

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

For the 2008 calendar year, or tax year beginning

P.O. BOX 4752

OUTDOOR HERITAGE FOUNDATION

PALMER, AK 99645-4752

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Net assets or fund balances at end of year. Combine lines 18 through 20

(See the instructions for Part II.)

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

 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Please

use IRS label or print or

Specific

ype

tions

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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

. 2008, and ending

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

OMB No 1545-1150

2008

Accrual

D Employer identification number

(907) 745-3772

26-0647775

Group Exemption

Number

Accounting method.

Other (specify) >

Telephone number

H Check ► X if the organization is not required to attach Schedule B (Form 990, Website: N/A 990-EZ, or 990-PF) X 501(c) (3) ◄ (insert no) Organization type (check only one) -4947(a)(1) or 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. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 396,987. instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 158,258. Contributions, gifts, grants, and similar amounts received. 2 124,192. Program service revenue including government fees and contracts Membership dues and assessments 3 Investment income 4 499. 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5 b c Gain or (loss) from sale of assets other-than inventory (Subtract in 5b from in 5a) (att sch) 5с Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here. . . a Gross_revenue_(not-including \$() 3,040. of contributions b Less directes penses other than undraising expenses. 114,038 6a 38,638. 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 75,400. 6с 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold 7a c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe > 8 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 358,349. 10 Grants and similar amounts paid (attach schedule) See Statement 10 19,388. 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors. 13 29,041. 13 14 Occupancy, rent, utilities, and maintenance 14 63,401. 15 Printing, publications, postage, and shipping 1,596. 15 16 Other expenses (describe ► See Statement 2 16 198,042. Total expenses (add lines 10 through 16) 17 311,468. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 46,881. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 0. 19

(A) Beginning of year

20

21

22

23

24

0. 25

0. 26

0. 27

Form 990-EZ (2008)

(B) End of year

46,881.

<u>27,454.</u> <u>2,</u>860.

25,893. 56,207.

9,326.

46,881.

TEEA0803L 09/18/08

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

SCANNED JAN 26 2010

22 Cash, savings, and investments

Other assets (describe > See Statement 3

Total liabilities (describe ► See Statement 4

Land and buildings .

Forn	n 990-EZ (2008) OUTDOOR HERITAG	E FOUNDATION		26	<u>-06</u>	47775 Page 2
1011	Statement of Program Se	rvice Accomplishment	s (See the instructi	ons.)		Expenses
Desi desc	is the organization's primary exempt purpose? Secribe what was achieved in carrying out the services provided, the number or arm title.	e Statement 5			and 4947	ured for 501(c)(3) (4) organizations and (a)(1) trusts, optional others)
	See Statement 6					
	(Grants \$ 21,500.) If the	nis amount includes foreign g	rants, check here .	<u>•</u>	28 a	129,044.
29	See Statement 7					
	(Grants \$ 17,714.) If the				29 a	53,814.
30	See Statement 8				1	
24	(Grants \$ 5,000.) If the	nis amount includes foreign g		F	30 a	18,894.
		nis amount includes foreign gi		··· • [31 a	67,773. 269,525.
32	Total program service expenses (add li		playees dust seek a			
	List of Officers, Directors				_	(e) Expense account
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and ation	and other allowances
	ARD GRASSER	President			0.	0.
	. BOX 2193	10.00				
	MER, AK 99645-4752 ROGERS	C			0	0.
	11 VENUS WAY	Secretary			0.	υ.
	HORAGE, AK 99515	10.00				
	GY KURYLA	Director	0.		0.	0.
	BOX 73546	10.00			٥.	0.
	RBANKS, AK 99707	10.00				
	HIE HARMS	Vice President	0.		0.	0.
	. BOX 60605	10.00	0.		٠.	.
	RBANKS, AK 99706					
	A LINGOFELT	Treasurer	0.		0.	0.
	06 ELLEN AVE	10.00		1		
ANC	HORAGE, AK 99515				ĺ	
ORI	N CARPENTER	Director	0.		0.	0.
333	RASPBERRY RD	10.00				
ANC.	HORAGE, AK 99518					
				 		
· 						
. 						
- -						
		İ				
			, 1		- 1	

	Other Information (Note the statement requirement in General Instruction V.)			
			Yes	s No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	<u> </u>	х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a	_	х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	┞	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities N/A			
	b Gross receipts, included on line 9, for public use of club facilities a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
40	section 4911 > 0., section 4912 > 0., section 4955 >0.			
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		x
(Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(d Enter amount of tax on line 40c reimbursed by the organization	:		
(All organizations. At any time during the tax year, was the organization a party to a prohibited tax			V
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		X
41	List the states with which a copy of this feturit is filed > MOTIE			
42 :	The books are in care of ► SUSAN_GRASSER Telephone no ► (907)	841	-020)8
	Located at ► 4701 N. WORNER ROAD PALMER AK ZIP + 4 ► 99645-	- <u>475</u>	2	
	At any time discount the colonidar constant the constant to th	Γ	Yes	No
	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)?	42 b		X
	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 a Foreign Bank and Financial Accounts.			
,	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
Ì	If 'Yes,' enter the name of the foreign country			
				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	. '	- ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		<u>x</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X_

and complete the tables for lines 50 and 51. See Statement 10 Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I X 46 Х 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II X Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a 49a Did the organization make any transfers to an exempt non-charitable related organization? . . b If 'Yes,' was the related organization(s) a section 527 organization? 49 b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Title and average hours per week devoted to position (e) Expense account and (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (a) Name and address of each employee paid more than \$100,000 other allowances None Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None Total number of other independent contractors receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 1-18-10 Sign Signature of officer Here EDWARD GRASSER DIRECTOR Type or print name and title Preparer's Identifying Number (See instructions) Check if self-Preparer's signature Paid N/A POUS 91846 Sarah E. Sena employed Pre-Fosselman & Associates, CPAs Firm's name (or yours if selfparer's - N/A 92-0162157 610 South Bailey St. employed), address, and ZIP + 4 Use Only 745-0135 Palmer, AK 99645

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

BAA

Phone no.

►X Yes

Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service Name of the organization

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

2008

2000

Employer identification number

נטס	CDOO	R HERITAGE	FOUNDATION						26-0	64777	5		
		Reason for P	ublic Charity Stat	tus (All organizations	s must	compl	ete thi	s part	.) (see	instruc	tions)		
The	organ	ization is not a p	rivate foundation bec	ause it is. (Please check	only on	e organiz	zation.)						
1	\Box	A church, conver	ntion of churches or as	ssociation of churches de	scribed	ın sectio	n 170(b	XIXAX	i).				
2	\Box	A school describe	ed in section 170(b)(1	(Attach Schedule	E)								
3	\Box	A hospital or coo	hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	\Box	A medical resear	ch organization opera	ted in conjunction with a	hospital	describ	ed in se	ction 1	70(Ь)(1)((A)(iii) E	nter the ho	spital	's
	_ r	name, city, and s	state										
5	170(b)(1)(A)(iv). (Complete Part II)												
6 7													
8				170(b)(1)(A)(vi). (Compi	ete Part	11.5							
9		•) more than 33-1/3 % of its		•	tribution	e mem	harchin f	oos and	Orocc rocou	nte	
3	fı	rom activities rela nvestment incom	ted to its exempt function	ons – subject to certain exc iess taxable income (less	ceptions,	and (2)	no more	than 33	-1/3 % o	fits supp	ort from gro	SS	after
10		An organization o	rganized and operate	d exclusively to test for p	ublic sa	fety See	section	n 509(a)(4). (se	e instruc	tions)		
11		An organization on nore publicly sup	rganized and operate	d exclusively for the bene described in section 509 sization and complete line	efit of, to (a)(1) or	perforn section	n the fui 509(a)(nctions	of or ca	arry out t	he purpose	es of c	ne or x that
	а	Type I	b Type I	l c	II – Fun	ctionally	ıntegra	ted		d \square	Type III-	- Othe	r
е	— tr	By checking this than foundation money of the foundati	box, I certify that the chanagers and other th	organization is not contro an one or more publicly s	lled dire supporte	ctly or inded or detection	ndirectly zations	by one describ	or more ed in se	e disqual ection 509	ified perso 9(a)(1) or s	ons otl section	her 1
f	lf ci	the organization heck this box	received a written de	etermination from the IRS	that is	a Type I	, Type I	l or Typ	e III sup	porting (organizatio	n,	
g	S	ince August 17,	2006, has the organiz	ation accepted any gift of	or contril	bution fr	om any	of the f	ollowing	persons	?		
												Yes	No
	(i)	below, the g	overning body of the	controls, either alone or supported organization?	togethe	r with pe	ersons d	escribe 	d in (ii)	and (III)	11 g (i)		
	(ii	i) a family mer	mber of a person des	cribed in (i) above?						-	11 g (ii)		
	•	•	- '	n described in (i) or (ii) a			•				11 g (iii)		
h	P	rovide the follow	ing information about	the organizations the org	anızatıo	n suppo	rts.						
	(i) N	ame of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or iRC section (see instructions))	organiza (i) liste gove	Is the tion in col d in your erning ment?	(v) Did y the organ col. your su	ızatıon in (1) of	organizat	ls the ion in col zed in the S ?	(vii) Amount of Support		port
					Yes	No	Yes	No	Yes	No			
]							
					<u> </u>								
				-									
]			
				-									
						<u> </u>				i			
				-									_
						L				<u> </u>			
	_ _												
			<u> </u>	<u></u>	1		ľ			ļ			
tal													

Schedule A (Form 990 or 990-EZ) 2008 OUTDOOR HERITAGE FOUNDATION Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (e) 2008 (d) 2007 (f) Total beginning in) > Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 158,258 158,258. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. 0 0. 158,258 Total. Add lines 1-3 0 0. 0. 158,258. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 from line 4 158,258. Section B. Total Support Calendar year (or fiscal year (b) 2005 (c) 2006 (a) 2004 (d) 2007 (e) 2008 (f) Total beginning in) 0 0 0 0 Amounts from line 4 158,258 158,258. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 499 499. Net income form unrelated business activities, whether or not the business is regularly 0. carried on. Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) See Part IV 238,230 238,230. Total support. Add lines 7 396,987. through 10 Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X Section C. Computation of Public Support Percentage 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.. .

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	%
15	Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Page 3

Schedule A (Form 990 or 990-EZ) 2008 OUTDOOR HERITAGE FOUNDATION

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

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

Saz	ction A. Public Support	cked the box on	ille 9 Ol Fait F)				
	endar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		(b) 2003	(6) 2000	(4) 2007	(2) 2000	(i) Total
2							
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7:	Amounts included on lines 1, 2, 3 received from disqualified persons			_			
ı	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
	Public support (Subtract line						
0	7c from line 6)			£			
500	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(a) 2004	(b) 2005	(6) 2006	(0) 2007	(e) 2006	(I) Total
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and			d, third, fourth, c	or fifth tax year as	a section 501(c)(3) . ▶ □
_	tion C. Computation of Pub						
	Public support percentage for 200					15	%_
16	Public support percentage from 2			9		16	%
		estment Incom	ne Percentage				
Sect	tion D. Computation of Inve					1 1	
iect 17	Investment income percentage for	or 2008 (line 10c,		-	mn (f))	17	%
ect 17 18	Investment income percentage for investment income percentage from	or 2008 (line 10c, om 2007 Schedul	e A, Part IV-A, Im	e 27h		18	<u>%</u> %_
ect 17 18 19 a	Investment income percentage for Investment income percentage for 33-1/3 support tests — 2008. If the ormore than 33-1/3%, check this both	or 2008 (line 10c, om 2007 Schedul rganization did not ox and stop here.	e A, Part IV-A, lin check the box on lin The organization	e 27h ne 14, and line 15 i qualifies as a pul	s more than 33-1/39 blicly supported or	6, and line 17 is not rganization	<u>%</u> ► □
17 18 19a b	Investment income percentage for investment income percentage from 33-1/3 support tests — 2008. If the or	or 2008 (line 10c, om 2007 Schedul rganization did not ox and stop here. e organization did this box and stop	e A, Part IV-A, Im check the box on line. The organization donot check a box of here. The organization	e 27h . ne 14, and line 15 i qualifies as a pul on line 14 or 19a zation qualifies as	s more than 33-1/39 blicly supported or a, and line 16 is m s a publicly suppo	18 6, and line 17 is not ganization ore than 33-1/3%, rted organization	<u>%</u> ► □

Schedule A	(Form !	990 or	990-EZ	2008	OU.	rdoor	HERI	TAGE	FOUND	ATION	26-0	0647775	Page 4
,	Suppl Part II	emen , line	i tal In i 17a o	ormater 17b;	tion. or P	Complart III,	lete th line 1	ıs part 2. Pro	to provide ar	vide the	explanation required by additional information.	y Part II, line 10 (see instruction:	; s)
		·		:									
		- -					-						
	. – – –		- -				-						· – – –
	· -												·
	· 	- -				- -	·			_		-	
	. 		-	-					- 	. — — —			
												- 	
				- -					· -	-			
			-	- -			· -		· -				
						-	. – – –						
		- - -		- -			. 						
	- -											·	
						-						·- -	
													_
													
												· 	
-													
					-								
					. – – -			-					-
				-									-
				- -									
	- -												
 -							 -		*				
						. – – –				- -			

2008 [.] Sch	edule A, Part IV - Supplemental Information	Page 5
Client OUTDOOR	OUTDOOR HERITAGE FOUNDATION	26-064777
1/14/10		05 54PN
Part II, Line 10 - Other Inc	ome	
Nature and Source	2008 2007 2006 2005	2004
PROGRAM SERVICE REVENSPECIAL EVENTS REVEN	NUE 124,192.	
To:	UE $\frac{114,038.}{\$ 238,230.} $ $\frac{\$}{\$} $ 0. $\frac{\$}{\$} $ 0. $\frac{\$}{\$} $	0.
•		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization Employer identification number OUTDOOR HERITAGE FOUNDATION 26-0647775 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants **Email solicitations** Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table. (v) Amount paid to (i) Name of individual or entity (fundraiser) (or retained by) fundraiser listed in (vi) Amount paid to (or retained by) organization (III) Did fundraiser (ii) Activity (iv) Gross receipts have custody or control from activity of contributions? col (i) Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

	_	reported more than \$15,000 on F	Form 990-EZ, line 6	a. List events with	gross receipts gre	ater than \$5,000.
			(a) Event #1 SHOOTOUT (event type)	(b) Event #2 BECOMING AN OU (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1	Gross receipts	77,970.	24,340.	14,768.	117,078
Ē	2	Less Charitable contributions	1,050.	240.	1,750.	3,040
	3	Gross revenue (line 1 minus line 2)	76,920.	24,100.	13,018.	114,038
	4	Cash prizes				
D I R E C T	5	Non-cash prizes			2,072.	2,072
	6	Rent/facility costs	6,460.			6,460
EXPENSES	7	Other direct expenses	18,357.	11,319.	430.	30,106
Š	1	Direct expense summary Add lines 4- t Net income summary Combine lines 3 a	and 8 in column (d).		•	38,638 75,400
		Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye i.	s' to Form 990, Pai	rt IV, line 19, or rep	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Ü E	1	Gross revenue				
F	2	Cash prizes				:
D-RECT	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)		▶	
	8	Net gaming income summary. Combine I	ines 1 and 7 in column	(d)	▶	
9	Ent	er the state(s) in which the organization op	nerates namino activities	•		YES NO
а	is ti	the organization licensed to operate gaming to, Explain				9a
	- -					
		e any of the organization's gaming license es,' Explain:	s revoked, suspended o	or terminated during the	tax year?	. 10a
4.5	 					
	ls th	is the organization operate gaming activitie ne organization a grantor, beneficiary or tru	ustee of a trust or a mer	 mber of a partnership o	r other entity formed to	. 11
944	adm	ninister charitable gaming?	· · · · · · · · · · · · · · · · · · ·			12 12 2005

Sche	dule G (Form 990 or 990-EZ) 2008 OUTDOOR_HERITAGE	E FOUNDATION	26	0-064///5		'age :
					YES	NO
13	Indicate the percentage of gaming activity operated in					
	The organization's facility		13a	8		
b	An outside facility		13b	%		
14	Provide the name and address of the person who prepares t	the organization's gamir	ig/special events books a	nd records		
	Name. •					
	Address		-			
15 a	Does the organization have a contact with a third party from	whom the organization	receives damind revenue	⁷ 15a		
	If 'Yes,' enter the amount of gaming revenue received by the					,
	of gaming revenue retained by the third party \$			λ.		
	If 'Yes,' enter name and address:					
	Name •					
	Address					
16	Gaming manager information					
	No. 1. A					
	Name· ►					
	Gaming manager compensation 🕨 \$					
,	daming manager compensation • • •	_				
1	Description of services provided.					
		 _	· 			
	Director/officer Employee	Independent co	ntractor			
17	Mandatory distributions					
a l	is the organization required under state law to make charitab	ole distributions from the	gaming proceeds to reta	in the		
	state gaming license?	-1 4		17a		
	Enter the amount of distributions required under state law dis	•	t organizations or spent i	n ine		
BAA	organization's own exempt activities during the tax year:	주 EA3703L 07/18/08	Schedule 6	(Form 990 or 9	90-FZ\	2008
2~~	IEE	-A3743L 0//10/00	Schedule C	, (1 OHH 220 OF 3:	JU-L2)	2000

2008	Federal Stateme	nts		Pag	e 1
Client OUTDOOR	OUTDOOR HERITAGE FOUL	NDATION		26-0647	7775
1/14/10 Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Cash Amount Given:	1			05 3 \$ 19,38	32PM
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses	<u> </u>				
Advertising and Promotion Ammo Auto expenses Awards Bank charges Conferences, Conventions, Depreciation Dues & subscriptions Educational materials Food & beverages Grant & contract expenses Licenses & permits Miscellaneous expenses Office Expenses Special clothing Supplies Targets Telephone Travel Statement 3 Form 990-EZ, Part II, Line 24 Other Assets	and Meetings		Total §	34,028 2,461 6,059 2,472 9,403 2,303 640 22,217 12,485 4,000 970 1,573 6,145 13,735 20,245 23,584 1,392 30,296	
Other Assets			Beginning	Ending	
Accounts Receivable Furniture and Fixtures Inventories Machinery and Equipment Miscellaneous Pledges and Grants Receival Prepaid Expenses and Defer	ole red Charges	 Total	\$ 0. 0. 0. 0. 0. 0.	\$ 1,54 3,07 5,50 5,94 4,39 5,00 43	5. 1. 1. 0.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities					
Credit cards payable Deferred Revenue		 Total	0.	\$ 1,826 7,500).

2008

Federal Statements

Page 2

Client OUTDOOR

OUTDOOR HERITAGE FOUNDATION

26-0647775

1/14/10

05 32PM

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO PRESERVE AND PERPETUATE THE NORTH AMERICAN MODEL OF WILDLIFE CONSERVATION THROUGH OUTDOOR AND CONSERVATION EDUCATION PROJECTS.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

BECOMING AN OUTDOOR WOMAN PROGRAM - PERPETUATES WISE USE OF NATURAL RESOURCES WITH A SERIES OF WEEKEND AND DAY TRIP WORKSHOPS DESIGNED TO EDUCATE THE PARTICIPANTS IN THE OUTDOOR SKILLS WHICH WILL ENABLE THEM TO GET OUT AND ENJOY ALASKA'S GREAT OUTDOORS AND THE TRADITIONS OF HUNTING, FISHING, TRAPPING, AND BOATING.

Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

YOUTH LEAGUE PROGRAM - PROVIDED THE OPPORTUNITY FOR OVER 250 YOUTH TO LEARN GUN SAFETY AND SHOOTING SKILLS THROUGH A SHOTGUN CLAY TARGET LEAGUE. THIS PROGRAM PROVIDES AN EXCEPTIONAL OPPORTUNITY TO STRENGTHEN ATTRIBUTES OF PERSONAL RESPONSIBILITY, COOPERATIVE TEAMWORK, INDIVIDUAL GOAL SETTING AND ATTAINMENT, AND SELF-CONFIDENCE AND FOR TEACHING CONSERVATION AND PROMOTING HUNTING AND SHOOTING SPORTS.

Statement 8
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

ALASKA CONSERVATION CAMP PROGRAM - PROVIDED OUTDOOR EDUCATION TO OVER 120 YOUTH. KIDS PARTICIPATED IN OUTDOOR ACTIVITES LIKE FISHING, SHOOTING, AND MAP-ORIENTATION. THIS PROGRAM IS DESIGNED TO INSTILL A LOVE AND RESPECT FOR NATURE AND TO HELP YOUTH BECOME SAFE, RESPONSIBLE ANGLERS AND HUNTERS WITH AN UNDERSTANDING OF WILDLIFE CONSERVATION.

Statement 9
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	0. Grants	Program Service Expenses
VARIOUS SMALL YOUTH AND OUTREACH PROGRAMS	41,385.	67,773.
Includes Foreign Grants: No		
Total	\$ 41,385.	\$ 67,773.

2008 [.]	Federal Statements	Page 3						
Client OUTDOOR	OUTDOOR HERITAGE FOUNDATION	26-0647775						
1/14/10		05·32PM						
Statement 10 Form 990-EZ, Part VI Regarding Transfers A	ssociated with Personal Benefit Contracts							
(a) Did the organ indirectly, to pay(b) Did the organ	(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
indirectly, on a p								
·								

12/31/08		20	2008 Fed		Boc	yk Der	eral Book Depreciation Schedule	ion So	:hedt	le			1		Page	Te 1
Client OUTDOOR				OUTE	OOR !	JERITA G	OUTDOOR HERITAGE FOUNDATION	DATION							26-0647775	7775
1/12/10	;		:		Cur	Special	Prior 179/	Prior	Salvage					ĺ	107	10 43AM
.No. Description Form 990/990-PF	Date ———Acquired	Sold	Cost/ Basis	Bg gg	179 Bonus	Allow.	Bonus/ Sp. Depr	Depr.	/Basis Reductn	Depr. Basis	Prior	- Metho	Method Life Rate	fe Ra	Current Depr.	ent r.
Buildings																
13 FAIR BOOTH IMPROVEMENTS	5/18/08	•	2,907	,						2,907		S/L	Σ	39 010	01605	47
Total Buildings			2,907		0	0	0	0	0	2,907	_	. 0				47
Furniture and Fixtures																
2 SPIDER STANDS (2)	4/03/08		315							315		200DB HY	3 HX	7 14.	14290	45
3 PRINTER	4/10/08		300							300		200DB HY	3 H.Y	200	20000	8
4 GUN STANDS	4/10/08		790							790		200DB HY	3 H.Y	7 14;	14290	113
5 SPIDER STANDS (2)	5/27/08		315							315		200DB HY	3 H⊀	7 14	14290	45
6 SPONSOR BANNERS	2/58/08		1,182							1,182		200DB HY	3 H⊀	7 14	14290	169
10 CREDIT CARD MACHINE	7/11/08		245							245		200DB HY	3 H⊀	7 14,	14290	35
11 PRIZE WHEEL	8/10/08	•	461	'						461		200DB HY	B H≺	7 14,	14290	88
Total Furniture and Fixtures			3,608		0	0	0	0	0	3,608		1 0				533
Machinery and Equipment																
1 SHOTGUN	3/15/08		1,000							1,000		200DB HY	₹	7 14.	14290	143
7 GARMEN GPS (10)	6/02/08		1,873							1,873		200DB HY	æ ₹	7 .14	.14290	768
8 GUNS	80/50/9		2,580							2,580		200DB HY	8 ∺	7 14	14290	369
	6/12/08		459							429		200DB HY	B H₹	7 14	14290	19
12 COMPASSES	4/10/08	Ĭ	1,050	_	j					1,050		2000B HY	ВНҮ	7 14	14290	150
Total Machinery and Equipment			6,932		0	0	0	0	0	6,932		0				166
																· -

12/31/08		20	2008 Fed	deral	Boo	leral Book Depreciation Schedule	reciati	ion S	chedu	<u>e</u>				Page 2
Client OUTDOOR				OUTD	OOR H	OUTDOOR HERITAGE FOUNDATION	E FOUN	DATION	_				•	26-0647775
1/12/10 No. Description	Date Acquired -	Date Sold	Cost/ Basis	Bus. Pct	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ So. Deor	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr.	Prior Denr	Mother	de d	10.43AM Current
Miscellaneous 14 WEBSITE	7/01/08		5,123							5,123		200DB HY	7 14290	
Total Miscellaneous			5,123	I	0	0	0	0	0	5,123	0			732
Total Depreciation		ı B	18,570	1		0	0	0	0	18,570	0			2,303
Grand Total Depreciation		li	18,570	II	0	0	0		0	18,570	0			2,303