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Form 990

## Return of Organization Exempt From Income Tax

2008

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

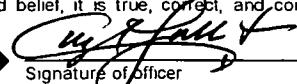
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning			07/01, 2008, and ending		06/30, 2009
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> ALASKA TRAVEL INDUSTRY ASSOCIATION Doing Business As Number and street (or P O box if mail is not delivered to street address) <b>2600 CORDOVA STREET, SUITE 201</b> Room/suite City or town, state or country, and ZIP + 4 <b>ANCHORAGE, AK 99503-2745</b> <b>F Name and address of principal officer</b> RON PECK <b>2600 CORDOVA STREET, STE 201 ANCHORAGE, AK 99503</b>			<b>D Employer identification number</b> <b>23-7159699</b> <b>E Telephone number</b> <b>(907) 646-3313</b> <b>G Gross receipts \$</b> <b>13,918,409.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ►
I Tax-exempt status		X	501(c) (6) (insert no.)	4947(a)(1) or	527
J Website: ► <b>WWW.ALASKATIA.ORG</b>					
K Type of organization		Corporation	Trust	<input checked="" type="checkbox"/> Association	Other ►
				L Year of formation	2000
				M State of legal domicile	AK

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	<b>FOSTER AND PROMOTE TRAVEL TO AND WITHIN ALASKA. ATIA IS A TRADE ASSOCIATION WHOSE OBJECTIVE IS TO ENHANCE AND STIMULATE THE BUSINESS CLIMATE IN THE VISITOR INDUSTRY IN THE STATE OF ALASKA.</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	3	23
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	17
	5 Total number of employees (Part V, line 2a)	6	70
	6 Total number of volunteers (estimate if necessary)	7a	1,146,729.
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7b	
	b Net unrelated business taxable income from Form 990-T, line 34		
Expenses	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,160,029.	300,803.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,567,925.	11,753,245.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	201,598.	-693,423.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 20)	-49,129.	-146,532.
		9,880,423.	11,214,093.
		NONE	NONE
		NONE	NONE
		1,172,235.	1,146,346.
		NONE	NONE
20 Net Assets or Fund Balances	Beginning of Year	End of Year	
20 Total assets (Part X, line 16)	3,435,557.	3,407,001.	
21 Total liabilities (Part X, line 26)	1,866,904.	2,012,861.	
22 Net assets or fund balances Subtract line 21 from line 20.	1,568,653.	1,394,140.	

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
		5/14/10	Date
	Signature of officer		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature 	Date 5/13/10	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00181442
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501	EIN 13-5565207		
		Phone no 907-265-1200		

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

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

Form 990 (2008)

JSA  
8E1010 2 000

054518 1832

V08-8.3 628193

612

70

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

1	Briefly describe the organization's mission		
	<u>FOSTER AND PROMOTE TRAVEL TO AND WITHIN ALASKA. ATIA IS A TRADE ASSOCIATION WHOSE OBJECTIVE IS TO ENHANCE AND STIMULATE THE BUSINESS CLIMATE IN THE VISITOR INDUSTRY IN THE STATE OF ALASKA.</u>		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes" describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		

4a (Code ) (Expenses\$ including grants of \$ ) (Revenue\$ )

4 b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses\$ including grants of \$ ) (Revenue\$ )

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

(Expenses \$ **including grants of \$** ) (Revenue\$ )

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

JSA  
8E1020 1 000

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**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .
- 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 . . . . .
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .
- 5 **Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .
- 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .
- 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 . . . . .
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .
- 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 . . . . .
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .
- 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .
- 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 14a Did the organization maintain an office, employees, or agents outside of the U.S? . . . . .  
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S? If "Yes," complete Schedule F, Part I . . . . .
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .
- 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II . . . . .
- 22 Did the organization report more than \$5,000 on Part IX, column (A), line 27? If "Yes," complete Schedule I, Parts I and III . . . . .
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 . . . . .  
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .
- 25a **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 . . . . .  
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .
- 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 . . . . .
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .

	Yes	No
1		X
2	X	
3		X
4		N/A
5	X	
6		X
7		X
8		X
9		X
10	X	
11	X	
12		X
13		X
14a	X	
14b		X
15		X
16		X
17		X
18	X	
19		X
20		X
21		X
22		X
23		X
24a		X
24b		N/A
24c		
24d		
25a		
25b		
26		X
27		X

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

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .
- b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .
- c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

	Yes	No
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36	N/A	
37	X	

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

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	NONE
----	------

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . 

1b	NONE
----	------

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . 

1c	N/A
----	-----

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	17
----	----

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . 

2b	X
----	---

*Note: If the sum of lines 1a and 2a is greater than 250, you may be required to file this return (see instructions)*

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . 

3a	X
----	---

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. . . . . 

3b	X
----	---

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . 

4a	X
----	---

4b If "Yes," enter the name of the foreign country ► 

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	
--	--

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 

5a	X
----	---

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 

5b	X
----	---

5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . 

5c	N/A
----	-----

6a Did the organization solicit any contributions that were not tax deductible? . . . . . 

6a	X
----	---

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 

6b	X
----	---

7 **Organizations that may receive deductible contributions under section 170(c).**

7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . . 

7a	X
----	---

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 

7b	N/A
----	-----

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 

7c	X
----	---

7d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . 

7d	
----	--

7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . 

7e	X
----	---

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 

7f	X
----	---

7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 

7g	N/A
----	-----

7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . 

7h	
----	--

8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . 

8	
---	--

9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966? . . . . . 

9a	
----	--

9b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . 

9b	
----	--

10 **Section 501(c)(7) organizations.** Enter

10a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 

10a	N/A
-----	-----

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 

10b	
-----	--

11 **Section 501(c)(12) organizations.** Enter

11a Gross income from members or shareholders . . . . . 

11a	
-----	--

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . 

11b	
-----	--

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

12a	N/A
-----	-----

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

12b	
-----	--

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a	23	
1b	23	
2		X
3		X
4		X
5		X
6	X	
7a	X	
7b		X
8a	X	
8b	X	
9a	X	
9b	X	
10		X
11		X

1a Enter the number of voting members of the governing body . . . . . 1a 23  
 b Enter the number of voting members that are independent . . . . . 1b 23  
 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . 2  
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . 3  
 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . . 4  
 5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . . 5  
 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 governing body? . . . . . 7a  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . . 7b  
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
 a The governing body? . . . . . 8a  
 b Each committee with authority to act on behalf of the governing body? . . . . . 8b  
 9a Does the organization have local chapters, branches, or affiliates? . . . . . 9a  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . 9b  
 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . . 10  
 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . 11

**Section B. Policies**

	Yes	No
12a	X	
12b	X	
12c	X	
13		X
14	X	
15		
15a	X	
15b		X
16a		
16b		X

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . 12a  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . 12b  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . 12c  
 13 Does the organization have a written whistleblower policy? . . . . . 13  
 14 Does the organization have a written document retention and destruction policy? . . . . . 14  
 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  
 a The organization's CEO, Executive Director, or top management official? . . . . . 15a  
 b Other officers or key employees of the organization? . . . . . 15b  
 Describe the process in Schedule O (see instructions)  
 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . 16a  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . 16b

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website  Another's website  Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CHERYL FULLERTON 2600 CORDOVA ST., STE 201 ANCHORAGE, AK 99503  
 907-646-3313

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

(A) (B) (C) (D)

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

**1b Total** ..... ► 177,193. NONE 6,751

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

---

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<u>SEE STATEMENT 1</u>		
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► <b>1</b>		

## **Part VIII Statement of Revenue**

23-7159699

Contributions, gifts, grants and other similar amounts	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns . . . . .	1a			
b Membership dues . . . . .	1b			
c Fundraising events . . . . .	1c			
d Related organizations . . . . .	1d			
e Government grants (contributions) . . . . .	1e			
f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	300,803.		
g Noncash contributions included in lines 1a-1f		\$ 28,508.		
h Total Add lines 1a-1f . . . . .		300,803.		
Program Service Revenue	Business Code			
2a CO-OP PROGRAMS	541800	698,067.	698,067.	
b LABEL PROGRAM	541800	278,332.	278,332.	
c TRADE SHOWS	541800	293,050.		293,050
d VACATION PLANNER	541800	1,146,729.		1,146,729.
e CONTRACT REVENUE - STATE OF ALASKA CONTR	541800	9,000,000.	9,000,000.	
f All other program service revenue DUES	541800	337,067.	337,067.	
g Total Add lines 2a-2f . . . . .		11,753,245.		
Other Revenue				
3 Investment income (including dividends, interest, and other similar amounts) . . . . .	STMT 2.	97,982.		97,982
4 Income from investment of tax-exempt bond proceeds . . . . .		NONE		
5 Royalties . . . . .		NONE		
6a Gross Rents . . . . .	(i) Real	(ii) Personal		
b Less, rental expenses . . . . .				
c Rental income or (loss) . . . . .				
d Net rental income or (loss) . . . . .			NONE	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b Less cost or other basis and sales expenses . . . . .	1,269,475.			
c Gain or (loss) . . . . .	2,060,879.			
d Net gain or (loss) . . . . .	-791,404.			-791,405
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)				
See Part IV, line 18 . . . . .	a	489,696.		
b Less direct expenses . . . . .	b	643,437		
c Net income or (loss) from fundraising events	STMT 3.	-153,741.		-153,741
9a Gross income from gaming activities				
See Part IV, line 19 . . . . .	a			
b Less direct expenses . . . . .	b			
c Net income or (loss) from gaming activities.			NONE	
10a Gross sales of inventory, less returns and allowances . . . . .	a			
b Less cost of goods sold . . . . .	b			
c Net income or (loss) from sales of inventory . . . . .			NONE	
Miscellaneous Revenue	Business Code			
11a OTHER REVENUE	900099	7,209.		7,209.
b _____				
c _____				
d All other revenue . . . . .				
e Total Add lines 11a-11d . . . . .		7,209.		
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		11,214,093.	10,313,466	1,146,729
				-546,905

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . . . .	NONE			
2 Grants and other assistance to individuals in the US See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	177,193.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages. . . . .	735,931.			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . . . .	26,163.			
9 Other employee benefits . . . . .	128,567.			
10 Payroll taxes. . . . .	78,492.			
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	1,713.			
c Accounting . . . . .	31,525.			
d Lobbying . . . . .	114,450.			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	7,048,319.			
13 Office expenses . . . . .	111,297.			
14 Information technology. . . . .	NONE			
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	126,669.			
17 Travel . . . . .	61,326.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . . .	25,570.			
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	7,303.			
23 Insurance . . . . .	15,478.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a CIRCULATION--VACATION PLANN	4,101,674.			
b MARKETING-RESEARCH-----	80,551.			
c DUES_AND_SUBSCRIPTIONS-----	6,931.			
d TRAINING-----	5,525.			
e ADMINISTRATIVE_ALLOCATION-----	-1,500,921.			
f All other expenses -----	4,850.			
25 Total functional expenses. Add lines 1 through 24f	11,388,606.			
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
1	Cash - non-interest-bearing . . . . .	239,189.	1	395,645.
2	Savings and temporary cash investments . . . . .	433,883.	2	2,260,409.
3	Pledges and grants receivable, net . . . . .		3	
4	Accounts receivable, net . . . . .	500,206.	4	562,115.
5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . . . . .		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
7	Notes and loans receivable, net . . . . .		7	
8	Inventories for sales or use . . . . .		8	
9	Prepaid expenses and deferred charges . . . . .	196,293.	9	178,907.
10a	Land, buildings, and equipment cost basis. . . . .	10a	241,675	
b	Less accumulated depreciation Complete Part VI of Schedule D . . . . .	10b	229,523	10c
			11,289.	12,152.
11	Investments - publicly traded securities . . . . .	2,060,879.	11	NONE
12	Investments - other securities See Part IV, line 11. . . . .		12	
13	Investments - program-related See Part IV, line 11. . . . .		13	
14	Intangible assets . . . . .		14	
15	Other assets See Part IV, line 11. . . . .	-6,182.	15	-2,227.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,435,557.	16	3,407,001.
<b>Liabilities</b>				
17	Accounts payable and accrued expenses . . . . .	509,247.	17	805,240.
18	Grants payable. . . . .		18	
19	Deferred revenue . . . . .	1,316,890.	19	1,168,647.
20	Tax-exempt bond liabilities . . . . .		20	
21	Escrow account liability Complete Part IV of Schedule D . . . . .		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
24	Unsecured notes and loans payable . . . . .		24	
25	Other liabilities Complete Part X of Schedule D . . . . .	40,767.	25	38,974.
26	<b>Total liabilities.</b> Add lines 17 through 25. . . . .	1,866,904.	26	2,012,861.
<b>Net Assets or Fund Balances</b>				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets . . . . .	-1,574,025.	27	-1,943,429.
28	Temporarily restricted net assets . . . . .	3,142,678.	28	3,337,569.
29	Permanently restricted net assets. . . . .		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds . . . . .		30	
31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	Total net assets or fund balances. . . . .	1,568,653.	33	1,394,140.
34	<b>Total liabilities and net assets/fund balances.</b> . . . . .	3,435,557.	34	3,407,001.

**Part XI Financial Statements and Reporting**

			Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X	
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	N/A	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	N/A	

**SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

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

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2008**Open to Public  
Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
ALASKA TRAVEL INDUSTRY ASSOCIATION	23-7159699

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

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

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

1	Enter the amount of any excise tax incurred by the organization under section 4955	► \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	► \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	► \$
4a	Was a correction made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b	If "Yes," describe in Part IV	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	► \$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	► \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

**A** Check  if the filing organization belongs to an affiliated group.

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)	
	Yes	No	Amount	
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 other means?				
i Other activities? If "Yes," describe in Part IV				
j Total lines 1c through 1i				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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?				

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

Question 3 is answered Yes. See Schedule 3 instructions for details.		1	341,240.
1	Dues, assessments and similar amounts from members . . . . .	1	341,240.
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	57,225.
a	Current year . . . . .	2b	24,750.
b	Carryover from last year . . . . .	2c	81,975.
c	Total . . . . .	3	32,077.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	4	49,898.
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 expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) . . . . .		

Part IV Supplemental Information

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

**Part IV Supplemental Information (continued)**

## Supplemental Financial Statements

**2008**

**Open to Public  
Inspection**

Name of the organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

Employer identification number

23-7159699

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements . . . . .

b Total acreage restricted by conservation easements . . . . .

c Number of conservation easements on a certified historic structure included in (a) . . . . .

d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

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

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

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

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

(i) unrelated organizations  
 (ii) related organizations

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

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		133,087	121,288	11,799
e Other		108,588	108,235	353
<b>Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)).</b>			►	12,152

**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	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other . . . . .		

**Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )** ►

**Part VIII Investments - Program Related. See Form 990, Part X, line 13.**

**Total. (Column (b) should equal Form 990, Part X, col (B) line 13)**

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total** (Column (b) should equal Form 890, Part X, col. (B), line 15.)

**Part V Other Liabilities** See Form 990 Part X line 25

(a) Description of liability	(b) Amount
Federal income taxes	
PREPAID CVB/DMO	31,810.
PREPAID IN STATE AWARENESS	7,164.

**Total. (Column (b) should equal Form 990, Part X, col. (B) line 25)** ► **38,974**

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

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a	Net unrealized gains on investments . . . . .	2a
b	Donated services and use of facilities . . . . .	2b
c	Recoveries of prior year grants . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIV) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . . . .	5

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

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

Part XIV Supplemental Information

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

**Part XIV Supplemental Information (continued)**

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**Schedule D (Form 990) 2008**

JSA

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V08-8.3 628193

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

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

## ALASKA TRAVEL INDUSTRY ASSOCIATION

**Employer identification number**

23-7159699

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

<input type="checkbox"/> a	Mail solicitations	<input type="checkbox"/> e	Solicitation of non-government grants
<input type="checkbox"/> b	Email solicitations	<input type="checkbox"/> f	Solicitation of government grants
<input type="checkbox"/> c	Phone solicitations	<input type="checkbox"/> g	Special fundraising events
<input type="checkbox"/> d	In-person solicitations		

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

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

	(a) Event #1 <u>CONVENTION</u> (event type)	(b) Event #2 <u>ROAD SHOW</u> (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	244,349.	117,750.	127,597.
	2 Less Charitable contributions . . . . .			
	3 Gross revenue (line 1 minus line 2) . . . . .	244,349.	117,750.	127,597.
				489,696.
Direct Expenses	4 Cash prizes . . . . .			
	5 Non-cash prizes . . . . .			
	6 Rent/facility costs . . . . .			
	7 Other direct expenses . . . . .	273,194.	272,972.	97,271.
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . .			► ( 643,437.)
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . .			► -153,741.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			
Direct Expenses	2 Cash prizes . . . . .			
	3 Non-cash prizes . . . . .			
	4 Rent/facility costs . . . . .			
	5 Other direct expenses . . . . .			
	6 Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .			► ( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .			►

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_  
 b If "No," Explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
 b If "Yes," Explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_  
 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

Yes	No
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility . . . . .

b An outside facility . . . . .

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

15a

17a

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

Name of the Organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

Employer Identification number

23-7159699

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
BRETT CARLSON	4.	X		X			NONE	NONE	NONE
CHAIRMAN									
STAN STEPHENS	4.	X		X			NONE	NONE	NONE
VICE CHAIR									
ANN CAMPBELL	4.	X		X			NONE	NONE	NONE
MARKETING CHAIR									
ROARK BROWN	4.	X		X			NONE	NONE	NONE
GOVERNMENT RELATIONS CHAIR									
DEB HICKOK	4.	X		X			NONE	NONE	NONE
TREASURER/FINANCE CHAIR									
JOHN KREILKAMP	4.	X		X			NONE	NONE	NONE
SECRETARY									
KIRK HOESSLE	4.	X		X			NONE	NONE	NONE
TOURISM PLANNING CHAIR									
PATTY MACKEY	4.	X		X			NONE	NONE	NONE
PAST CHAIR									
RON PECK	40.	X		X	X		105,416.	NONE	3,162.
PRESIDENT/COO									
KEN DOLE	4.	X					NONE	NONE	NONE
BOARD MEMBER									
PAM FOREMAN	4.	X					NONE	NONE	NONE
BOARD MEMBER									
PAUL GOODWIN	4.	X					NONE	NONE	NONE
BOARD MEMBER									
SCOTT HABBERSTAD	4.	X					NONE	NONE	NONE
BOARD MEMBER									
TIM McDONNELL	4.	X					NONE	NONE	NONE
BOARD MEMBER									
GARY ODLE	4.	X					NONE	NONE	NONE
BOARD MEMBER									
BILL PEDLAR	4.	X					NONE	NONE	NONE
BOARD MEMBER									
BONNIE QUILL	4.	X					NONE	NONE	NONE
BOARD MEMBER									
SCOTT REISLAND	4.	X					NONE	NONE	NONE
BOARD MEMBER									
SUZANNE RUST	4.	X					NONE	NONE	NONE
BOARD MEMBER									
JULIE SAUPE	4.	X					NONE	NONE	NONE
BOARD MEMBER									
JERRY SCHOLAND	4.	X					NONE	NONE	NONE
BOARD MEMBER									

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

Schedule J-2 (Form 990) 2008

JSA

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V08-8.3 628193

Department of the Treasury  
Internal Revenue Service

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

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**Name of the Organization**

**Employer Identification number**

## ALASKA TRAVEL INDUSTRY ASSOCIATION

23-7159699

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

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

**Schedule J-2 (Form 990) 2008**

JSA

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OD5418 1832

V08-8.3 628193

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

Employer identification number

23-7159699

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ►( <u>STMT 4</u> ) . . . . .		7.	28,508.	
26 Other ►( _____ ) . . . . .				
27 Other ►( _____ ) . . . . .				
28 Other ►( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for  
which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

NONE

30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that  
it must hold for at least three years from the date of the initial contribution, and which is not required to be  
used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard  
contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2008

JSA

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OD5418 1832

V08-8.3 628193

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

23-7159699

DOCUMENTS AVAILABLE TO PUBLIC

PART VI LINE 19

THE ORGANIZATION'S DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST THROUGH ATIA'S WEBSITE.

**Name of the organization**

## ALASKA TRAVEL INDUSTRY ASSOCIATION

**Employer identification number**

23-7159699

## ATIA MEMBERS

PART VI LINE 6

ATIA'S MEMBERS ARE BUSINESSES WHICH ARE EITHER TOURISM RELATED OR IN

SUPPORT OF TOURISM IN ALASKA. THE AMOUNT OF DUES IS RELATED TO THE SIZE

OF THE BUSINESS ENTITY.

Name of the organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

Employer identification number

23-7159699

GOVERNING BODY ELECTEDPART VI LINE 7ABOARD OF DIRECTORS CONSIST OF 19 ELECTED DIRECTORS AND UP TO 4 APPOINTEDDIRECTORS. OF THE ELECTED DIRECTORS, SEATS ARE ALLOCATED BASED ON THELOCATION OF THE PRIMARY REGION OF BUSINESS OPERATIONS OR THE PRIMARYREGIONS WHERE THE SERVICE IS PROVIDED. THIS IS TO ASSURE A COMPLETEREPRESENTATION OF ALL REGIONS OF ALASKA. DIRECTORS ARE ELECTED FOR A 3YEAR TERM, WITH TERMS STAGGERED SO THAT AT LEAST ONE POSITION WITHIN AREGION IS UP FOR ELECTION IN A GIVEN YEAR. ELECTED DIRECTORS' TERMSSHALL COMMENCE AT THE CONCLUSION OF THE ANNUAL MEETING. APPOINTEDDIRECTORS SERVE A 1 YEAR TERM.

---

**Name of the organization**

## ALASKA TRAVEL INDUSTRY ASSOCIATION

**Employer identification number**

23-7159699

## COMPENSATION OF CEO/DIRECTORS

PART VI LINE 15A

LAST UNDERTAKEN OCTOBER 2009. REVIEW COMMITTEE MADE UP OF MEMBERS OF THE

BOARD OF DIRECTORS, WHICH ARE ALL VOLUNTEER. THE COMPENSATION PACKAGE IS

APPROVED BY THE ENTIRE BOARD OF DIRECTORS.

Name of the organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

Employer identification number

23-7159699

REVIEW OF FORM 990PART VI LINE 10IT IS REVIEWED BY THE DIRECTOR OF FINANCE AND THE PRESIDENT OF ATIA.

Name of the organization

## ALASKA TRAVEL INDUSTRY ASSOCIATION

**Employer identification number**

23-7159699

## CONFLICT OF INTEREST POLICY

PART VI LINE 12C

EMPLOYEES MUST NOTIFY THE PRESIDENT OF ANY OUTSIDE EMPLOYMENT OR OUTSIDE

BOARD PARTICIPATION ON A REGULAR BASIS. IT IS WRITTEN IN ATIA'S EMPLOYEE

## HANDBOOK.

Name of the organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

Employer identification number

23-7159699

AUDITED FINANCIAL STATEMENTSPART XI LINE 2BATIA'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. NOSTAND ALONE FINANCIAL STATEMENTS WERE ISSUED FOR ATIA.

## Related Organizations and Unrelated Partnerships

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

► See separate instructions.

## Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ATIA FOUNDATION	92-0138161	EDUCATION	AK	501 C (3)	ATIA
2600 CORDOVA STREET	ANCHORAGE, AK 99503				
ATIA POLITICAL ACTION COMMITTEE	ANCHORAGE, AK 99503	TOURISM	AK	SEC 527	ATIA
2600 CORDOVA STREET					

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

## Identification of Related Organizations Taxable as a Partnership

Part III

## Identification of Related Organizations Taxable as a Corporation or Trust

Part IV

## Part V Transactions With Related Organizations

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (I) interest (II) annuities (III) royalties (IV) rent from a controlled entity . . . . .
- b Gift, grant, or capital contribution to other organization(s) . . . . .
- c Gift, grant, or capital contribution from other organization(s) . . . . .
- d Loans or loan guarantees to or for other organization(s) . . . . .
- e Loans or loan guarantees by other organization(s) . . . . .
- f Sale of assets to other organization(s) . . . . .
- g Purchase of assets from other organization(s) . . . . .
- h Exchange of assets . . . . .
- i Lease of facilities, equipment, or other assets to other organization(s) . . . . .
- j Lease of facilities, equipment, or other assets from other organization(s) . . . . .
- k Performance of services or membership or fundraising solicitations for other organization(s) . . . . .
- l Performance of services or membership or fundraising solicitations by other organization(s) . . . . .
- m Sharing of facilities, equipment, mailing lists, or other assets. . . . .
- n Sharing of paid employees . . . . .
- o Reimbursement paid to other organization for expenses . . . . .
- p Reimbursement paid by other organization for expenses . . . . .
- q Other transfer of cash or property to other organization(s) . . . . .
- r Other transfer of cash or property from other organization(s) . . . . .

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

(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1) ATIA TRAVEL POLITICAL ACTION COMMITTEE	REIMBURSED	6,357.
(2) ATIA EDUCATION FOUNDATION	REIMBURSED	42,906.
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

## Part VI Unrelated Organizations Taxable as a Partnership

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

Schedule R (Form 990) 2008

## \* 990; PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

## NAME AND ADDRESS

## DESCRIPTION OF SERVICES COMPENSATION

DAWLEY & ASSOCIATES  
1020 FIRST AVENUE SOUTH, SUITE 203  
SEATTLE, WA 98134

WEBSITE DESIGN

151,708.

TOTAL COMPENSATION

151,708.

## FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDENDS AND INTEREST FROM SECURITIES	97,982.			97,982.
TOTALS	97,982.			97,982.

## FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
TRAVEL CONVENTION	244,349.	273,194.	-28,845.
TRAVEL AUCTION	64,482.	39,364.	25,118.
CONVENTION AUCTION	44,365.	7,712.	36,653.
MEDIA ROAD SHOW	117,750.	272,972.	-155,222.
NY MEDIA EVENT	18,750.	50,195.	-31,445.
<b>TOTALS</b>	<b>489,696.</b>	<b>643,437.</b>	<b>-153,741.</b>

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OTHER NONCASH CONTRIBUTIONS	X	7	28,508.	COST
TOTALS		7.	28,508.	

- If you are filing for an **Additional (Not Automatic)** 3-Month Extension, complete only Part II and check this box . . . . .  X

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>ALASKA TRAVEL INDUSTRY ASSOCIATION</b>  Number, street, and room or suite no. If a P O box, see instructions.  <b>2600 CORDOVA STREET</b>  City, town or post office, state, and ZIP code For a foreign address, see instructions  <b>ANCHORAGE, AK 99503-2745</b>	Employer identification number  <b>23-7159699</b>  For IRS use only
--	--	---

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

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

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

4 I request an additional 3-month extension of time until 05/17/2010  
5 For calendar year       , or other tax year beginning 07/01/2008, and ending 06/30/2009  
6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period  
7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND  
ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	NONE
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	NONE
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	NONE

## Signature and Verification

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

Signature ► Joshua Walker Title ► CPA Date ► 1/20/2010

Signature ► John Walker Title ► CPA Date ► 12/01/2011  
KPMG LLP Form 8868 (Rev. 4-2009)

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

JAN 29 2010  
**RECEIVED**  
55101

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

Part I only ► 

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

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

Type or print	Name of Exempt Organization <b>ALASKA TRAVEL INDUSTRY ASSOCIATION</b>	Employer identification number <b>23-7159699</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>2600 CORDOVA STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ANCHORAGE, AK 99503-2745</b>	
	INTERNAL REVENUE SERVICE	

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

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

NOV 16 2009

- The books are in the care of ► CHERYL FULLERTON

Telephone No ► 907 646-3313FAX No ► 555-5555

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year        or
- tax year beginning 07/01/2008, and ending 06/30/2009

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	NONE

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

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

Form 8868 (Rev 4-2009)