#### **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

Subcommittee on Energy and Mineral Resources Legislative Hearing on H.R. 2150 Lupp 38. 4233

For Individuals:
<ol> <li>Name:         <ul> <li>Jim Shard</li> </ul> </li> <li>Address:             <ul></ul></li></ol>
[Information redacted for privacy]  ****
For Witnesses Representing Organizations:  1. Name:  Tim Sharp  2. Name of Organization(s) You are Representing at the Hearing:  Alaska District Council of Laboreels
3. Business Address:  250/ Commercial Drive, Anchorage, AK  4. Business Email Address:  10 60 A/ASKA/ABONERS, COM  5. Business Phone Number:
(907) 276-1640

Name/Organization Tim Sharp Alaska District Council of Lasseers Title/Date of Hearing June 16, 2011
a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.  MA HIGHAL LABOR COMPRE - UNDERGRADUAGE WORK  HARVARD TRADE UNION PROGRAM - EXECUTIVE Program
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.  Affilations: Laborers International Unions of Morth America
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.  Employment:
d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> ( <u>and for 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.  Worked with the Council for Tribal Employ went of Interior Rights, which was funded by Dept. of Interior Tribal Metable, to provide Weatherization transing to Tribal Metable, 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.
Done

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	Tim ShARP.	Alaska Distra	A Course	of Caborers
Title/Date of Hearing	June 16, 2011			

<u>In addition, for witnesses representing organizations:</u>

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

BUSINESS MANAGER SCENETHAY TREASURER of Alaska District Council of LABORES + Local 942

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

See (d)

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).

NONC

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

None

on Hile

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)).

# Form **990**

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 **2010**Open to Public

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

Open to Public Inspection

AI	For th	2010 calendar year, or tax year beginning	ana	enaing			
В	Check if	C Name of organization			D Employer id	dentificatio	on number
	Addre		F LABORERS				
	Name chang	Doing Business As			9	2-006	1646
	Initial return	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite	E Telephone r	number	
	Termi ated	2501 COMMERCIAL DRIVE	·		(	907)2	76-1640
	Amen	City or town, state or country, and ZIP + 4			G Gross receipts		577,306.
Г	Application				H(a) Is this a g	roup return	
	pendi	F Name and address of principal officer: TIM SH	ARP		for affiliate		Yes X No
		SAME AS C ABOVE			H(b) Are all affili	ates included	d? ☐ Yes ☐ No
$\overline{}$	Tax-ex		sert no.) 4947(a)(1)	or 527			(see instructions)
		te: N/A			•		mber ▶ 0121
		organization: Corporation Trust Associati	on X Other ►LAB	OR L Year	<del></del>		te of legal domicile: AK
	art I	Summary		011	or reconstructions	1 11111 515	
	1	Briefly describe the organization's mission or most signif	icant activities: TO O	RGANT7	E LABOR.	SECU	RE BETTER
Activities & Governance	1	WAGES, HOURS, BENEFITS AND W					
nar	2	Check this box if the organization discontinue					
Ver	3	Number of voting members of the governing body (Part				1 _ 1	 10
ĝ		Number of independent voting members of the governing			••••••	•	10
<u>م</u>	4						5
ţį	5	Total number of individuals employed in calendar year 20					0
ξij	6	Total number of volunteers (estimate if necessary)				•	0.
Ş		Total unrelated business revenue from Part VIII, column					0.
	<u>d</u>	Net unrelated business taxable income from Form 990-T	, IIne 34			.   /D	
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year	0.	Current Year
e	8	Contributions and grants (Part VIII, line 1h)			602.0		0.
/en	9	Program service revenue (Part VIII, line 2g)			603,0		574,128.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and			5,8	39.	3,178.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1				0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part \			608,8		<u>577,306.</u>
	13	Grants and similar amounts paid (Part IX, column (A), line				0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line	4)			0.	0.
es	15	Salaries, other compensation, employee benefits (Part I)			381,9		418,459.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11	e)			0.	0.
Ž.	b	Total fundraising expenses (Part IX, column (D), line 25)	<b></b>	<u>0.</u>			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2	(4f)		119,5		126,007.
	18	Total expenses. Add lines 13-17 (must equal Part IX, colo	umn (A), line 25)		501,5		<u>544,466.</u>
	19	Revenue less expenses. Subtract line 18 from line 12			107,3	53.	32,840.
200				Be	ginning of Curren		End of Year
Sets	20	Total assets (Part X, line 16)	• • • • • • • • • • • • • • • • • • • •		827,3		857,9 <u>00</u> .
t As	21	Total liabilities (Part X, line 26)			3,7	782.	1,444.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 2	0		823,6	16.	856,456.
P	<u>art II</u>	Signature Block					
Und	der pen	alties of perjury, I declare that I have examined this return, includ	ling accompanying schedule	es and staten	nents, and to the b	est of my kn	owledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is b	ased on all information of w	hich prepare	r has any knowled	ge.	
Sig	jn	Signature of officer			Date		
He		TIM SHARP, BUSINESS MANAG	ER/SEC-TREAS	URER			
		Type or print name and title					
		Print/Type preparer's name Preparer	arer's signature		Date	Check	PTIN
Pai	d		ū	,	;	self-employed	
	parer	Firm's name LOCKITCH, CLEMENTS	& RICE, P.S.	<u></u> -L	Firm's	EIN 🛌	
	Only	Firm's address 534 WESTLAKE AVE. N		<del>-</del>			
	,	SEATTLE, WA 98109	,		Phone	no. (20	6)622-4253
N/a	w the	PS discuss this return with the preparer shown above?	eaa inetructione)		11.110110		Ves No

4e Total program service expenses

	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	X	ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	
a	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	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 10		1
'	the organization's separate of consolidated infancial statements for the tax year include a roothote that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120	Schedule D, Parts XI, XII, and XIII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			İ
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
<b>2</b> 0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 Х Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 <u>36</u> Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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.

Form **990** (2010)

Fai	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?	<b>,</b>	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ıs)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	***************************************	5c	<u> </u>	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	······	7c	<u> </u>	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e	<u> </u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f	<u> </u>	1
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
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:	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a	4		ľ
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	4	}	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	-	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	-	-
	Note. See the instructions for additional information the organization must report on Schedule O.			1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	4		
	Enter the amount of reserves on hand		-	1	+
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedu	ile O	14h	1	1

Form 990 (2010) ALASKA DISTRICT COUNCIL OF LABORERS 92-0061646 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year ...... 10 b Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_\_ 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 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7a governing body? X 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х The governing body? 8a X Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Does the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done X 13 Does the organization have a written whistleblower policy? X 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a X taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

99501

THE ORGANIZATION - (907)276-1640 2501 COMMERCIAL DRIVE, ANCHORAGE, AK

Form	990	(201	O)
	220	1201	U,

#### ALASKA DISTRICT COUNCIL OF LABORERS

92-0061646

Page **7** 

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

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

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

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

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

- 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)		ioat	(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	rustee or director				Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
AUGUSTINE MERRICK II	-									
PRESIDENT		X		X				0.	0.	0.
BOB JOHNSON									0	0
VICE-PRES	1	X	<b>-</b>	X	_			0.	0.	0.
TIM SHARP										0
BUS MGR/SEC TREAS		X		X				0.	0.	0.
DAMIEN THOMAS		37		x				0.	0.	0
SGT AT ARMS		X		Δ	-			0.	0.	0.
KEVIN POMEROY		х						0.	0.	0.
AUDITOR		^					-	0.	U • 1	<u></u>
STACY ALLEN		x						0.	0.	0.
AUDITOR TODD PEPLOW		<u> </u>			<del>                                     </del>	<del>                                     </del>		0.		
AUDITOR		X						0.	0.	0.
RON AXTELL					Ì	<u> </u>				
EXECUTIVE BOARD		x						0.	0.	0.
RON MCPHETERS										
EXECUTIVE BOARD		X						0.	0.	0.
DENNIS MOEN										
EXECUTIVE BOARD		X					_	0.	0.	0.
·										

	990 (2010) ALASKA D									92-0063	1646	P	age 8
Pai	t VII Section A. Officers, Directors, Tru		npic	yee			ligh	est			1		
	(A)	(B) Average			(C Posi	•			(D)	(E)	_	(F)	
	Name and title	hours per	(cl		all t			ly)	Reportable compensation	Reportable compensation	1	stimate mount	
		week							from	from related		other	
		(describe hours for	direct				J		the	organizations	1	npensa	
		related	tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	rom th ganizat	
		organizations	ta Ea	Jonal t		ployee	tcom /ee		,		1	nd relat	
		in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizati	ions
											<del>                                     </del>		
											ļ		
				_		.,,,,,,,,,,							
											ļ		<del></del>
											1		
											<b>-</b>		
			l	<u></u>			_		0				
	Sub-total Total from continuation sheets to Part VI								0.	0			0.
d	Total (add lines 1b and 1c)								0.	0			0.
2	Total number of individuals (including but n						e) wł	no re	eceived more than \$100	I			
	compensation from the organization											Yes	No
3	Did the organization list any former officer,	director or tru	stee	. ke	v em	olar	vee.	or h	nighest compensated e	mplovee on		103	140
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	and	i otl	her compensation from	the organization			
E	and related organizations greater than \$150										4	<del> </del>	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				_			_		5		х
Sec	tion B. Independent Contractors			<u> </u>									1 27
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comper	sation	from	
	the organization. NONE (A)							$\neg$	(B)			(C)	
	Name and business	address							Description of	services		ensatio	n
								$\exists$					
	<u> </u>												
	•												
2	Total number of independent contractors (i	-	ot li	mite	d to		_	stec	d above) who received r	nore than			
	\$100,000 in compensation from the organic	zation 🕨					0					000	(0045

92-0061646

032009 12-21-10

ra	IT V	Statement of Reven	ue					
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 :	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues				1		
gë.		Fundraising events						
新聞		d Related organizations						
3,0		Government grants (contribution	•••••					
<u>e</u> .≅	1		f					
멸		similar amounts not included abov						
를 <sup>현</sup>		Noncash contributions included in lines						
ᅙᇎ		Total. Add lines 1a-1f		<b></b>				
			***************************************	Business Code				
<u>.</u>	2 8	PER CAPITA		900099	573,942.	573,942.		
<u>ک</u>		REIMBURSEMENTS		900099	186.	186.		<del></del>
Program Service Revenue				300033		100.		,
E S								
Ř		<u> </u>						
도 	,	All other program service rever	2116					-
		Total. Add lines 2a-2f			574,128.			
	3	Investment income (including of			3/1/2001			
	Ŭ	other similar amounts)			3,178.			3,178.
	4	Income from investment of tax						
	5	Royalties		· -				
	Ū	Tioyanaoo	(i) Real	(ii) Personal				
	6 :	a Gross Rents	() 1104	(ii) i Giodilai				
		Less: rental expenses						
		Rental income or (loss)	****					
		Net rental income or (loss)		<b>—</b>		. ]		
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	() Cocarnio	(ii) Gallot				
		Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		<b>•</b>				
4		Gross income from fundraising						
E	•	including \$	, <b>v</b>					
eve		contributions reported on line						
Ë		Part IV, line 18	•	l				
Other Revenue	i	Less: direct expenses						·
0	,	Net income or (loss) from fund						
	9 :	a Gross income from gaming act						
		Part IV, line 19						
	J	Less: direct expenses						
		Net income or (loss) from gami						
	10 :	a Gross sales of inventory, less i	=					
		and allowances						
	1	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 :							
		0						-
		C						
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			577,306.	574,128.	0.	3,178.
0320	9							Form <b>990</b> (2010)

### Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b,	(A)	(B)	(C)	( <b>D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	and the same and t				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		***		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	235,859.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	128,531.			
9	Other employee benefits	33,804.			
10	Payroll taxes	20,265.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	893.			
	Accounting	5,000.			
d					•
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		4,582.			
12	Advertising and promotion	4,600.			
13	Office expenses	20,265.			
14	Information technology				
15	Royalties				
16	Occupancy	14,844.			
17	Travel	38,350.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,973.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,619.			
23	Insurance	3,092.			
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line		•		
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	DONATIONS	22,789.			
b		,			
С					-
d					
e					
_	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24f	544,466.			
<u>20</u> 26	Joint costs. Check here if following SOP	J==,=UU•	<del></del>		
_5	98-2 (ASC 958-720). Complete this line only if the		•		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,020.	1	3,523.
	2	Savings and temporary cash investments			811,438.	2	848,746.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es. Comp	lete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined (	under section			
		4958(f)(1)), persons described in section 4958(c	)(3)(B), ar	nd contributing			
		employers and sponsoring organizations of sect	tion 501(d	c)(9) voluntary			
10		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	··········			9	
	10a						
		basis. Complete Part VI of Schedule D	10a	57,506.			
	b	Less: accumulated depreciation	10b	51,875.	8,940.		5,631.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11			007 300	15	0.5.7.000
	16	Total assets. Add lines 1 through 15 (must equ	827,398.	16	857,900. 1,444.		
	17	Accounts payable and accrued expenses			3,782.	17 18	1,444.
	18 19	Grants payable				19	
	20	Deferred revenue				20	
(0	21	Escrow or custodial account liability. Complete				21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Payables to current and former officers, director			///A55111-2/1		
apil.	_	highest compensated employees, and disqualifi					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		i		24	-
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities, Add lines 17 through 25			3,782.	26	1,444.
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
S		lines 27 through 29, and lines 33 and 34.					
Ü	27	Unrestricted net assets				27	
3ak	28	Temporarily restricted net assets			28		
ğ	29					29	
ᆵ		Organizations that do not follow SFAS 117, c	heck her	e 🕨 🐰 and			
P		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			0.		0.
Ass	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			823,616.		856,456.
~	33	Total net assets or fund balances			823,616.		856,456.
	34	Total liabilities and net assets/fund balances			827,398.	34	857,900.

Form **990** (2010)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI		•••••						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	57	7,3	06.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	4,4	66.				
3	Revenue less expenses. Subtract line 2 from line 1	3	3	2,8	40.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82	3,6	16.				
5	5 Other changes in net assets or fund balances (explain in Schedule O)								
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	85	6,4	56.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.							
<b>2</b> a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b Were the organization's financial statements audited by an independent accountant?									
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	- [-						
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis 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 Si	ngle Audit							
	Act and OMB Circular A-133?		. 3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b_		L				
			Form	990 (	2010)				

#### **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

2010

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 V, line 46 (Political Campaign Activities), then

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.						
Nan	ne of organization			Emp	loyer identi	fication	num	ber
	ALASKA	DISTRICT COUNCIL	OF LABORER	RS	92-00	0616	46	
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c	or is a section 527 c	rganizati	on.		
2	Provide a description of the organi Political expenditures Volunteer hours			▶\$				·
		ganization is exempt und						
1	Enter the amount of any excise tax	cincurred by the organization und	ler section 4955		S			
2	Enter the amount of any excise tax	k incurred by organization manage	ers under secti <b>o</b> n 495	5▶\$	S			
	If the organization incurred a section					es :		No
4a	a Was a correction made?				Ш	es/		No
	o If "Yes," describe in Part IV. art I-C   Complete if the or	ganization is exempt und	or costion E01/s	Avent parties E01	(-)(2)			
3 4	Enter the amount directly expende Enter the amount of the filing organ exempt function activities	nization's funds contributed to ot s. Add lines 1 and 2. Enter here a n 1120-POL for this year? mployer identification number (El ation listed, enter the amount pair	her organizations for some on Form 1120-POI  N) of all section 527 pd from the filing organ a separate political organ	section 527  L,  Solitical organizations to whice ization's funds. Also enter the ganization, such as a separate	ch the filing one amount of	f politic	ation al	No
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	delivere politica	ons rece ly and d	eived lirectl epara zatior	and y te
					-	<u></u>		

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010						0061646 Page 2					
Part II-A Complete if the org	•		mpt under section	on 501(c)(3) and file	ed Form 5768						
(election under sec						2.4973					
A Check Lifthe filing organiza	-										
B Check 🕨 🔛 if the filing organiza	tion check	ed box A ar	nd "limited control" pr	ovisions apply.		T					
Limi	ts on Lobb	ying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals					
(The term "expend	ditures" m	eans amou	ınts paid or incurred	.)	totals	totals					
1a Total lobbying expenditures to influ	ionoo niib	lo opinion (	araaa raata labbuina)			<u> </u>					
b Total lobbying expenditures to influ						<del> </del>					
c Total lobbying expenditures (add li											
d Other exempt purpose expenditure											
e Total exempt purpose expenditure											
f Lobbying nontaxable amount. Enter				4		-					
If the amount on line 1e, column (a) o			bying nontaxable an	1	· · · · · · · · · · · · · · · · · · ·						
Not over \$500,000	, (5) 10.		the amount on line 16								
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the ex								
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.	•						
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,00										
Over \$17,000,000	•	\$1,000,									
g Grassroots nontaxable amount (en	ter 25% of	f line 1f)									
h Subtract line 1g from line 1a. If zer	o or less, e	nter 0									
i Subtract line 1f from line 1c. If zero	or less, er	nter -0	•••••								
j If there is an amount other than ze	r <b>o</b> on eithe	r line 1h or	line 1i, did the organiz	zation file Form 4720							
reporting section 4911 tax for this	year?					Yes No					
			eraging Period Unde								
				on do not have to comp							
CO				es 2a through 2f on pa	ge 4.)						
	Lobb	ying Exper	nditures During 4-Ye	ear Averaging Period							
Calendar year	(0)	2007	(h) 2000	(2) 2000	/4\ 2010	(a) Total					
(or fiscal year beginning in)	(a) 4	2007	(b) 2008	(c) 2009	(d) 2010	(e) Total					
2a Lobbying nontaxable amount						•					
b Lobbying ceiling amount											
(150% of line 2a, column(e))											
(10010 01 1110 1111)					·						
c Total lobbying expenditures											
o commence	-					<del>                                     </del>					
d Grassroots nontaxable amount											
e Grassroots ceiling amount											
(150% of line 2d, column (e))											
		<del></del>									
f Grassroots lobbying expenditures											

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 ALASKA DISTRICT COUNCIL OF LABORERS 92-006164

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 92-0061646 Page 3

# (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?	Yes	1	I —	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		No	Amo	ount
or referendum, through the use of:				
or referendum, through the use of:				
, •				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	***************************************	1	1	
Media advertisements?				
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?				
Direct contact with legislators, their staffs, government officials, or a legislative body?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities? If "Yes," describe in Part IV				
Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1		
If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		····		
rt III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c	)(5), or se	ection	
501(c)(6).	00 . (0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Yes	1
		1	х	
Were substantially all (90% or more) dues received nondeductible by members?				
Were substantially all (90% or more) dues received nondeductible by members?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part	n 501(c	2 3 )(5), or se	ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  THE III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."	n 501(c : III-A, li	2 3 )(5), or se ine 3 is a	ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members	n 501(c : III-A, li	2 3 )(5), or se ine 3 is a	ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	n 501(c : III-A, li	2 3 )(5), or se ine 3 is a	ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	n 501(c : III-A, li	2 3)(5), or se ine 3 is a	ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	n 501(c : III-A, li	2 3 )(5), or se ine 3 is a	ection	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	n 501(c : III-A, li	2 3)(5), or se ine 3 is a 1 2a 2b 2c	ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	n 501(c : III-A, li	2 3)(5), or se ine 3 is a 1 2a 2b 2c	ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	n 501(c t III-A, li	2 3)(5), or seine 3 is a 1 2a 2b 2c 3	ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	n 501(c t III-A, li	2 3 )(5), or se ine 3 is a  1  2a 2b 2c 3	ection	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization Employer identification number ALASKA DISTRICT COUNCIL OF LABORERS 92-0061646

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements ..... 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) \_ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		DISTRICT C						92-00			ge <b>2</b>
Par	Organizations maintaining o										
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t are a sig	gnificant i	use of its o	collection	items	3
	(check all that apply):										
а	Public exhibition	· d	∟ <u></u>	_oan or exc	hange progra	ms					
b	Scholarly research	е		Other							
С	Preservation for future generations	•									
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organization	on's exen	npt purpo	se in Part	XIV.		
5	During the year, did the organization solicit or			-							
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								ine 9. or		
	reported an amount on Form 990, Par							,,	•		
1a	Is the organization an agent, trustee, custodi		liary for o	contribution	ns or other as	sets not i	included	····			
10	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	ahla	• • • • • • • • • • • • • • • • • • • •						
D	ir res, explain the analigement in rait XIV	and complete the re	moving t	apio.					Amount		
_	Designing belongs						10		Amount		
	Beginning balance										
	Additions during the year	1 1									
	Distributions during the year										
	Ending balance								7.4		<u> </u>
	Did the organization include an amount on Fo	orm 990, Part X, line	217	• • • • • • • • • • • • • • • • • • • •					Yes		No
	If "Yes," explain the arrangement in Part XIV.			n							
Pai	t V Endowment Funds. Complete if			~~~							
	}	(a) Current year	( <b>b</b> ) P	rior year	(c) Two year	s back (	d) Three y	ears back	(e) Four y	ears	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses					<del></del>					
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·									
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment ▶	<del>//</del>									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	ne organi:	zation			
	by:	•					-		- F	/es	No
	(i) unrelated organizations										
	(ii) related organizations										
h	If "Yes" to 3a(ii), are the related organizations										
1	Describe in Part XIV the intended uses of the	· · · · · · · · · · · · · · · · · · ·				••••••	••••••				
Par	t VI Land, Buildings, and Equipm										
	Description of investment	(a) Cost or o			t or other	(c) Ac	cumulat	ed .	(d) Book	value	
	pesculation of investment	basis (investi			(other)		preciation		(u) Dook	·	-
4	Land	·····	,	2,310	,,,,,,,						
_	Land	I						_			
b	Buildings										
C	Leasehold improvements										<del></del>
d	Equipment			<u> </u>	-7 -00		F1 ^	75			21
<u>e</u>	Other			<u> </u>	57,506.		51,8	/5.	5	, 6	<u>31.</u>

Part VII Investments - Other Securities.	See Form 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			1.00
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, lin		
(a) Description of investment type	(b) Book value		nod of valuation: of-year market value
(1)			
(2)			
(5)			***************************************
(6)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line	- 45		
	a) Description		(b) Book value
(1)	u) Dodonphon		(5) 258.1215
(2)			
(3)			
(4)			
(5)			
(6)			
(8)		•	
<u>(9)</u> (10)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) i	line 15 )		
Part X Other Liabilities. See Form 990, Part	X. line 25.		
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
	. <del></del>		
(8)			·
(9)			
(10)			
(11)			·
	line 25.)		
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote. FIN 48 (ASC 740).	te to the organization's financial s	statements that reports the organization's liab	DIRTY TOT UNCERTAIN TAX POSITIONS UNDER
032053 12-20-10			Schedule D (Form 990) 2010

	edule D (Form 990) 2010 ALASKA DISTRICT COUNCIL OF	LAF	ORERS	-ial C		061646	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to				statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			<u>,306.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			<u>, 466.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3_		32	<u>,840.</u>
4	Net unrealized gains (losses) on investments			4			<del></del>
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9		3.0	0.
10 Dai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.				ar Baturn	34	<u>,840.</u>
						577	,306.
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:			• • • • • • • • • • • • • • • • • • • •	·····	3/1	, 300 •
	Net unrealized gains on investments	_   2a	1				
b	Donated services and use of facilities		<u> </u>				
C							
d							
	Add lines 2a through 2d		<del></del>		2e		0.
3	Subtract line 2e from line 1					577	,306.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					3,7	, <u> </u>
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1				
	Other (Describe in Part XIV.)		ſ				
	Add lines 4a and 4b		•		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					577	,306.
	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents \	With Expe	nses	per Retur		
1	Total expenses and losses per audited financial statements						,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
	<b>—</b> • • • • • • • • • • • • • • • • • • •						
С	Other losses						
d							
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1					544	<u>,466.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
þ	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	544	<u>,466.</u>
	rt XIV Supplemental Information						<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com		· ·				4; Part
			<del></del>			· · · · · · · · · · · · · · · · · · ·	
	·						
	The state of the s						
-							
						<del></del>	

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number ALASKA DISTRICT COUNCIL OF LABORERS 92-0061646 FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: LABOR ORGANIZATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN ALASKA. FORM 990, PART VI, SECTION A, LINE 6: THE DISTRICT COUNCIL REPRESENTS THREE LOCAL UNIONS. INDIVIDUAL MEMBERS ELECT THE OFFICERS FROM THEIR PARTICULAR LOCAL. EACH LOCAL APPOINTS ITS REPRESENTATIVES TO THE DISTRICT COUNCIL. FORM 990, PART VI, SECTION A, LINE 7A: THE DISTRICT COUNCIL REPRESENTS THREE LOCAL UNIONS. INDIVIDUAL MEMBERS ELECT THE OFFICERS FROM THEIR PARTICULAR LOCAL. EACH LOCAL APPOINTS ITS REPRESENTATIVES TO THE DISTRICT COUNCIL. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PROVIDED TO AND REVIEWED BY THE BUSINESS MANAGER/SECRETARY TREASURER PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE ETHICS AND DISCIPLINARY PROCEDURE THAT IS PART OF THE CONSTITUTION BY WHICH OUR ORGANIZATION IS GOVERNED. ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN CONTACT LIUNA (AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION) INSPECTOR GENERAL WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, THE ETHICAL PRACTICES CODE, OR ANY OTHER

DISCIPLINARY RULE, REGULATION, PRACTICE, OR PROCEDURE ADOPTED BY THE LIUNA

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

Schedule O (Form 990 or 990-EZ) (2010)

1	D۵	^	۵	•

Employer identification number

Name of the organization

ALASKA DISTRICT COUNCIL OF LABORERS	92-0061646
GENERAL EXECUTIVE BOARD. THE ETHICAL PRACTICES CODE EXPLA	INS THE
DISCIPLINARY PROCEDURE THAT MUST BE FOLLOWED WHEN NECESSA	RY AND THE
INDEPENDENT OFFICERS WHO ARE ENTRUSTED TO ENFORCE THE COD	E. THE US
DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES T	O REPORT ON FORM
LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICTS C	F INTEREST. THIS
INFORMATION IS OPEN TO THE PUBLIC.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S, POLICIES AND
FINANCIAL STATEMENTS MADE AVAILABLE TO THE PUBLIC	
UPON REQUEST.	
THE EXECUTIVE BOARD HAS OVERSIGHT RESPONSIBILITY OVER THE	AUDIT PROCESS
AND AUDITOR SELECTION. THIS HAS NOT CHANGED FROM PRIOR YE	LARS.

# 2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
ш)	SCOMPUTER EQUIPMENT	TS008090		2.00	16	250.			250.	250.		0
	7COMPUTER	030702SL		5.00	16	1,574.			1,574.	1,574.		0
ω	8COMPUTER EQUIPMENT	0621048	SI.	2.00	16	549.			549.	549.		0
<u>υ</u>	9COMPUTER	0726058	SI	5.00	16	1,680.			1,680.	1,512.		168.
10	OFFICE FURNITURE 10AND EQUIPMENT	072605SL		5.00	16	1,973.			1,973.	1,776.		197.
11	11STORAGE UNIT	032206SL		5.00	16	639.			639.	479.		128.
12	VIDEO CONFERENCING 12EQUIPMENT	092706SL		5.00	16	5,767.			5,767.	3,748.		1,154.
E H	13DELL SERVER	100306SL		2.00	16	3,727.			3,727.	2,422.		745.
14	14DELL LAPTOP	101606SL		5.00	16	1,521.			1,521.	989.		304.
<u>Н</u>	15DESK	021406SL		5.00	16	1,298.			1,298.	966		260.
16	16PRINTER	011806SL		2.00	16	500.			500.	383.		100.
17	17ART	010507SL		2.00	16	800.			800	480.		160.
18	18ART	030707SL		5.00	16	296.			296.	168.		59.
15	19PRINTER	040507SL		5.00	16	.006			.006	495.		180.
20	20 <mark></mark> GВН	050207SL		5.00	16	2,419.			2,419.	1,290.		484.
21	21REFRIGEATOR	071107SL		5.00	16	147.			147.	71.		29.
22	22 <mark>SIGN</mark>	110207SL		5.00	16	290.			290.	126.		58
23	23DELL LAPTOP	110209SL		5.00	16	1,984.			1,984.	. 99		396.

(D) - Asset disposed

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

	Current Year Deduction	197.	0	0	0	4,619.	0	0	0	0	4,619.	
	Current Sec 179					0		0	,	0	0	
	Accumulated Depreciation		25,176.	311.	1,217.	44,078.	199.	199.	2,979.	2,979.	47,256.	
	Basis For Depreciation	1,310.	25,176.	311.	1,217.	54,328.	199.	199.	2,979.	2,979.	57,506.	
,	Reduction In Basis					0		0		0	0	
	Bus % Excl											
	Unadjusted Cost Or Basis	1,310.	25,176.	311.	1,217.	54,328.	199.	199.	2,979.	2,979.	57,506.	
	Line No.	16	16	16	16		16		16		.,	
	Life	5.00	5.00	5.00	5.00		5.00		5.00			
	Method	ЗĽ	3L	J.C	J.		Z.		J.			
	Date Acquired	031210SL	VARIESSL	061997SL	TS008090		030101SL		040400SL			
	Description	DELL MINI TOWER 24COMPUTER	FURNITURE		JKE	- 990 PAGE 10 TOTAL	7	- 990 PAGE 10 "COTAL	i E	990 PAGE 10	* GRAND TOTAL 990 PAGE 10 DEPR	
	Asset No.	24	ਜ	N	4		9		m			

(D) - Asset disposed

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

028102 05-01-10

## Form **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047
2009
Open to Public

A For the 2009 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization Please use IRS label or ALASKA DISTRICT COUNCIL OF LABORERS print or Name change type. 92-0061646 Doing Business As ]initial |return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite See Specific Termin-(907)276-1640 2501 COMMERCIAL DRIVE Instruc-Amended 608,867. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Ition ANCHORAGE, AK 99501 H(a) Is this a group return pending for affiliates? Yes X No F Name and address of principal officer: TIM SHARP H(b) Are all affiliates included? \_ Yes L\_\_ No SAME AS C ABOVE I Tax-exempt status: X 501(c) (5 4947(a)(1) or If "No," attach a list. (see instructions) ) (insert no.) H(c) Group exemption number ▶ 0121 J Website: ► N/A Association X Other LABOR L Year of formation: 1977 M State of legal domicile: AK K Form of organization: Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO ORGANIZE LABOR, SECURE BETTER Activities & Governance WAGES, HOURS, BENEFITS AND WORKING CONDITIONS FOR LABORERS WORKING Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) Revenue 603,028. Program service revenue (Part VIII, line 2g) 5,839. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 608,867. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 381,938. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 119,576. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 501,514. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 107,353. Revenue less expenses. Subtract line 18 from line 12 ...... Assets or Balances **Beginning of Current Year End of Year** 717,672. 827,398. 20 Total assets (Part X, line 16) 1,409 3,782. 21 Total liabilities (Part X, line 26) ĘĘ 716,263. 823,616. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here TIM SHARP, BUSINESS MANAGER/SEC-TREASURER Type or print name and title Preparer's identifying number (see instructions) Date Check if Preparer's Paid signature employed > Preparer's Firm's name (or LOCKITCH, CLEMENTS & RICE, P.S. EIN > Use Only self-employed), 534 WESTLAKE AVE. N., STE 300 address, and SEATTLE, WA 98109 Phone no.  $\triangleright$  (206)622-4253 Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2009)

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

Did the organization operate one or more hospitals? If "Yes," complete Schedule H .....

X

Form 990 (2009) ALASKA DISTRICT COUNCIL OF LABORERS

Part IV | Checklist of Required Schedules (continued)

<u> </u>	Cite Chief of Medalica Concades (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	0.1		v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25	24a		X
b		24b		<u> </u>
С				
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A CONTRACT OF THE PROPERTY OF	28a		X
b	and the second s	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		İ	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	<u> </u>	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, line 2	36	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O.	38	<u> </u>	

Form 990 (2009) ALASKA DISTRICT COUNCIL OF LABORERS

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a		ol		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming	7		
	(gambling) winnings to prize winners?			10	]	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a		4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		<del>'                                    </del>	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					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			За		Х
	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			l
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	*****		5а		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
	Tax Shelter Transaction?			5c	Ì	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
	provided to the payor?		•••••	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	juired			
	to file Form 8282?		······	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	nal			
	benefit contract?			7e	ļ	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?			<u> </u>	<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g	<del> </del>	ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h	<u> </u>	<b> </b>
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 exc					
	at any time during the year?			8	<del> </del>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the organization make any taxable distributions under section 4966?				-	┼
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		┼
10	Section 501(c)(7) organizations. Enter:	1.	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	$\dashv$		
11	Section 501(c)(12) organizations. Enter:	Ι.	1			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	11b	<u> </u>	┨		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a	-	+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		1	ш

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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										
		1	1				Yes	No			
1a	Enter the number of voting members of the governing body	1a	ļ		10						
b	Enter the number of voting members that are independent				10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	n any ot	her							
	officer, director, trustee, or key employee?					2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ect supe	ervision							
	of officers, directors or trustees, or key employees to a management company or other person?					3		X			
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 99	90 was	filed?		4		X			
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts? .				5		X			
6	Does the organization have members or stockholders?					6	X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embei	rs of the	•		Ì					
	governing body?					7a	X				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons	?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the y	ear							
	by the following:										
а	a The governing body?										
b	Each committee with authority to act on behalf of the governing body?					8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revent	ue Cod	ə.)							
					-		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	chap	ters, af	filiates,							
	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 f	iling t	he 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 co	uld gi	ve rise								
	to conflicts?					12b	X				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If										
	in Schedule O how this is done					12c	X				
13	Does the organization have a written whistleblower policy?					13		X			
14	Does the organization have a written document retention and destruction policy?					14		X			
15	Did the process for determining compensation of the following persons include a review and approv										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official					15a		X			
	Other officers or key employees of the organization				1	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 arrange	ment	with a								
	taxable entity during the year?			,		16a	_	X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganiza	ation's								
	exempt status with respect to such arrangements?					16b					
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (50	1(c)(3)s	only) av	ailable	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,	confli	ct of int	erest po	olicy, ar	nd fina	ancial				
	statements available to the public.			, -	•••						
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	ecords	of the or	ganiza	tion:	<b>&gt;</b>				
	THE ORGANIZATION - (907)276-1640			- ,							
	2501 COMMERCIAL DRIVE, ANCHORAGE, AK 99501										

# 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

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

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)  Name and Title	(B) Average	y cu		(C Posi	<b>C)</b>		<u>icto</u>	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	all t		Highest compensated Complexes		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
AUGUSTINE MERRICK II PRESIDENT		х		Х				0.	0.	0.
BOB JOHNSON VICE-PRES		x		х				0.	0.	0.
TIM SHARP SEC/TREASURER		x		x				0.	0.	0.
DAMIEN THOMAS SGT AT ARMS		x		х				0.	0.	0.
KEVIN POMEROY AUDITOR		X						0.	0.	0.
STACY ALLEN AUDITOR		x						0.	0.	0.
TODD PEPLOW AUDITOR		х						0.	0.	0.
RON AXTELL EXECUTIVE BOARD		x						0.	0.	0.
RON MCPHETERS EXECUTIVE BOARD		x		<u> </u>				0.	0.	0.
DENNIS MOEN EXECUTIVE BOARD		x						0.	0.	0.

Pa	rt VII   Section A. Officers, Directors, Tru (A)	ustees, Key Er (B)	nplo		(C	<b>C)</b>		est	(D)	(E)		(F)		
Name and title		Average hours	(ci		Posi all t		n app	ly)	Reportable compensation	Reportable compensation		Estimate amount		
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	*)	other compensa from th organizat and relat organizati	e tion ted	
										<u></u>				
							ļ				$\frac{1}{2}$			
							_							
							Ļ							
<u>1b</u> _2	Total number of individuals (including but r					bov	e) wl	ho r	0. eceived more than \$100		0.		0.	
	compensation from the organization											Yes	No	
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual										3	х	
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sch	edul	e J i	for such individual			4	x	
5	Did any person listed on line 1a receive or the organization? If "Yes," complete School	•									.,.	5	x	
_ <u>Sec</u>	ction B. Independent Contractors  Complete this table for your five highest co	empensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ens	ation from		
	the organization.  NONE  (A)  Name and business	a addraga				-			(B) Description of s	unilana .		(C)		
	Name and business	address							Description of s	ervices		ompensation		
											<u> </u>			
							_						•	
2	Total number of independent contractors (	-	not li	mite	d to		ose li	ste	l d above) who received r	nore than				
	\$100,000 in compensation from the organ	zation 🚩	-				<u> </u>					Form 990	(2000)	

Form 990 (2009)

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

	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1			
	trustees, and key employees				
3	Compensation not included above, to disqualified			i	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	226,575.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	102,499.			····
9	Other employee benefits	30,681.			
0	Payroll taxes	22,183.			
1	Fees for services (non-employees):		· — — — — — — — — — — — — — — — — — — —		
а	Management				
b	Legal	1,404.			
C	Accounting	8,967.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	715.			
2	Advertising and promotion	3,875.			
3	Office expenses	18,637.			
4	Information technology				
5	Royalties				
6	Occupancy	14,344.			
7	Travel	41,283.			
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	12,750.			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	4,512.			
3	Insurance	3,763.	,		
4	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.)			,	
2	RETURN OF DEPOSITS MADE	7,380.			
	DONATIONS	1,946.	· · · · · · · · · · · · · · · · · · ·		
C					
d					
_					
e	All other expanses				
f	All other expenses  Total functional expenses. Add lines 1 through 24f	501,514.			
<u>5</u>	Joint costs. Check here if following	201,214.			
:6					
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	ADDICATIONAL CARDINADOR OFFI AND EXPENSION CONCENSION		i	i	1

Part X Balance Sheet (A) Beginning of year (B) End of year 3,419. 7,020. 1 Cash - non-interest-bearing 702,785. 811,438. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 7 Notes and loans receivable, net \_\_\_\_\_\_ Assets Inventories for sale or use \_\_\_\_\_ 8 9 Prepaid expenses and deferred charges ..... 9 10a Land, buildings, and equipment: cost or other 56,196. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 11,468. 8,940. 10c b Less: accumulated depreciation \_\_\_\_\_\_ 10b 11 11 Investments - publicly traded securities ..... Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 717,672 827,398 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,409. 3,782. Accounts payable and accrued expenses 17 17 18 18 Grants payable \_\_\_\_\_ 19 19 Deferred revenue Tax-exempt bond liabilities \_\_\_\_\_ 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D 25 25 3.782 409. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets \_\_\_\_\_ Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here | X | and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 716,263. 823,616. Retained earnings, endowment, accumulated income, or other funds ...... 32 32 716,263. 823,616. Total net assets or fund balances ..... 33 827,398. 717,672. 34 Total liabilities and net assets/fund balances

Form 990 (2009)

Рa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis 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			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	•	Form	990	(2009)

### **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

2009

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

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.								
Nan	ne of organization			Emple	oyer identification number					
	ALASKA	DISTRICT COUNCIL	OF LABORERS	; <u> </u>	92-0061646					
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c) o	or is a section 527 o	rganization.					
2	Provide a description of the organiz Political expenditures Volunteer hours			<b>&gt;</b> \$						
		anization is exempt unde								
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$						
	Enter the amount of any excise tax									
	If the organization incurred a sectio									
	a Was a correction made?				Yes No					
L D	o If "Yes," describe in Part IV. art I-C   Complete if the org	onization is avamnt unde	er section 501(c)	except section 5016	2)(3)					
_	Enter the amount directly expended									
	Enter the amount directly expended  Enter the amount of the filing organ									
2	exempt function activities		-							
3	Total exempt function expenditures			······································						
•	line 17b			▶\$						
4	Did the filing organization file Form	1120-POL for this year?			Yes No					
	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made.									
	For each organization listed, enter t									
	that were promptly and directly deli		nization, such as a sep	arate segregated fund or a	a political action committee					
	(PAC). If additional space is needed	I, provide information in Part IV.								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0					
				}						
				a y Atras Zene						

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009  Part II-A   Complete if the org	ALASKA DIS	STRICT COUNC mpt under section	<u>:IL OF LABORE</u> on 501(c)(3) and file	RS 92-0 d Form 5768	0061646 Page 2
(election under sec					
A Check 🕨 🔲 if the filing organiza	tion belongs to an aff	iliated group.			
3 Check 🕨 🔲 if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		
	ts on Lobbying Expe ditures" means amo	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	***************************************				
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Enter	er the amount from th	e following table in bo	th columns.		<b>_</b>
If the amount on line 1e, column (a) o	` '	obying nontaxable am	11		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
	. 000/ (1) 40				
g Grassroots nontaxable amount (er					
h Subtract line 1g from line 1a. If zer	······				
<ul><li>i Subtract line 1f from line 1c. If zero</li><li>j If there is an amount other than ze</li></ul>	•		ration file Form 4720		
reporting section 4911 tax for this			ation lie Form 4720		Yes No
(Some organiz	4-Year Av	eraging Period Unde section 501(h) electio	Section 501(h) n do not have to compl	ete all of the five	
Co		nditures During 4-Ye	es 2a through 2f on pag ar Averaging Period	je 4.) 	***************************************
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		}			
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 ALASKA DISTRICT COUNCIL OF LABORERS 92-0061646 Page 3

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

(election under section 501(h)).

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:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
j Total. Add lines 1c through 1i	j l		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1		
•			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-\(E\	ation .	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	င်)(၁), or se	Ction	
301(c)(o).		Yes	N
4 Ware substantially all (000), or mare) dues received pendeductible by members?	1	X	
Were substantially all (90% or more) dues received nondeductible by members?		X	
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?			
"Yes."  1 Dues, assessments and similar amounts from members	1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1	1	
expenses for which the section 527(f) tax was paid).	2a		
expenses for which the section 527(f) tax was paid).  a Current year	l l		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	2b 2c 3		

# Schedule D

(Form 990)

**Supplemental Financial Statements** 

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ALASKA DISTRICT COUNCIL OF LABORERS

Employer identification number 92-0061646

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
·	organization answered "Yes" to Form 990, Part IV, line	9 6.	
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
Ū	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
v	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pai			
	Purpose(s) of conservation easements held by the organizati		
,	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	Treservation of a co	Timod Historio Structuro
0	Complete lines 2a through 2d if the organization held a qualif	iod conservation contribution in the form	n of a conservation easement on the last
2		led Collservation Contribution in the form	TO A CONSCIVATION CASCING IN CONTROL ACC
	day of the tax year.		Held at the End of the Tax Year
_	Total number of concentration aggregates		
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic str		· · ·
			[- ]
_	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year >	coment is leasted	
4	Number of states where property subject to conservation ea		- <b>f</b>
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing concernation accoments	
6	Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) above		
8			
•	and section 170(h)(4)(B)(ii)?	ion cocomonto in ito revenue and evnen	
9	include, if applicable, the text of the footnote to the organiza		
		tion's infancial statements that describe	is the organization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections o	f Art. Historical Treasures, or	Other Similar Assets.
I a	Complete if the organization answered "Yes" to Form		other chimal Access.
	Complete in the organization anowards from to remin	000,1 411,11,1110 01	
4.	If the organization elected, as permitted under SFAS 116, no	at to roport in its revenue statement and	halance sheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		addition browide, in a dit xiv, the text of
	If the organization elected, as permitted under SFAS 116, to		anno shoot works of art, historical treasures
D	or other similar assets held for public exhibition, education,		
		or research in furtherance of public servi	ice, provide the following amounts relating to
	these items:		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		ciai gain, provide
	the following amounts required to be reported under SFAS 1		<b>&gt;</b> 0
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

		DISTRICT C							61646		ge ∠
Pai	t III   Organizations Maintaining C										
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	are a si	gnificant ι	ise of its	collection	items	3
	(check all that apply):										
а	Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	ms					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organizatio	n's exer	npt purpo	se in Par	XIV.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang								9, or		
·	reported an amount on Form 990, Par	-	_								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contribution	ns or other ass	sets not	included				
	on Form 990, Part X?							$\square$	Yes		No
h	If "Yes," explain the arrangement in Part XIV										
	ii i oo oo oo oo oo oo oo oo oo oo oo oo								Amount		
С	Beginning balance						1c			-	
	Additions during the year						"				
e	Distributions during the year										
f	Ending balance						"				
29	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIV.						•••••				
	rt V Endowment Funds. Complete if		swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	(a) current your	(2)	iloi your	(6) 1,110 3 3 4 1		(4)			,	
b	Contributions				<u> </u>						
c Net investment earnings, gains, and losses											
d Grants or scholarships											
e Other expenditures for facilities											
е	-										
	and programs						·				
1	Administrative expenses		<del> </del>				-		<del>                                     </del>		
g	End of year balance	r and balance hold	20'			1		·	1		
2			as. %								
а	Board designated or quasi-endowment	%	70								
b	Permanent endowment	% %									
C	Term endowment  Are there endowment funds not in the posse	• •	ation the	t ara bald .	and administa	rad for t	ho organi	zation			
3a		ission of the organiz	auonuia	u ale lielu i	and administe	160 101 1	ne organi	Lation	Γ	Yes	No
	by:								3a(i)	163	140
	(i) unrelated organizations										
	(ii) related organizations										
	1,,,				••••••				.   30		
4 Do	Describe in Part XIV the intended uses of the rt VI Investments - Land, Building				O Port V line	10					
Pa								- d	(d) Bool	le volu	
	Description of investment	(a) Cost or obasis (invest			st or other s (other)		ccumulate preciation	L L	(a) 600	k valu	<del></del>
1a	Land							_			
	Buildings				•						
	Leasehold improvements	1									
	Equipment	f									
	Other	i			56,196.		47,2	56.		8,9	40.
	I, Add lines 1a through 1e. (Column (d) must e		t X, colur	nn (B), line	10(c).)			. •		8,9	40.

Schedule D (Form 990) 2009

7 1	7. A.	ロセス	DISTRICT	COINCIT.	OF	T.AROPERS
ДΙ		SKA	DISTRICT	COUNTLE	L)r	しんしい ちゅんつ

Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuati Cost or end-of-year mark	
inancial derivatives			
Closely-held equity interests			
Other			
		All files	
			<del> </del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, Ii			(b) Book value
	(a) Description		(b) BOOK Value
Fotal. (Column (b) must equal Form 990, Part X, col (B)	line 15.)	<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes			
Outra moone taxoo			
William Control			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)		

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

	dule D (Form 990) 2009 ALASKA DISTRICT COUNCIL OF				061646 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to			SINGING	600 067
1	Total revenue (Form 990, Part VIII, column (A), line 12)				608,867.
2	Total expenses (Form 990, Part IX, column (A), line 25)		I 1		501,514.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1 1		<u> 107,353.</u>
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities		5		·
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		Totium	107,353.
	t XII Reconciliation of Revenue per Audited Financial Statemer				C00 0C7
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • • • • • • • • • • • • • •	•••••	1	608,867.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments			-	
þ	Donated services and use of facilities				
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIV.)			-	•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	608,867.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4 1	
b	Other (Describe in Part XIV.)	4b		4	_
C	Add lines 4a and 4b			4c	0.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	608,867.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme				
1	Total expenses and losses per audited financial statements	•••••		1	501,514.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		4	
C	Other losses	2c		-	
d	Other (Describe in Part XIV.)	2d		_	_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	501,514.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b		_	_
¢	Add lines 4a and 4b			4c	0.
	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	501,514.
Paı	t XIV Supplemental Information				<del> </del>
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl				

# **SCHEDULE O**

(Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service 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

Employer identification number Name of the organization ALASKA DISTRICT COUNCIL OF LABORERS 92-0061646 FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: LABOR ORGANIZATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN ALASKA. FORM 990, PART VI, SECTION A, LINE 6: THE DISTRICT COUNCIL REPRESENTS THREE LOCAL UNIONS. INDIVIDUAL MEMBERS ELECT THE OFFICERS FROM THEIR PARTICULAR LOCAL. EACH LOCAL APPOINTS ITS REPRESENTATIVES TO THE DISTRICT COUNCIL. FORM 990, PART VI, SECTION A, LINE 7A: THE DISTRICT COUNCIL REPRESENTS THREE LOCAL UNIONS. INDIVIDUAL MEMBERS ELECT THE OFFICERS FROM THEIR PARTICULAR LOCAL. EACH LOCAL APPOINTS ITS REPRESENTATIVES TO THE DISTRICT COUNCIL. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PROVIDED TO AND REVIEWED BY THE BUSINESS MANAGER/SECRETARY TREASURER PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICERS MAKE ANNUAL CERTIFICATIONS WHICH ARE REVIEWED AS PART OF THE ANNUAL AUDIT. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

## **SCHEDULE O**

Department of the Treasury Internal Revenue Service

(Form 990)

# 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 **Employer identification number** 92-0061646 ALASKA DISTRICT COUNCIL OF LABORERS THE PROCESS FOR SELECTING THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM PRIOR YEARS.

# 2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

066

Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	7COMPUTER EQUIPMENT	18008090		5.00	16	250.			250.	250.		0
, O1	9COMPUTER	030702SL		2.00	16	1,574.	:		1,574.	1,574.		0
10	10COMPUTER EQUIPMENT	062104SL		2.00	16	549.			549.	494.		55.
11	11COMPUTER	072605SL		5.00	16	1,680.			1,680.	1,176.		336.
1;	OFFICE FURNITURE 12AND EQUIPMENT	072605SL		2.00	16	1,973.			1,973.	1,381.		395.
H		032206SL		5.00	16	639.			639.	351.		128.
1,	VIDEO CONFERENCING 14EQUIPMENT	092706SL		5.00	16	5,767.			5,767.	2,595.		1,153.
	15DELL SERVER	100306SL		5.00	16	3,727.			3,727.	1,677.		745.
16	16DELL LAPTOP	101606SL		5.00	16	1,521.			1,521.	685.		304.
1,	17DESK	021406SL		5.00	16	1,298.	•		1,298.	736.		260.
18	18PRINTER	011806SL		5.00	16	500.			500.	283.		100.
15	19ART	010507SL		5.00	16	800.			800.	320.		160.
2(	20art	030707SL		2.00	16	296.			296.	109.		59.
23	21printer	040507SL		5.00	16	.006			006	315.		180.
22	22 <mark>с</mark> вн	050207SL		5.00	16	2,419.			2,419.	806.		484.
25	23REFRIGEATOR	071107SL		2.00	16	147.			147.	42.		29.
24	24sign	110207SL		5.00	16	290			290.	68		58.
25	25рвіг гартор	110209SL		5.00	16	1,984.			1,984.			.99

928102 06-24-09

(D) - Asset disposed

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	0	0	0	4,512.	0	0	0	0	4,512.	
Current Sec 179				0		0		0	0	
Accumulated Depreciation	25,176.	311.	1,217.	39,566.	199.	199.	2,979.	2,979.	42,744.	
Basis For Depreciation	25,176.	311.	1,217.	53,018.	199.	199.	2,979.	2,979.	56,196.	
Reduction In Basis	**************************************		· · · · · ·	0		0		0	0	
Bus % Excl										
Unadjusted Cost Or Basis	25,176.	311.	1,217.	53,018.	199.	199.	2,979.	2,979.	56,196.	
Line No.	16	16	16	•	16		16	,		
Life	5.00	5.00	5.00		2.00		2.00			
Method	Ä	ij	ij		ij		ij			
Date Acquired	VARIESSL	061997SL	TS008090		030101SL		040400SL			
Description	OFFICE FURNITURE	OFFICE FURNITURE ZAND EQUIPMENT	FUKNITU DUIPMENT	990 PAGE	7	TARGE TO TOTAL	ER	YYU PAGE IU	PAGE 10 DEPR	
Asset No.	. ,	- •	-							

(D) - Asset disposed

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

# Form **990-EZ**

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

Department of the Treasury

832171 12-17-08

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

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

and ending For the 2008 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Please Address use iRS label or 92-0061646 ALASKA DISTRICT COUNCIL OF LABORERS ]Name Change print or Room/suite | E Telephone number type. Number and street (or P.O. box, if mail is not delivered to street address) Initial return (907)276-1640Specific 2501 COMMERCIAL DRIVE Termin-F Group Exemption City or town, state or country, and ZIP + 4 Amended tions. Number ► 0121 ANCHORAGE, AK 99501 G Accounting method: X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check X if the organization is not | Website: ►N/A Organization type (check only one)— X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 998, 990-EZ or 990-PF). Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. 601,159. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ...... Part I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 5,180. 2 Program service revenue including government fees and contracts 579,257. 3 Membership dues and assessments 16,722. 4 Investment income 5a Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5¢ Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ \_\_\_\_\_\_ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses 6b 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances Less; cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 601,159. g Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 374,635. 12 Salaries, other compensation, and employee benefits 12 20,677. 13 Professional fees and other payments to independent contractors 13 24,856. 14 Occupancy, rent, utilities, and maintenance SEE STATEMENT 2 14 5,827. 15 Printing, publications, postage, and shipping 15 92,589. 16 Other expenses (describe 16 518,584. 17 Total expenses. Add lines 10 through 16 17 82,575. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 633,688. 19 (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) 20 716,263. Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ Part II (A) Beginning of year (B) End of year (See the instructions for Part II.) 706,204. 621,903. Cash, savings, and investments 22 23 Land and buildings 23 11,468. 15,969.24 Other assets (describe OTHER DEPRECIABLE ASSETS ) 24 717,672. 637,872.25 25 1.409. 4,184.26 Total liabilities (describe PAYROLL WITHHOLDINGS 26 716,263. 633,688.27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2008)

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

	THE STATE OF COUNCIL OF	TABORERS	9	2 - 00616	46 Page 2
orn	1990-EZ (2008) ALASKA DISTRICT COUNCIL OF Int III   Statement of Program Service Accomplishment	S (See the instructions for Pa	art (11.)		kpenses
P	irt III Statement of Program Service Accomplishment	TON STATEMINE	BODY	(Required	for 501(c)(3)
Wha	it is the organization's primary exempt purpose? <u>LABOR ORGANIZAT</u>	for and concide manner des	cribe the services	and (4) of	ganizations and ) trusts; optional
Desc	this the organization's printary exempt purposes. In a carrying out the organization's exempt purposes. In a carrying out the organization's exempt purposes. In a carrying out the organization is exempt purposes.	ical and concide manner, acci	01100 1110 1101 111000	for others	.)
pro\	ided, the number of persons benefited, or other relevant information for each progress.	HOTIDG BENTETT	ıg		
28	ORGANIZE LABOR; SECURE BETTER WAGES,	TOURS, DEMERTE	<u></u>	<b>-</b>	
	AND WORKING CONDITIONS FOR LABORERS	IN AUGUA		[ ]	
			<b></b>	28a	
	(Grants \$ ) If this amount includes foreign gra	ants, check here			
29				-	
				29a	
	(Grants \$ ) If this amount includes foreign gr	ants, check here	***************************************	1 234	
30					
				30a	
	(Grants \$ ) If this amount includes foreign gr	ants, check here			
31	Other program convious (ottach schedule)			31a	
	(Grants \$ ) If this amount includes foreign gr	ants, check here		<u> </u>	0.
32				Son the instruction	
P	Total program service expenses (add lines 28a through 3 ia) art IV List of Officers, Directors, Trustees, and Key Er	TIDIOYEES. List each one av	en if not compensated.	(d) Contribution	
		(b) Title and average hours	(c) Compensation	to employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	benefit plans &	account and other allowances
		position	-0)	deferred compensation	
				Dompondation	
A	JGUSTINE MERRICK II, 2301	PRESIDENT	0.	0	0.
C	NAMED CLAT DE TARE ANCHORAGE AK	1.00			•
R	OB JOHNSON	VICE PRESIDEN	0.	n	0.
2	510 ARCTIC BLVD, ANCHORAGE, AK 99503	1.00			
	IM SHARP	SECKETARITE	ASURER 0.	l	0.
2	740 DAVIS RD. FATRBANKS, AK 99709	1.00	0.	<del> </del>	
D	AMIAN THOMAS	SGT AT ARMS	0.		0.
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	EVIN POMEROY		CETARI 0.	1 6	0.
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R	UN MCPHETERS, 2501 COMMITTOELL	1.00	0.		0.
D	RIVE, ANCHORAGE, AK 99501	EXECUTIVE BOA		<u> </u>	
D	WAIRU I S. 1911 15.19	4	0.		0.
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-	20470			F	orm 990-EZ (2008)

832172 12-17-08

rm 9	00-EZ (2008) ALASKA DISTRICT COUNCIL OF LABORERS						
art	V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes				
	took to the plant of each activity	33		X			
Đ	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity						
			·				
	to the business activities stick as those (Should Oil 1970) at an an an an an an an an an an an an an			;:			
			}	ĺ			
	the bear wastered business gross income to a fully of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section	35a	·	X			
		35b	N	A			
ь (	ax requirements?  "Yes," has it filed a tax return on Form 990-T for this year?  "Yes," has it filed a tax return on Form 990-T for this year?	36		X			
	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t						
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a i	inter amount of political experiorities, direct of intologi, as additional and the organization file Form 1120-POL for this year?			1			
		38a	1	X			
		000		T -			
	n a prior year and still unpaid at the start of the period detected by the fire start of the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected by the period detected	1		ŀ			
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	the dead on line O. for public use of Club MCHIRS	-	1	1:			
	The amount of toy imposed on the official unity was a second			1			
0a	Section 501(c)(3) organizations. Enter amount of ax imposed of the organization 4955 \( \sum \frac{N/A}{A} \); section 4955 \( \sum \frac{N/A}{A} \); section 4911 \( \sum \frac{N/A}{A} \); section 4912 \( \sum \frac{N/A}{A} \); section 4958 excess benefit transaction during the year or	ļ		1			
	section 4911 N/A; section 4912 P1712  Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	401	l N	/A_			
	The street bands transaction from a fifth year? If (65, complete company)	401	1	<del>/   -</del>			
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	- 1 - 40 - minchurned by the organization	.   _	ļ	] .			
đ	Enter amount of tax on line 40c remindred by the organization.  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter.	1.0	.   .	.   .			
e	All organizations. At any time during the tax year, was the organization a party to a province transaction? If "Yes," complete Form 8886-T	40	<u> </u>				
	transaction? If "Yes," complete Form 8886-T	076	1.0	40			
11	List the states with which a copy of this return is filed. NONE  NONE  Telephone no. (907)	2/0	-10	40			
	The books are in care of The Organization DRIVE ANCHORAGE, AK	995	UI				
			Γ <b>ν</b>	es N			
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	over a financial account in a foreign country (such as a bank account see a financial account in a foreign country)	. 42	!b	-			
	account)?	- 1	1	.   -			
	If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			- L			
	See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, report of the U.S.?  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	. 4	2c				
0	At any time during the calendar year, did the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization maintenant at the organization at the organization maintenant at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at the organization at	_					
	If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here						
43	Section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(1) nonexempt charitable trusts hing Form 990-E2 in section 4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	N	/A				
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44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		44				
	Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		1	1			
	the control of the organization within the meaning of section of the first of the organization within the meaning of section of the first of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the meaning of the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organization within the organizatio		45	- 1			
45	Is any related organization a controlled entity of the organization manual completed instead of Form 990-EZ		40				

Yes No

Form 990-EZ (2008)

	tables for lines 50 and 51. rganization engage in direct or indirect political campaign activitie	es on behalf of or in opposition to c	andidates for public			Yes	No
					46		
	to the formulate S	chedille C. Part II			47		
	to the described in continu 170/h)(1)(4)	Willy it "AGS". COMDIGIGE Schlenr	NO L	<i> </i>	48		
is the or	ganization operating a school as described in Section 113(b)(1)( organization make any transfers to an exempt non-charitable relat	ed organization?					-
					49b		
Complet	was the related organization(s) a section 527 organization? e this table for the five highest compensated employees (other th pensation from the organization. If there is none, enter "None."			(D) Contributi	ons		
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	to employe benefit plans deferred compensation	e (E) Ex & accou other all		and
			3				
number Comple	r of other employees paid over \$100,000ete this table for the five highest compensated independent contra	actors who each received more than	1 \$100,000 of comp	ensation from t	the orga	nizatio	1. If t
Comple	ete this table for the five highest compensated independent controls, enter "None:"  N / A	ACCIOLS MILIO GACIL LECCIACO III CI O MAN	(b) Type of s			anizatior ompens	
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Comple	ete this table for the five highest compensated independent controls, enter "None:"  N / A	ACCIOLS MILIO GACIL LECCIACO III CI O MAN					
Comple is none	ete this table for the five highest compensated independent contrate, enter *None.*  N/A  (a) Name and address of each independent contractor paid r	nore than \$100,000	(b) Type of s	ervice	(e) C	ompens	ation
Comple is none	er of other independent contractors each receiving over \$100,000  Under penalties of perjury, I declare that I have examined this return, inclucionect, and complete. Declaration of present (other than officer) is based	nore than \$100,000	(b) Type of s	ervice	(e) C	ompens	ation
Comple is none	er of other independent contractors each receiving over \$100,000 Under penalties of perjury. I declare that I have examined this return, inclucioned, and complete. Declare that I have examined this return, inclucioned, and complete. Declare that I have examined this return, inclucioned, and complete. Declare that I have examined this return, inclucioned, and complete. Declare that I have examined this return, inclucioned, and complete. Declare that I have examined this return, inclucioned, and complete. Declare that I have examined this return, inclucioned.	nore than \$100,000  ding accompanying schedules and staten on all information of which preparer has a second staten of the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second staten on the second state	(b) Type of s	ervice	(c) C	ompens	ation
Comple is none	er of other independent contractors each receiving over \$100,000  Under penalter of perjury, I declare that I have examined this return, includence, and employed. Declared on of prepare (other than officer) is based.  Signature of officer  WARP, Recognition	nore than \$100,000  ding accompanying schedules and states on all information of which preparer has a SMANAGEN  Date 7.29-09	(b) Type of s	ervice	(c) C	ompens	ation

May the IRS discuss this return with the preparer shown above? See instructions

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ PAGE 1

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(D) - Asset disposed

828102 04-25-08

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

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ PAGE 1

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(D) - Asset disposed

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

828102 04-25-08

FORM 990-EZ OTHER EXPENSES	STATEMENT 1
DESCRIPTION	AMOUNT
FRAVEL & MEETINGS ADVERTISING SUPPLIES SERVICE CHARGES INSURANCE DONATIONS	54,681. 6,031. 2,336. 349. 2,174. 27,018.
FOTAL TO FORM 990-EZ, LINE 16	92,589.
FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT 2
DESCRIPTION	AMOUNT
DEPRECIATION OTHER EXPENSES	4,501. 20,355.
TOTAL TO FORM 990-EZ, LINE 14	24,856.

ORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEM	ENT	3
$\nabla V$ . Im $\nabla \nabla G$	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[ ] YES	[X]	ио
B) DID THE OR DIRECTLY O	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [ ] YES	[X]	МO