAL DIRECTOR 40.00	PHYSICIAN 40.00	PHARMACY 40.00	PHYSICIAN 40.00	PRESIDENT 40.00	TOTAL COMPENSATION
NAME AND ADDRESS	NIGEL WAPPETT 122 FIRST STREET FAIRBANKS, AK 99701	JONATHAN STARR 122 FIRST AVE FAIRBANKS, AK 99701	MATTHEW MASTERSON 122 FIRST AVE FAIRBANKS, AK 99701	FULTZ CLARK 122 FIRST AVE FAIRBANKS, AK 99701	JERRY ISAAC 122 FIRST AVE FAIRBANKS, AK 99701	

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 COMPENS	PATION	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 COMPENSA	ATION	15,066,271.

Form 8868

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

	- COM
p.	
	1.444.43
	4.73
	1.00
	- 15.00

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return

Internal Revenue S	Service	File	a separate application for each	cn return.		-		
 If you are 	filing for an Automati	c 3-Month Extension	, complete only Part I ar	nd check this box				► X
			Month Extension, compl anted an automatic 3-mo					Torontonionad
Part Auto	matic 3-Month Ex	tension of Time. O	nly submit original (no	copies needed)				
			g an automatic 6-month		this box	and comple	ite	-
	orations (including 1 come tax returns.	120-C filers), partners	hips, REMICs, and trusts i	must use Form 70	04 to req	uest an exte	ension of	
one of the re electronically returns, or a c 8868. For more	sturns noted below if (1) you want the composite or consolic re details on the elec	(6 months for a cor additional (not autom lated From 990-T. In tronic filing of this for	lly file Form 8868 if yo poration required to file natic) 3-month extension stead, you must submit to m, visit www.irs.gov/efile	Form 990-T). He or (2) you file File he fully complete	lowever, Forms 99 ed and si	you canno 0-BL, 6069 gned page	ot file Form 9, or 8870, 2 (Part II) o	8868 group
Type or	Name of Exempt Org	anization			E	mployer ide	ntification nui	mber
print	\$ company of the second	EFS CONFERENCE	the first of the second second second second second second second second second second second second second se			92-0040)308	
File by the	Number, street, and	room or suite no. If a P.C	box, see instructions.					
tue date for iling your		AVENUE, SUITE						
eturn. See	City, theyn or post off	ice, state, and ZIP code.	For a foreign address, see in	structions.				
nstructions.	EAIRBANKS,	AK 99701-4897						
Check type of	of return to be filed (f	ile a separate applica	ation for each return):		7			
X Form 990	0	Form 990-T			Form 4	1720		
Form 990)-BL		sec. 401(a) or 408(a) trust)		Form 5			
Form 990			trust other than above)		Form 6			
Form 990)-PF	Form 1041-A			Form 8	3870		
If the organIf this is forfor the whole g	r a Group R <mark>eturn, ente</mark> group, check th <mark>is box</mark>	e an office or place or the organization's f	FAX No. ► f business in the United Sour digit Group Exemption r part of the group, check	n Number (GEN)		attach a li		
until		009 ,to file the e	poration required to file Fixempt organization return	n for the organiza	tion nam			n is
2 If this tax	year i r less than	12 months, check rea	son: Initial return	Final return	n [] C	Change in a	ccounting pe	eriod
3a If this ap			0-T, 4720, or 6069, en	iter the tentative	tax, less	any 3a	, s NON	E
b If this ap	plication is for Form	990-PF or 990-T, en	ter any refundable credit	s and estimated	tax paym	nents	N	1/
made. Ind		verpayment allowed a				3 b	, s NOK	た
c Balance			e your payment with thi			posit	, s NON	
with FTE	occur in or, if red	luired, by using EF	TPS (Electronic Federal	Tax Payment S	System).	See	1 NON	K
instructio						3 c	: \$	
Caution . If you	are 🦿 🤙 to make a	n electronic fund with	drawal with this Form 88	68, see Form 845	53-EO ar	nd Form 887	'9-EO	
or payment in	stro		- Al- Al- Al- Al- Al- Al- Al- Al- Al- Al					
or Privacy Ad	ct a perwork Re	duction Act Notice, s	see Instructions.			Form	8868 (Rev. 4	4-2008)

701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501

1832

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.

Form 990-T Exem ganization Business	Incom	a Tay Poturn		À.,,	OMB No. 1545-Q687
and and an union 2007 and the state				(e))	2007
Internal Revenue Service (77) ending 09/30 , 20 (Open to Public Inspection for 501(c)(3) Organizations Only
Check hov if Name of organization / Chack		me changed and see instruction		D Emp	loyer identification number
A address changed Name of organization (Sheck				(Emplo on pag	oyees' trust, see instructions for Block D
B Exempt under section TANANA CHIEF'S CON	FEREN	JCE		on pag	ie z i
X 501(C)(03) Print Number, street, and room or suite no		The second secon	i.	92-	0040308
109(a) 7220(a) or					lated business activity codes
408A 530(a) Type 122 FIRST AVENUE	SUITE	E 600		(See	instructions for Block E on page 9.)
529(a) City or town, state, and ZIP code	<u> </u>				
C Book value of all assets FAIRBANKS, AK 997	01-48	397		651	2
at end of year F Group exemption number (See instru		The same of the sa			
65,303,844. G Check organization type ► X 50) trust	401(a)	trust Other trust
H Describe the organization's primary unrelated business activity.		SEE STATE		red	and the second s
During the tax year, was the corporation a subsidiary in an aff	filiated gr				Yes X No
If "Yes," enter the name and identifying number of the parent of			3		t • • • • • • • • • • • • • • • • • • •
J The books are in care of ► BRIAN RIDLEY	-	Telephon	e number > 9	07-45	2-8251
Part I Unrelated Trade or Business Income		(A) Income	(B) Expen		(C) Net
1 a Gross receipts or sales 105, 280.					
b Less returns and allowances c Balance)	▶ 1c	105,280.			
2 Cost of goods sold (Schedule A, line 7)			et in were die verscheine Geberaten der Verscheine der verscheine zu der der verscheine der der verscheine der		
3 Gross profit. Subtract line 2 from line 1c		105,280.			105,280.
4 a Capital gain net income (attach Schedule D)					
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					
c Capital loss deduction for trusts	4 c				
5 Income (loss) from partnerships and S corporations (attach statement	1 1				
6 Rent income (Schedule C)	6				
7 Unrelated debt-financed income (Schedule E)	7	19,499.	4 3	3,560.	-24,061.
8 Interest, annuities, royalties, and rents from controlled					
organizations (Schedule F)	8				
9 Investment income of a section 501(c)(7), (9), or (17)					
organization (Schedule G)	9				
Exploited exempt activity income (Schedule I)		****		***	
11 Advertising income (Schedule J)					
Other income (See page 11 of the instructions; attach schedule.) .		45,177.	STMT 2		45,177.
Total. Combine lines 3 through 12		169,956.		,560.	
Part II Deductions Not Taken Elsewhere (See pa					
(Except for contributions, deductions must					1
14 Compensation of officers, directors, and trustees (Schedule K)			. 14	NONE
15 Salaries and wages		• • • • • • • • • • • • • • • • • • • •		. 15	85,178.
16 Repairs and maintenance					
			• • • • • • • •	. 17	
		* * * * * * * * * * * * * * * * * * * *		. 18	
Taxes and licenses Charitable contributions (See page 14 of the instructions for	limitation	nulae l		20	
Depreciation (attach Form 4562)					
Less depreciation claimed on Schedule A and elsewhere on r					0000-048-0-049
23 Depletion					and the state of t
4 Contributions to deferred compensation plans				24	
Employee benefit programs		* * * * * * * * * * * * * *		2.5	
6 Excess exempt expenses (Schedule I)				26	
7 Excess readership costs (Schedule J)		• • • • • • • • • • • •		27	
8 Other deductions (attach schedule)		SEE STATEM	ENT 3	28	230,638.
9 Total deductions. Add lines 14 through 28					315,816.
Unrelated business taxable income before net operating loss	· · · · · s deduct	ion, Subtract line 29 from lin		30	-189,420.
Net operating loss deduction (limited to the amount on line 36)	0)			31	The state of the s
Unrelated business taxable income before specific deduction	n. Subtra	act line 31 from line 30		3 2	-189,420.
3 Specific deduction (Generally \$1,000, but see line 33 instruc					1,000.
4 Unrelated business taxable income. Subtract line 33 from lir					The state of the s
32, enter the smaller of zero or line 32				3.4	-189 420

JSA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 7E1610 3.000 54N01U 1832

Form **990-T** (2007)

(see instructions on page	*	roperty a	nd Personal Prop	erty	Leased VVI	un Real Prope	erty)		
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receiv	red or accrue	ed						
(a) From personal property (if the for personal property is more than 50%	nan 10% but not	percenta	(b) From real and personal property (if the centage of rent for personal property exceeds % or if the rent is based on profit or income)					sted with the income in attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total		Total				Total deductions	. Enter		
Total income. Add totals of coluniere and on page 1, Part I, line 6						here and on page line 6, column (B	e 1, Part I,		
Schedule E - Unrelated D			e instructions on pa	ge 20	0)				
The second secon		and the same of th	2 Gross income from			ctions directly conr debt-finance		or allocable to	
1 Description of debt-financed property			allocable to debt-finance property	ced	(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)	acquisition debt on or allocable to debt-financed debt-financed property		divided by			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)				%					
						ind on page 1,	Enter h	ere and on page 1, ine 7, column (B).	
					Part I, line /	, column (A).	Pan I, I		
Totals						19,499.		43,560.	
Total dividends-received deduc	tions included in c	olumn 8		<u></u>	Organizati		lations or	naga 21)	
Schedule F - Interest, An	nuities, Royaiti	es, and K	ents From Contro kempt Controlled Or	neu	organizati	ons (see insur	ICHOHS OF	1 page 2 1)	
			Rempt Controlled Or	yarnz T	-ations	5 Part of column	A that is	6 Deductions directly	
Name of Controlled Organization	2 Employer Identification Nu	mber	3 Net unrelated income (loss) (see instructions)	1	otal of specified yments made	included in the corganization's gro	controlling	connected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Orga	nizations	21),A(())	nganinas na nasara na nasara na nasara na na na na na na na na na na na na na						
7 Taxable Income	8 Net unrelate (loss) (see inst		9 Total of specifie payments made		include	of column 9 that is d in the controlling ation's gross income	con	Deductions directly nected with income in column 10	
(1)									
(2)									
(3)									
(4)								3.44	
					Enter here	ins 5 and 10. and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).	
we									
Totals	y			<u> </u>					

7E1630 2 000

JSA

Form **990-T** (2007)

Schedule G - Investment ... some of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22)

(see instruction	ons on page 22)		()()) ()) = ((·,g	• • • • • • • • • • • • • • • • • • • •	
1 Descript	tion of income	2 Amount of income	3 Dedu directly co (attach so	onnected	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 Part I, line 9, column (A)				Enter here and on page 1, Part I, line
		Part I, line 9, column (A)				column (B).
Totals	>					
(see instruction	exploited Exempons on page 22)	ot Activity Income, O	ther Than Advert	tising Income		
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 inco from activity to is not unrelate business inco	that 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).	Enter here and on page 1, Part I, line 10, col. (B).	М-100-да в Монговори на населения по постор грубо пред 1974 г. до 1974 г. до 1974 г. до 1974 г. до 1974 г. до 1		necessition de la company de la company de la company de la company de la company de la company de la company	Enter here and on page 1, Part II, line 26.
Schedule J - A	Advertisina Incon	ne (see instructions on	nage 22)			
Part I Incor	ne From Periodi	cals Reported on a 0	Consolidated Bar	eie	***************************************	
		Cuio reported on a C	Jonsondated Das	313		
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	n 6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
1)						
2)						
3)						
4)				A		
Totals (carry to Part II,						
Part II Incon	ne From Periodio nns 2 through 7 c	cals Reported on a Son a line-by-line basis	Separate Basis (F	or each perio	odical listed in Part II,	fill in
1)						
2)						
3)						
4)						
5) Totals from Part I						
otals, Part II ines 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.
	ompensation of	Officers, Directors, a	and Trustees (see	e instructions o	n page 23)	
	1 Name			Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 6					business %	anielaten nasiliess
					%	
***************************************					%	
					%	
and the state of t	4 10					

Form **990-T** (2007)

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.

54N01U 1832 51623

PART I - LINE 12 - OTHER INCOME

CONSTRUCTION MANAGEMENT CONTRACT INVESTMENT INCOME

PART I - LINE 12 - OTHER INCOME

45,161. 16. --------45,177.

seems reque (when (when course street should street these street street street street and street str

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.
	name water week solds weak value was some note with while lakes about word
PART II - LINE 28 - OTHER DEDUCTIONS	230,638.

TANANA CHIEFS CONFERENCE

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

8. Alionarie	DEDUCTIONS 6 * (3A + 3B)	The plan from the state of the	7,525.	36,035.	43,560.
7. GROSS INCOME	REPORTABLE (2 X 6)	100 cm cm cm cm cm cm cm cm cm cm cm cm cm	10,808.	8,691.	19, 499.
٠ و	% 4 0 5 TS	**************************************	10,658	82.763	
5. AVERAGE	ADJUSTED BASIS	William Annu Annu Annu Annu Tearr Annu Annu Annu Annu Annu Tearr Annu Annu Annu Annu Annu	3,751,019.	1,947,483.	
4. Average	ACQUISITION DEBT		399,791.	1,611,794.	TOTALS
	Y CONNECTED (3B)	A	59,584.	37,055.	TC
· 8	DEDUCTIONS DIRECTLY CONNECTED (3A) (3B)	***	11,022.	6,485.	
	2. GROSS INCOME	man and may deep their large that their large that the com-	101,410.	10,501.	
	1. DESCRIPTION OF DEBT-FINANCED PROPERTY		CHIEF PSTER JOHN BUILDING	AL KETZLER SUILDING	

STATEMENT 4

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	
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

	COST	METHOD	EXPENSE
(1) CHIEF PETER JOHN BUILDING			
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	41
TOTAL DEPRECIATION			11,022
(2) AL KETZLER BUILDING			
BUILDING	177,784	SL 31.5 YRS	5,645
SECTION 1245 ASSETS	6,882	SL 7 & 15 YRS	840
TOTAL DEPRECIATION			6,485



COLUMN 3B, SCHEDULE E, FORM 990-T - OTHER DEDUCTIONS

	(1) Chief Peter	(2)
	John	Al Ketzler
	Building	Building
Direct operating exp	3	(1)
Supplies exp	2,756	5 7 6
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
TOTAL OTHER DEDUCTIONS	59,584	37,055

COLUMN 4, SCHEDULE E, FORM 990-T - AVERAGE ACQUISITION DEBT

(1) Chief Peter John Building

DATE		NOTE #9003	TOTAL
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	4,797,490	4,797,490

MONTHLY AVERAGE

399,791

(2) Al Ketzler Building

DATE		NOTE #9004	NOTE #9005	TOTAL
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	3,637,280	15,704,243	19,341,523

MONTHLY AVERAGE

1,611,794

COLUMN 5, SCHEDULE E, FORM 990-T - AVERAGE ADJUSTED BASIS

(1) Chief Peter John Building

COST /DEDT FINANCED DODTION	BEGINNING	ENDING	TOTAL
COST (DEBT FINANCED PORTION) ACCUMULATED DEPRECIATION	5,952,462 (2,135,407)	5,952,462	
A COSTRICT TED DEL REGIATION	3,817,055	(2,267,479) 3,684,983	7,502,038
			DIVIDED BY 2
AVERAGE ADJUSTED BASIS			3,751,019
(2) Al Ketzler Building			
COST (DEBT FINANCED PORTION)	BEGINNING 2,400,000	ENDING 2,400,000	TOTAL
ACCUMULATED DEPRECIATION	(420,324)	(484,710)	
	1,979,676	1,915,290	3,894,966
			DIVIDED BY 2
AVERAGE ADJUSTED BASIS			1,947,483

1,947,483

NET OPERATING LOSS CARRYFORWARD

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED	ADJUSTMENT	CARRYOVER
			(NOTES 1 & 2)	
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
EVDIDED OAD	DVOVED.			

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)

Application for Extension of Time To File a Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return

OMB No. 1545-1709

internal Revenue	, , , , , , , , , , , , , , , , , , , ,	
 If you are 	filing for an Automatic 3-Month Extension, complete only Part I and check this box	>
Do not comp	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on paglete Part II unless you have already been granted an automatic 3-month extension on a pre	ge 2 of this form). viously filed Form 8868.
Part Aut	omatic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this t	oox and complete
All other corp time to file in	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to come tax returns.	
electronically returns, or a 8868. For mo	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auteturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated From 990-T. Instead, you must submit the fully completed and the details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Corporation.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group
Type or	Name of Exempt Organization	Employer identification number
print	TANANA CHIEFS CONFERENCE	92-0040308
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for filing your	122 FIRST AVENUE, SUITE 600	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FAIRBANKS, AK 99701-4897	
	of return to be filed (file a separate application for each return):	
Form 99	A Commode I (corporation)	m 4720
Form 99	1 (3)	m 5227
Form 99	Follows of the than above)	m 6069
Form 990)-PF Form 1041-A Form	m 8870
 If the orga If this is fo	No. ▶ 907 452-8251 FAX No. ▶ nization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
names and El	Ns of all members the extension will cover.	nd attach a list with the
until	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension on 08/15, 2009, to file the exempt organization return for the organization national ganization's return for: calendar year or tax year beginning 10/01, 2007_, and ending	
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
nonrefund	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, leadable credits. See instructions.	3a & Neine
b If this ap	olication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	yments ,
made. Inc	lude any prior year overpayment allowed as a credit.	36 \$ Wire
c Balance I with FTC	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, or coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	deposit). See
instruction	ns.	3c & None
Caution. If you or payment ins	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO	and Form 8879-EO
for mivacy Ac	t 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.

ASKA CORPORATION NET INCOME TAX RETURN

2007 **FORM** Department Use Only For the calendar year 2007 or the taxable year beginning 0405-611 FSN.SEQ ENVELOPE # __, 2007 and ending 09/30 Federal EIN Alaska Entity # (See Instructions) NAICS Code Alaska Business License # 92-0040308 10430D 8133 246135 Name Telephone Number Tanana Chiefs Conference 907-452-8251 Mailing Address Fax Number 122 First Avenue, Suite 600 State Zip Code E-mail Address Fairbanks AK 99701 Contact Person Title Contact Telephone Number CFO Brian Ridley 907-452-8251 **RETURN DATA** Check applicable boxes: (Check Yes or No) Yes Χ 1. Is a federal extension in effect? If yes, attach a copy of Form 7004 First Alaska return 2. Is this an information report for a corporation that is inactive in Alaska? Final Alaska return Χ 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 Name or address change since last year Is this a water's edge combination? See AS 43.20.073. If yes, Schedule B, Limited Liability Company (LLC) question #1 must be completed. Χ Х Exempt organization (see instructions) Is this a consolidated Alaska return including more than one corporation with S-Corporation (Attach 1120S) Alaska business activity? If yes, complete Schedule B, question #1. Are any business activities conducted by a member of the affiliated group Homeowners Association (Attach 1120H) excluded from the combined report as non-unitary business activities? SCHEDULE A - NET INCOME TAX SUMMARY DEPT USE ONLY -189,420 2. Alaska net operating loss deduction (attach schedule) 2 719,895 NI 3 -909,315 TI 4 ΤX 5 OT 6 CR 7 8. Incentive Credits (see instructions) 8) 9 FC 10. Net Alaska income tax (line 7, net of lines 8 and 9) if more than \$500, 10 NT 511.00 11 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 LIP 15. Penalty for failure to file (see instructions) 15 16. Penalty for failure to pay (see instructions) PP 16 17 IN 18. Total amount due (overpaid). Line 12 plus lines 14-17, or line 13 less lines 14-17 1.8 (511)19. Overpayment credited to 2007 estimated tax (see instructions) 511 CF 20. Refund (line 18 reduced by line 19) RF I declare, under penalties of perjury, that I have examined this return, including accompanying schedules and statements, and to the May the DOR discuss this return with the preparer shown below (see instructions) 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 No Officer's Signature DEPT USE ONLY Preparer's Date Check if Prefarer's SSN or PTIN Refund Signature self-employed P00178855 FIN **CFWD** Firm's name (or yours if 13-5565207 self-employed) and KPMG, LLP Phone Approved address 701 WEST 8TH AVENUE, SUITE 600 907-265-1200 City State Date Dept Use Only AK

99501

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.

£	# # # # # # # # # # # # # # # # # # #)	The Property of the Control of the C		
(H)	Included in federal Consolidated					Note and assessment of the spiritual of	's return if on for the itc.)				
(3)	State of Commercial	en control					 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.) 				
(t)	Year Began Doing Business in Alaska				A Million on conduction and a million of the conduction and a		Name and add different from change (e.g. r		Name:	Address:	
(e)	inactive corporation report?						4		office and property of the state of the stat		
9	Alaska Business						ether: Ig business	ıployer siness:			
(c)	Alaska Corporation File Number						is the first return, indicate whether: New business Successor to previously existing business	Enter name, address and Federal Employer Identification Number of previous business:			
(a)	Federal Employer ID Number					enterentedes semant er proposition de la manuel de la colonidad de la mercia de la colonidad de la colonidad d	3. If this is the first ret New business Successor to	Enter name, ad Identification N	EIN	Name:	Address
(9)	Name and Address of each Alaska taxpayer in the affiliated group (Attach schedule if additional space is required)						 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: 		92-0040308	106.	Address:122 First Avenue, Suite 600
. ^	Ö		 -				2. If a cor and and part			Name:	Adc

Form 04-611 (Rev 01/08)

Fairbanks, AK 99701

Page 2

Reason:

NAME:	anne anno anno anno anno anno anno anno	<u> </u>	EIN:	3	
Tanana	Chiefs Conferen	ce	92-0040308		

TAX RATE SCHEDULE (AS 43.20.011)

(1)	(2)	(3)	(4)	(5)
At least	But Less	Your Tax Is	Plus	Of The
	Than			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 M	ore	4,500	9.4%	90.000

SCHEDULE C TAX PAYMENT RECORD

Estimated Payments		Date	and the same of th	Amount		
(1) 04-	711					
(2) 04-	711					
(3) 04-	711					
(4) 04-	711					
Tentative Tax ()4-709					
Overpayment	From Prior	/ear		511		
Less: Quick F	Refund (Form	14466)	(
Total Paymer	nts to Sched	ule A, Line 11	\$	511.00		

SCHEDULE D - ALASKA TAX COMPUTATION

			A		В
1.	Alaska taxable income from Schedule A, line 3	1	-909,315		-909,315
2.	Net capital gain from Schedule J, line 18, but not more than line 1				
	If line 1 is a loss, enter zero	2			
3.	Ordinary income. Subtract line 2 from line 1. If less than zero, enter zero	3			0
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	4a			0
	(b) Ordinary income from line 3 above	4b			-909,315
	(c) Amount from column 5 of the Tax Rate Schedule	4c			
	(d) Excess. Subtract line 4c from line 4b	4d			-909,315
	(e) Percent from column 4 of the Tax Rate Schedule	4e			
	(f) Multiply line 4d by line 4e	4f			
	(g) Tax on ordinary income. Add lines 4a and 4f	4 g			
5.	fax on net capital gain. Multiply line 2 by 4.5%	5			
6.	Alaska income tax. Add lines 4g and 5	6		and the second s	
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	7			

SCHEDULE E - OTHER TAXES

(AS 43.20.021)

	F	Atticities		
	A			В
Alternative minimum tax from federal Form 4626	1a NONE	x 18%	16	NONE
2. Credit for prior year minimum tax from Form 1120,	TO COLUMN TO THE TO COLUMN TO THE TO COLUMN TO THE TO COLUMN TO CO			
Schedule J (see instructions)	2a	x 18%	2b (
3. Other federal taxes (attach schedule)	За	x 18%	3 Б	**************************************
4. Total other taxes. Add lines 1b through 3b			4	NONE
5. Alaska apportionment factor, from Schedule I, line 5			5	1.000000
6. Multiply line 4 by line 5			6	NONE
7. S-Corp, Personal Holding Company and Personal Service Corp Taxes				
see instructions (attach Schedule)			7	
8. Add lines 6 and 7. Enter here and on Schedule A, line 5			8	NONE
			\	

Form 04-611 (Rev 01/08)

Name:	EIN:
Tanana Chiefs Conference	92-0040308

SCHEDULE F - CREDITS

1.	Current year general business credit	
	(a) Current year federal general business credit (Line 8, federal Form 3800)	1.5
	(b) Passive activity credits included in line 1a	12
	(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)	***
	(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)	-t-children
	(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.		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
	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)	

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.

		Contri	bution(s)
Payor	Name of College or University	Date	Amount
Total qualified contributions. See Instruct	ons. Enter here and on Schedule K, line 2		
Total qualified contributions. See Instruct Multiply the lesser of line 1 or \$100,000 b	ons. Enter here and on Schedule K, line 2		
Total qualified contributions. See Instruct Multiply the lesser of line 1 or \$100,000 b Enter 100% of the next \$100,000 of contr	y 50%	2	

Form 04-611 (Rev 01/08) Page 4

NAME:			E	in:	
Tanana Chie	fs Conference		9	2-0040308	
	SC	HEDULE H - COMPUTATIO	N OF ALASKA INC	COME	
1. Federal taxable	e income (loss), Form 1120, lir	ne 28, or Form 1120A, line 24 as ac	tually filed by		
taxpayer or tax	payer's federal consolidated gro	oup			-189,420
2. Adjustments fo	or combined reporting. Affiliated	taxpayers only. (Attach schedule	es - by company):	- Lance and a state of the stat	
(a) Add: Form	1120, line 28 income (loss) of	domestic unitary corporations not			
includ	fed in line 1 with 20% or greate	r U.S. factors			
(b) Add: Foreiç	gn unitary corporations with 20°	% or greater U.S. factors	2b		
	ally exempt qualifying foreign t		A Partie		print a succession of the succ
federa	al exemption, income from DIS	C's and tax haven corporations	2c		
	ederal taxable (income) loss of		d-in-decision and a second		
in	cluded in line 1		2d		Complemental or delicated to the Complemental or the Complemental
(e) Remove: Fe	ederal taxable (income) loss of	unitary corporations included			
in	line 1 whose average U.S. fact	ors are less than 20%	2e		
(f) Intercompa	any eliminations (see instruction	s)	2f		
(g) Total adjus	stments for combined reporting	. Add lines 2a through 2f		2g	
Net income bet	fore state modifications and ad	justments. Add lines 1 and 2g		3	-189,420.00
		Attach schedules - by company):	مهمسم		gen hadrogen i in na mono ammi i in ngang ayo marang ay
(a) Taxes base	ed on or measured by net incom-	e <i></i>	4a		
(b) Expenses i	ncurred to produce non-busines	s income	4b		
(c) Federal cha	aritable contributions from fede	eral Form 1120, line 19	4c		
(d) Net section	1 1231 losses from federal Form	n 4797, line 11	4d		
(e) Other (atta	ch detailed schedule by type) .		4e		
(f) Total additi	ons (add lines 4a through 4e).			4f	
5. Total. Add lines	s 3 and 4f,				-189,420.00
		e (Attach schedules - by company):	f		WINDOWS AND AND AND AND AND AND AND AND AND AND
(a) Interest fro	im obligations of the United Stat	es	6a		
(a) Section 79	any dividends between member	s of the water's edge group	6b		
(c) Section 78	gross-up dividends		6c		
(a) 80% of cover	altics asserted or reasited from	rporations			
(e) 80% of roya	allies accrued or received from	foreign corporations	6e		
(t) Non-busine (g) Federal For	rm 1120. line 9 capital gain inc	edule by type) ome not included in line 6(f)	6f		
(h) Net section	i 1231 gains from federal Form	4797, line 12			000000 00000 00000 00000 00000 00000 0000
(i) Other (attac	r 1251 gams mont lederal romi ch detailed schedule by type)	4797, me 12			
(i) Total subtra	actions (add lines 6a through 6i)	· · · · · · · · · · · · · · · · · · ·	<u>6i</u>	Loil	
7 Apportionable in	ncome (loss). Subtract line 6i fr	om line 5	• • • • • • • • • • •	6j	-189,420.00
8 Apportionment	factor from Schedule Lline 5		• • • • • • • • • • • • • • • • • • • •	7	1.000000
9. Income (loss) a	nnortioned to Alaska (line 7 time	es line 8)	• • • • • • • • • • • • • • • • • • • •		-189,420.00
10. Non-business in	ncome (loss) net of expenses a	allocable to Alaska (attach schedule I	by company and type	10	-109,420.00
11. Alaska Items:	rooms (roos) not or expenses t	modable to Maska (attach schedule)	by company and type;		
	tal and section 1231 gain (loss) from Schedule J, line 20	113		
		om Schedule K, line 10			
		Schedule L, line 9			
		ting loss. Add lines 9, 10 and 11d. E			
				12	-189,420.00
			4 + + d + 2 + 2 x + y		
		SCHEDULE I - APPORTION	IMENT FACTOR		
Compute t	to 6 Decimal Places	А	В		С
		Total Within Alaska	Total Within & W	ithout Alaska	A divided by B
		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
 Alacka apportions 	mont factor Millian line + 6 - 5 /	77 () () () () () () ()	6 12 Y	1 1	4 0000001

1.000000

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	SCHEDULE J - ALASKA CAPIT	AL.	AND SE	CTION 12	31 GAINS	S AND L	OSSE	S
	Section 1231 Gains and Losses			A Combined	····	AK F	[C Alaska Gain or (Loss)
1	Current section 1231 gains and (losses). If a loss enter the result on line 19		- 	00111011100	terrorie de la characteria de la constante de	7.7.	COLO	Maska Gair or (Coss)
	Alaska non-recaptured net section 1231 losses from prior years. En	nter a	as a positiv	e number			2	And the state of t
3.	If line 1C is a gain, subtract line 2 from line 1C, but not less than z	ero. I	Enter here	and on line 1			3	
4.	If line 1C is a gain, enter the lesser of line 1C or line 2 here and on	line	19. otherw	ise enter zer	·		4	
	Short-Term Capital Gains and Losses				*		L	
5.	Total current short-term capital gains and (losses)	E	5					
	Non-business short-term capital gains and (losses)	6	;					
	Apportionable STCG/(L). Subtract line 6 from line 5 and apportion							
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						· · · · · · · · · · · · · · · · · · ·	
	Total current long-term capital gains and (losses)					1.54		
	Non-business long-term capital gains and (losses)		!					
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	al los	s, line 16				17	
18.	Alaska net capital gain. Excess net long-term capital gain, line 16, o	over	net short-te	erm capital lo	ss,			
	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 CONTR							
1.	Current charitable contributions						1	
۷.	Contributions from Schedule G, line 1 included in line 1 above						2	
J.	Subtract line 2 from line 1						3	
H.	Apportionment factor from Schedule I, line 5. Corporations operation	ng on	ly in Alask	a, enter 1.0			4	1.000000
5. 6	Current Alaska charitable contributions. Multiply line 3 by line 4						5	
7	Alaska excess charitable contribution carryover from prior years. En	ter a	s a positive	number			6	
8	Add lines 5 and 6	٠.	• • • • •				7	
9	Enter the sum of Schedule H, lines 9, 10, and 11a, but not less than Multiply line 8 times 10%	zero			• • • • •		8	
10.	Multiply line 8 times 10%	· ·					10	
11.	Alaska excess charitable contribution carryover. Line 7 minus line 10	יווו ז	e a nere a	id on Schedt	ile H, line T	1b	11	
	SCHEDULE L - ALASKA DIVIDENDS-RECEIVED	DE	DUCTIO	N (DRD)			L'.'L	
1.	Dividend income included in Schedule H, line 3			(=)			1	
2.	Less: Dividends not eligible for DRD (do not include any dividend in	mor	· · · · · · e than one	line below):			L	Manual Manual Control of the Control
	(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	t, line	6d by 0.8					
	(d) Dividends subtracted on Schedule H, line 6f as non-business income	ome		2d			No. of the name of	
	(e) Total subtractions (add lines 2a through 2d)			2e		***************************************		
3.	Total. Subtract line 2e from line 1			***************************************	######################################		3	
4.	Apportionment ractor from Schedule 1, line 5. Corporations operating	g onl	y in Alaska	, enter 1.0			4	1.000000
5.	Apportioned dividends (multiply line 3 by line 4)						5	
ъ.	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	
		1		Α		В		C
8.	DRD prior to limitations (segregate dividends in line 7 and multiply by proper $\%$	<u>) </u>	Арр	ortioned Divide	nds	Percenta	ge	DRD (A x B)
	(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, co	olumr	C. Enter I	nere and carr	y the deduc	tion	-	
	subject to IRC 246 limitation based upon Alaska taxable income, to 3 1 000 Form 04-611 (Rev 01/08)	ocne	uule H, line	e 11c (see ins	structions)		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
TOTAL	701,429	39,566	58,032	719,895
	מאסאיבים.			

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.