

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



14290 11/01/2010 4 12 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public Inspection

<u>A</u>	For the 20	109 calendar year, or tax year beginning , and ending			
В	Check if appli			D Emple	oyer identification number
	Address char	ge use IRS CENTER	-	!	
\Box	Name change	Dana Duniana An		23-	-7438038
\equiv	Initial return	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
二		See 830 COLLEGE ROAD	<u></u>	907	7-452-5021
\sqsubseteq	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross reco	eipts 708,467
	Amended ret	m tions. FAIRBANKS AK 99701-1535			
	Application p	F Name and address of principal officer		H(a) Is this	a group return for
		William Schneider		affiliat	
		830 College Road		H(b) Are al includ	ed? Yes No
		Fairbanks AK 99701-1535		If "No,	* attach a list (see instructions)
	Tax-exem				
<u>J</u>	Website:				exemption number
******	Type of orga		Year of formation 1	971	M State of legal domicile AK
	art I	Summary			
	1 Bri	efly describe the organization's mission or most significant activities			
9	()	SINCE 1971, THE NORTHERN ALASKA ENVIRONMENTAL CENTER H			
an	\tilde{\bigs_1}	ENVIRONMENTAL CONSERVATION AND SUSTAINABLE RESOURCE ST	EWARDSHIP	IN IN	PERIOR
Governance		AND ARCTIC ALASKA THROUGH EDUCATION AND ADVOCACY.			
Ó		eck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 2	5% of its net ass	sets	
•ಕ	(□3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	12
Activities	⊕ 4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	12
Ę	7 To	al number of employees (Part V, line 2a)		5	29
Ąc		al number of volunteers (estimate if necessary)		6	62
(40	al gross unrelated business revenue from Part VIII, column (C), line 12		7a	-185
	b Ne	t unrelated business taxable income from Form 990-T, line 34	Data Va	7b	
Revenue		ntributions and grants (Part VIII, line 1h)	Prior Yea	9,722	Current Year 647,475
Ĭ.	9 Pro	gram service revenue (Part VIII, line 2g)		7,476	35,570
Ver	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		1,568	3,730
8	11 Oti	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,334	2,751
	•	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,432	689,526
_			<u> </u>	,, 332	003,320
	1	posite pour to as for members (Bot IV column (A) line (1)			
" A		aries other compensation, employee benefits (Part IX, college (A), lines 5-10)	32	4,303	368,872
penses		ifessional fundraising fees (Part IX, column (A), line 11e) NOV 2 2010		.,505	- 300/072
þe		al fundraising expenses (Part IX, column (D), line 25)			
X	1	The same of the sa	16	3,377	179,580
	1	al expenses (Part IX, column (A), lines 11a–11d, 11f–24)		7,680	548,452
	19 Re	venue less expenses Subtract line 18 from line 12		9,752	141,074
Net Assets or			Beginning of Cur		End of Year
Sets	20 To	al assets (Part X, line 16)	60	5,888	757,360
A As	21 To	al liabilities (Part X, line 26)	27:	3,249	283,646
Ž	22 Ne	assets or fund balances Subtract line 21 from line 20	33	2,639	473,714
_ P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedule:	and statements, a	ind to the be	est of my knowledge
		and belief, it is true confect, and complete Declaration of preparer (other than officer) is based on all int	omation of which i	oreparer nas	1.7
Siç	-	Volume / Mac			19/10
He	re	Signature of officer		Date	
		William Schneiben, Board Chair			<u> </u>
		Type or print name and title			
Pa	id	Preparer's Date	Check self-	ıf	Preparer's identifying number (see instructions)
	eparer's		1/10 employ	red 🕨 💄	P00295408
	e Only	Firm's name (or yours & Ronter, Schmitt & Hutchison, PC		EIN	92-0116098
J	- Jilly	if self-employed), P.O. Box 70607		Phone	
		address, and ZIP+4 Fairbanks, AK 99707-0607		no	907-456-6676
		discuss this return with the preparer shown above? (see instructions)			Yes No
For DAA	Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

6-171014-20

) (Revenue \$

98,193 including grants of \$

401,605

(Expenses \$

4e Total program service expenses ▶

Form	1.990 (2009) NORTHERN ALASKA ENVIRONMENTAL 23-7438038			Pi	<u>age 3</u>
P	art IV Checklist of Required Schedules				
		_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ì			
	complete Schedule A	-	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				v
	candidates for public office? If "Yes," complete Schedule C, Part I	\vdash	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		4	x	
_	Schedule C, Part II	-	-	^	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	F			
٠	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	Γ			
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV	_	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		- 1		
	quasi-endowments? If "Yes," complete Schedule D, Part V	_	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable	-	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
_	Schedule D, Part VI				
	 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 				
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12	·	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X			.,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	H.	13		X
14a		F	14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I].	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	⊢	140		
. –	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	1	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	F			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Γ			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	L	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				_
	If "Yes," complete Schedule G, Part III	L	19		X

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			32
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	·	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		x
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	\vdash	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1240		
_	to defease any tax-exempt bonds? Did the exemptation act as an "an healf of" yeaver for heads outstanding at any time during the year?	24c 24d	 	
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 504(a)(2) and 504(a)(4) organizations. Did the organization onescent an excess benefit transaction.	240	├─	
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254	├──	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ļ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	├	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
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,		1	737
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		x	
	19? Note. All Form 990 filers are required to complete Schedule O	38		(2009)
		For	n プグU	(200

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	5	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		4 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable	e			
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_29	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			x	ŀ
	this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	41	. .	3b	^	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	anciai		40		x
L	account)?			4a		-
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank				
	and Financial Accounts	Dank				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi					
	Prohibited Tax Shelter Transaction?	9		5c		Į
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
	and services provided to the payor?			7a	X	L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				
	required to file Form 8282?	r 1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al	_		.
	benefit contract?	10		7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual personal did the organization file.			7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7 <u>g</u>		
h	required?	as		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	1	Ì
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		╛		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter		1			
а	Gross income from members or shareholders	11a		4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		4		
12a	(, , , , , , , , , , , , , , , , , , ,	1) 	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>	<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

<u> 360</u>	tion A. Governing body and management	· · · · · · · · · · · · · · · · · · ·		
		, , , , , , , , , , , , , , , , , , ,	Yes	No
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 1b 12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			. ,
	any other officer, director, trustee, or key employee?	2	├	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			3,5
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	-	X
6	Does the organization have members or stockholders?	6	 	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a_	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a_	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	_8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	ļ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	ļ
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ļ	<u></u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		ĺ	
	describe in Schedule O how this is done	12c	ļ	L
13	Does the organization have a written whistleblower policy?	13	ļ	X
14	Does the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	ļ	X
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		1	
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	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1	1
	the organization's exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
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 > Karen Kelly 830 College Road			
_Fa	AK 99701	<u>907-45</u>	2-5	021

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	tion ((C		that ap	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CARA BRUNK						П				
DIRECTOR	2.00	X	l			H		0	0	0
JON MILLER						Π				
DIRECTOR	2.00	X						0	0	0
KARL MONETTI	}					\Box				
DIRECTOR	2.00	x				l i		0	0	0
FRANZ MUETER										
DIRECTOR	2.00	X						0	0	0
DON PENDERGRAST										
DIRECTOR	2.00	X				L		0	0	0
JULIE RAYMOND-YAI	OUBIAN									
DIRECTOR	2.00	X						0	0	0
MARY SHIELDS				-						
DIRECTOR	2.00	X						0	0	0
WILLIAM SCHNEIDE	R									
PRESIDENT	4.00			X				0	0	0
RITCHIE MUSICK										
VICE PRESIDENT	4.00			X				0	0	0
KARA WELLER										
SECRETARY	2.00			X				0	0	0
LINDA BROWN										
SECRETARY	2.00			X				0	0	0
TREY SIMMONS]					H				
TREASURER	4.00	1		X				0	0	0
]					i i				
		_	<u> </u>		L.	Ш				
]									
			<u> </u>		<u>L</u> _	Ш			<u></u>	
	1									
		<u> </u>			_	 			<u> </u>	
	Į								1	
	ļ	↓_	ldash	L	<u> </u>	 				
	1									
		1	l		1					

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y En	nplo	yees	, an	d Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average hours per	_	tion (chec	_		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other ensation im the nization related nizations			
												<u></u>		
		1												
		1	_		ļ	-								
		}												
		1												
1b	Total	ı				<u></u>								
2	Total number of individuals (in reportable compensation from	-		_	thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
3	Did the organization list any fo								oyee, or highest compensat	ted		Ye		
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related of	e 1a, is the sum	of re	port	able	com	pens	atio			-3		X	
5	Individual Did any person listed on line services rendered to the organized to the organiz									r	4		X	
Sec	ction B. Independent Contract					<u> </u>	<u> </u>	, , , , ,	oddii polodii					
1	Complete this table for your fi compensation from the organ	ızatıon	ensa	ited i	indep	pend	lent o	conti				(0)		
	Name and	(A) d business address							Descrip	(B) stion of services		(C) Compen	sation	
		-							·				····	
	<u>-</u>					•				· - · ·				
		<u>. </u>												
2	Total number of independent more than \$100,000 in compe						ed to	tho	se listed above) who receiv	ved		0		
DAA						-					———		(2009)	

art V	in Otatell	ent of Reve	ilue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 1a	Federated cam	paigns	1a						
Б	Membership di	ıes	1b		24,790				
E c	Fundraising ev	ents	1c		35,952				
d d	Related organi	zations	1d						
E e	Government grants (contributions)	1e						
1abcdef gh 2abcdef	All other contributions and similar amounts		1f		586,733				
2 g	Noncash contribution	s included in lines 1a	-1f S	₿]				
h h	Total. Add line	s 1a–1f			•	647,475			
					Busn. Code				
2a	CAMP HAE	ITAT TUITIO	N AND	FEES		35,570	35,570		
b									
c									
d									
e									
r f	All other progra	ım service reve	nue						
g	Total. Add line	s 2a–2f			>	35,570			
3	Investment inc	ome (including	dıvıden	ds, inter	est, and				
	other similar ar	nounts)			▶ [3,869			3,869
4	Income from in	vestment of tax	(-exem	pt bond p	oroceeds ▶				
5	Royalties				▶ [
	[(ı) Real		(11)	Personal				
6a	Gross Rents	16	,050						
Ь	Less rental exps	16	,781			7			
С	Rental inc or (loss)		-731						
1	Net rental inco				•	-731	Ì	-731	
	7a Gross amount from (i) Securities (ii) Other						
	sales of assets other than inventory		Countries		500				
Ь	Less cost or other								
	basis & sales exps				639				
c	Gain or (loss)	-			-139				
	Net gain or (los	is)			•	-139	-139		
l ga	Gross income fro		ents [
	(not including \$				ŀ				
b	of contributions re	eported on line 1c). I						
	See Part IV, line		″a						
Ь	Less direct ex		ь						
c	Net income or		draising	events	•		1		
	Gross income fro		r						
	See Part IV, line		а		546				
Ь	Less direct ex		b						
1	Net income or			tivities	•	546		546	
	Gross sales of	_				2.10		340	
.54	returns and alle	-	а		3,292				
h	Less cost of g		b		1,521				
1	Net income or		- (/enton/		1,771			1,771
		llaneous Revenue		. JU. y	Busn Code				-,,,
11a		EOUS INCOME				1,165	1,165		
b	PILOCELLIAN.	LUUS INCOME				1,103	1,103		
					 		+		
4	All other reven								
d						1 16F			
	Total Revenue				. 🔭	1,165	36 506	4.65	
12	Total Revenue	. See mstructio	1115			689,526	36,596	-185	5,640

Form-990 (2009)

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		САРСПОСО	general expenses	OXPONOGO
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	+			
2					
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				······
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	210 725	007.260	60 544	00 000
7	Other salaries and wages	312,735	227,362	62,544	22,829
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	26,713	22,059	3,544	1,110 2,067
10	Payroll taxes	29,424	21,895	5,462	2,067
11	Fees for services (non-employees)				
а	Management				
b	Legal	69	69		
C	Accounting	12,682	8,476	3,233	973
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	22,700	22,700		
12	Advertising and promotion	4,389	2,811	1,183	395
13	Office expenses	32,665	20,844	8,315	3,506
14	Information technology			-,	
15	Royalties				
16	Occupancy	18,951	13,247	3,680	2,024
17	Travel	48,646	37,486	10,505	655
18	Payments of travel or entertainment expenses		0.7200		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,100	1,786	280	34
20	Interest	2,249	1,224	829	196
		2,243	1,223	029	190
21	Payments to affiliates	8,612	1,384	7,168	60
22	Depreciation, depletion, and amortization	3,617	2,610	7,108	288
23	Insurance	3,01/	2,610	719	200
•	00				
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)				
а	EVENT EXPENSE	10,161	7,308	1,705	1,148
b	CONTRACT LABOR	10,139	8,376	821	942
С	MISCELLANEOUS	2,600	1,968	570	62
d	<u></u>				
е					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	548,452	401,605	110,558	36,289
26	Joint costs. Check here ▶ ☐ 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			}	

	990 (2009) NORTHERN ALASKA ENVI	KONMEI	NTAL 23-	-7438038		Page 11
Part	t X Balance Sheet			(A)		(B)
				Beginning of year		End of year
1	1 Cash—non-interest bearing			3,025	1	10,420
2	. <u> </u>			343,660	2	494,853
3				0.107.000	3	
4					4	2,326
5		are trijetoo	s kev			
ľ	employees, and highest compensated employees.		· •			
	Schedule L	ompicto i	41(11)	į	5	
6		ned under	section			
"	4958(f)(1)) and persons described in section 4958(c		;			
	Part II of Schedule L	,(0)(2) 00			6	
\$ 7				-	7	
Assets	8 Inventories for sale or use				8	
و الخ				.=	9	
_ I -	0a Land, buildings, and equipment cost or	1				
'`	other basis Complete Part VI of Schedule D	10a	314,735			
	b Less accumulated depreciation	10b	65,274	256,316	10c	249,461
11		(102	30,7=+0		11	
12	· . · ·		T T		12	
13					13	
14	-		<u> </u>		14	Lat. par
15				2,887	15	300
16		e 34)	Ī	605,888		757,360
17				2,787		4,408
18			Ī	,	18	•
19	· ·	216,792		212,308		
20			ļ l		20	•
	•	IV of Sche	dule D	W	21	
Liabilities	• •					
ਛੋ	employees, highest compensated employees, and o	_	·			
.후	persons Complete Part II of Schedule L				22	
- ₂₃	•	third partie	s	52,582	23	39,187
24				•	24	
25		·	1	1,088	25	27,743
26				273,249		283,646
တ္တ	Organizations that follow SFAS 117, check here	X and				
ဍ	complete lines 27 through 29, and lines 33 and 34					
<u> </u>	7 Unrestricted net assets			212,579	27	353,654
മ് 28	8 Temporarily restricted net assets			120,060	28	120,060
[29	9 Permanently restricted net assets				29	
.ጀ	Organizations that do not follow SFAS 117, check	k here ▶ [
두	and complete lines 30 through 34.					
<u>v</u> 30	O Capital stock or trust principal, or current funds				30	
5 31	1 Paid-in or capital surplus, or land, building, or equip	ment fund			31	
Ø 32	2 Retained earnings, endowment, accumulated incom	e, or other	funds		32	_
Net Assets or Fund Balances	3 Total net assets or fund balances			332,639		473,714
Ž 34	4 Total liabilities and net assets/fund balances			605,888	34	757,360

Form **990** (2009)

огп	1.990 (2009) NORTHERN ALASKA ENVIRONMENTAL 23-7438038		Pag	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2009 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

NORTHERN ALASKA ENVIRONMENTAL CENTER

Employer identification number 23-7438038

.,														
Pi	urt l	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this	part.) :	See in	struct	tions.			
Γhe	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, o	check only	one box)							
1		A church, co	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
3					ction 170	(b)(1)(A)(i	iii).							
4	П	A medical re	search organization operate	d in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(i	ii). Ente	r the ho	ospital's nam	e.		
-	city, and state													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
•	section 170(b)(1)(A)(iv). (Complete Part II)													
_	$\overline{}$													
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
	described in section 170(b)(1)(A)(vi). (Complete Part II)													
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9	X	An organizat	ion that normally receives (1) more than 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	ıp fees,	and gre	oss			
		receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/3 9	% of its				
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	. (Comple	te Part III)							
10	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).													
11	П	-	· ·	·	•				out the	9				
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section													
				=					•					
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II c Type III—Cther													
е	a Type I b Type II c Type III—Functionally integrated d Type III—Other													
C														
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)													
			, ,, ,	remainstan from the IDC that it is	a Time I	Tunn II .	- T							
f		-		ermination from the IRS that it is	a Type I,	rype II, c	or Type	iii suppo	orting					
			check this box											
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ie							
		following per	rsons?										1	
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (u)			_	Yes	No	
		and (III)	below, the governing body o	f the supported organization?							11g(i	Ц		
		(ii) A famıly	member of a person describ	oed in (i) above?							11g(i)		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(i	ii)		
h		Provide the	following information about t	he supported organization(s)										
(i)	Name	e of supported	(ıi) EIN	(iii) Type of organization	(IV) is the o	organization	(v) Did y	ou notify	(vi) l	s the	(viı) Ar	nount of	F	
	org	anızatıon		(described on lines 1-9	1 7	sted in your		ization in	organizat		sur	port		
				above or IRC section	governing	document?		of your port?		zed in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
			*****						1	-112				
					 			<u> </u>						
														
					 	<u> </u>		<u> </u>	-					
					1									
					 	ļ		ļ			ļ			
					<u> </u>								_	
[nta	1		[1	1					

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	edule A (Form 990 or 990-EZ) 2009 NOF	THERN ALA	ASKA ENVI	RONMENTAL	23	-7438038	Page 2
Pa	irt # Support Schedule for O	rganizations [Described in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I.)			
Sec	tion A. Public Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Totai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				-		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					,	
11	Total support. Add lines 7 through 10						•
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						•
<u>Sec</u>	tion C. Computation of Public Si	upport Percen	tage				
14	Public support percentage for 2009 (line 6	i, column (f) dıvıde	d by line 11, colun	nn (f))		14	%
15	Public support percentage from 2008 Sch	edule A, Part II, lır	ne 14			15	%
16a	33 1/3 % support test-2009. If the organ	nization did not che	ck the box on line	13, and line 14 is	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies	as a publicly supp	orted organization				▶ □
b	33 1/3 % support test-2008. If the organ	nization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or n	nore, check this	
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ □
17a	10%-facts-and-circumstances test—200	9. If the organizati	on did not check a	a box on line 13, 16	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums			•	•		▶ □
b	10%-facts-and-circumstances test—200		-	•			_
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						▶ [
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	e instructions	▶ [

Schedule A (Form 990 or 990-EZ) 2009

23-7438038

Page 3

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

Section A Public Support

JEL	don A. Fublic Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include	254 500	250 450	425 240	500 040	456, 400	0 100 701
2	any "unusual grants ") Gross receipts from admissions, merchandise	364,629	362,469	435,319	503,812	456,492	2,122,721
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	76,308	68,446	59,932	63,835	36,735	305,256
3	Gross receipts from activities that are not an unrelated trade or business under section 513	10,832	6,362	3,013	2,679	3,292	26,178
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 through 5	451,769	437,277	498,264	570,326	496,519	2,454,155
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			··-·			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						2,454,155
	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	451,769	437,277	498,264	570,326	496,519	2,454,155
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,168	24,224	27,383	21,568	19,919	113,262
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				·	0	
С	Add lines 10a and 10b	20,168	24,224	27,383	21,568	19,919	113,262
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					546	546
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	471,937	461,501	525,647	591,894	516,984	2,567,963
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	> [
Sec	ction C. Computation of Public Su	upport Percent	age		*****		
15	Public support percentage for 2009 (line 8	, column (f) divided	by line 13, colum	n (f))		15	95.57%
<u>16</u>	Public support percentage from 2008 Sche					16	95.56%
Sec	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2009 (li	ine 10c, column (f)	divided by line 13,	column (f))		17	4 %
18	Investment income percentage from 2008	Schedule A, Part I	II, line 17			18	4 %
19a b	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	oox and stop here. inization did not che	The organization of eck a box on line 1	qualifies as a publi 4 or line 19a, and	cly supported orga line 16 is more tha	inization an 33 1/3 %, and	▶ X
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did						P -
			,, ,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,			4114	• 1

Schedule A (Form 990 or 990-EZ) 2009 NORTHERN ALASKA ENVIRONMENTAL

23-7438038

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Support Schedule - Unusual Grants

Estate

\$ 190,983

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Na	me of organization	NORTHERN ALASKA ENV CENTER	IRONMENTAL		Employer identifi 23-74380	
Pa	rt I-A Cor	nplete if the organization is ex	empt under section 501(c	e) or is a section	on 527 organizatio	n.
1	Provide a desc	ription of the organization's direct and inc	direct political campaign activities	in Part IV		
2	Political expend	ditures			▶ \$	
3	Volunteer hour	S				
Pa	rt I-B Cor	nplete if the organization is ex	empt under section 501(c	:)(3).		
1	Enter the amou	unt of any excise tax incurred by the orga	nization under section 4955		▶ \$ _	
2	Enter the amou	unt of any excise tax incurred by organiza	ation managers under section 495	55	▶ \$	
3	If the organizat	tion incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a	Was a correcti	on made?				Yes No
*******	If "Yes," descri					
Pa	rt I-C Cor	nplete if the organization is ex	empt under section 501(d	<u>), except sect</u>	ion 501(c)(3).	
1	Enter the amou	unt directly expended by the filing organiz	ation for section 527 exempt fun	ction		
	activities				▶ \$	
2		unt of the filing organization's funds contr	ibuted to other organizations for	section		
	527 exempt fur	nction activities			▶ \$	
3	•	unction expenditures Add lines 1 and 2	Enter here and on Form 1120-PC	DL,		
	line 17b				▶\$:	
4	_	rganization file Form 1120-POL for this y				Yes No
5		es, addresses and employer identification	• •		• •	
		or each organization listed, enter the amo			•	
		eceived that were promptly and directly d	· · · · · ·	•	s a separate segregated	1
	fund or a politic	cal action committee (PAC) If additional			i i	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
					filing organization's funds If none, enter -0-	promptly and directly
						delivered to a separate
						political organization If none, enter -0-
					-	none, enter -o-

			-			· · · · · · · · · · · · · · · · · · ·
	_					
		Description of the second of t				

Part II-A Complete if the organiz	THERN ALASKA ENVIRONMENTAL ation is exempt under section 501(c)(3) a	23-743803 nd filed Form 5768 (elec	
	on belongs to an affiliated group. on checked box A and "limited control" pro	visions apply.	
Limits on Lob	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influence put Total lobbying expenditures to influence a lice. Total lobbying expenditures (add lines 1a and Other exempt purpose expenditures. Total exempt purpose expenditures (add lines. Total exempt purpose expenditures. (add lines. 1a and lines. (add lines. (add lines. 1a and lines. (add line	blic opinion (grass roots lobbying) egislative body (direct lobbying) nd 1b) uses 1c and 1d) count from the following table in both The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000	3,663 814 4,477 543,975 548,452 107,268	
Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25%	\$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 of line 1f)	26,817	
h Subtract line 1g from line 1a If zero or less i Subtract line 1f from line 1c If zero or less j If there is an amount other than zero on eit section 4911 tax for this year?		0 0 reporting	∏Yes ∏ No
(Some organizations that	4-Year Averaging Period Under Section 5th made a section 501(h) election do not have See the instructions for lines 22 through	ave to complete all of the	e five

	Lobbying Expenditur	es During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	87,993	84,444	97,536	107,268	377,241
b Lobbying ceiling amount (150% of line 2a, column(e))					565,862
c Total lobbying expenditures	7,072	3,626	6,981	4,477	22,156
d Grassroots nontaxable amount	21,998	21,111	24,384	26,817	94,310
e Grassroots ceiling amount (150% of line 2d, column (e))					141,465
f Grassroots lobbying expenditures	5,639	2,751	5,862	3,663	17,915

Schedule C (Form 990 or 990-EZ) 2009

1 1

scheaule C (F	orm 990 or 990-EZ) 2009	MORIBERN	MUCHUM	FUATKONMENTAL		2-1430	030	Pag
Part II-B	Complete if the or	ganization is	exempt und	der section 501(c)(3) an	d has NOT	filed Form	n 5768	<u> </u>
	(election under se	ection 501(h)).	-					

		(a	1)	(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			
а	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?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

•	Parent and and annual a	•	
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).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Schedule C (Form 990 or 990-EZ) 2009 NORTHERN ALASKA ENVIRONMENTAL

23-7438038

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

	of the organization		Employe	er identification number
CI	ORTHERN ALASKA ENVIRONMENTAL			438038
Pa	Organizations Maintaining Donor Advised Furthern the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or A Part IV, line 6.	Accoun	ts. Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			·
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	_		
	used only for charitable purposes and not for the benefit of the donor of	-		
	purpose conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to For	m 990.	
	Purpose(s) of conservation easements held by the organization (check	-	-	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	portant la	nd area
	Protection of natural habitat	Preservation of certified historic	•	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	17
	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
	Number of conservation easements included in (c) acquired after 8/17/	` '	2d	
	Number of conservation easements modified, transferred, released, ex			<u> </u>
•	the taxable year	inguished, or terminated by the organiza	tion during	9
4	Number of states where property subject to conservation easement is I	ocated >		
	Does the organization have a written policy regarding the periodic monitoring			
•	violations, and enforcement of the conservation easements it holds?	normy, inspection, naming of		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ving conservation easements during the v	ear	
•	Total and voluntees needed devoted to monitoring, inspecting, and chiefe	ang conscivation easements during the y	cai	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conceniation easements during the year		
•	\$ \$	conservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section		
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	the requirements of section		Yes No
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt and	
•	balance sheet, and include, if applicable, the text of the footnote to the			
	the organization's accounting for conservation easements			
Pa	式期 Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar	Assets.
	Complete if the organization answered "Yes" to			
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance she	et works	of
	art, historical treasures, or other similar assets held for public exhibition			
	provide, in Part XIV, the text of the footnote to its financial statements t		·	
b	If the organization elected, as permitted under SFAS 116, to report in it		works of a	rt,
	historical treasures, or other similar assets held for public exhibition, ed			
	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 dain pro	ovide the	·
	following amounts required to be reported under SFAS 116 relating to t			
а	Revenues included in Form 990, Part VIII, line 1		•	S
	Assets included in Form 990, Part X		•	s
	·		_	

Sche	dule D (Form 990) 2009 NORTHERN &	ALASKA ENVIR	ONMENTAL	23-74	138038	Page 2
Pa	rt III Organizations Maintaining					
3	Using the organization's acquisition, accession collection items (check all that apply)			•		
а	Public exhibition	d Loan	or exchange progran	ns		
b	Scholarly research	e Othe				
С	Preservation for future generations					
4	Provide a description of the organization's colle Part XIV	ections and explain how	v they further the orga	nization's exempt p	urpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am		•	ation answered	"Yes" to Form	990, Part
1a	Is the organization an agent, trustee, custodian	n or other intermediary	for contributions or otl	ner assets not		
	ıncluded on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follows	ng table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	·
f	Ending balance				1f	
	Did the organization include an amount on For	m 990, Part X, line 21?				☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Comple					. 1
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	ck (e) Four years back
	Beginning of year balance					
	Contributions					
С	Net investment earnings, gains,					
	and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
_	and programs					
	Administrative expenses					
g	End of year balance				1	
2	Provide the estimated percentage of the year					
	Board designated or quasi-endowment ▶	%				
	Permanent endowment ▶ %					
	Term endowment ► %					
3a	Are there endowment funds not in the possess	sion of the organization	that are held and adn	ninistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
_	(ii) related organizations					3a(ii)
	If "Yes" to 3a(II), are the related organizations					3b
	Describe in Part XIV the intended uses of the			O Dod V line 4	^	
<u></u>	nt VI Investments—Land, Building Description of investment	(a) Cost or other basis		1		(d) Deal color
	Description of investment	(investment)	(b) Cost or other	''	cumulated reciation	(d) Book value
1a	Land		89	,223		89,223
b	Buildings		196	,285	50,303	145,982
С	Leasehold improvements					
d	Equipment		22	,723	10,862	11,861
-	Other			,504	4,109	2,395
Total	. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, c	column (B), line 10(c))	>	249,461

Part VII	Investments—Other Securities. See Form	m 990, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
Financial deriv	vatives		
Closely-held e	equity interests		
Other			
	. – – – – – – – – –		
	. – – – – – – – – – .		
			<u> </u>
	in (b) must equal Form 990, Part X, col (B) line 12)	DOO D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part VIII	Investments—Program Related. See For		
	(a) Description of investment type	(b) Book value	(c) Method of valuation
	· · · · · · · · · · · · · · · · · · ·		Cost or end-of-year market value
			<u>-</u>
			
	in (b) must equal Form 990, Part X, col (B) line 13)	>	
Total. (Colum Part IX	Other Assets. See Form 990, Part X, line	15.	
		15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	(b) Book value
	Other Assets. See Form 990, Part X, line	15.	
Part IX	Other Assets. See Form 990, Part X, line (a) Descript	15.	
Part IX	Other Assets. See Form 990, Part X, line (a) Descript (a) Descript (b) must equal Form 990, Part X, col (B) line 15)	15. Jon	
Part IX	Other Assets. See Form 990, Part X, line (a) Descript in (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I	15. Jon	
Part IX Total. (Colum Part X 1	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. Jon	
Part IX Total. (Colum Part X 1 Federal incom	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes	ine 25. (b) Amount	
Total. (Colum Part X 1 Federal incom Accrue	Other Assets. See Form 990, Part X, line (a) Descript an (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability me taxes and Salaries and Wages	ine 25. (b) Amount 15, 100	
Total. (Colum Part X 1 Federal incom Accrue	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes ed Salaries and Wages ed Leave	ine 25. (b) Amount 15, 100 9, 198	
Total. (Colum Part X 1 Federal incom Accrue	Other Assets. See Form 990, Part X, line (a) Descript an (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability me taxes and Salaries and Wages	ine 25. (b) Amount 15, 100	
Total. (Colum Part X 1 Federal incom Accrue	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes ed Salaries and Wages ed Leave	ine 25. (b) Amount 15, 100 9, 198	
Total. (Colum Part X 1 Federal incom Accrue	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes ed Salaries and Wages ed Leave	ine 25. (b) Amount 15, 100 9, 198	
Total. (Colum Part X 1 Federal incom Accrue	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes ed Salaries and Wages ed Leave	ine 25. (b) Amount 15, 100 9, 198	
Total. (Colum Part X 1 Federal incom Accrue	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes ed Salaries and Wages ed Leave	ine 25. (b) Amount 15, 100 9, 198	
Total. (Colum Part X 1 Federal incom Accrue	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes ed Salaries and Wages ed Leave	ine 25. (b) Amount 15, 100 9, 198	
Total. (Colum Part X 1 Federal incom Accrue	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes ed Salaries and Wages ed Leave	ine 25. (b) Amount 15, 100 9, 198	
Total. (Colum Part X 1 Federal incom Accrue Payrol	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability ne taxes ed Salaries and Wages ed Leave	ine 25. (b) Amount 15, 100 9, 198	

Sche	dule D (Form 990) 2009 NORTHERN ALASKA ENVIRONMENTA	T.	23-743803	38	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	to Aud	ited Financial Staten	nents	
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 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10	
	Reconciliation of Revenue per Audited Financial Statem	nents V	With Revenue per Re	turn	
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	1	1	1 1	
	Net unrealized gains on investments	2a		-	
	Donated services and use of facilities	2b		-	
	Recoveries of prior year grants	2c	 	-	
	Other (Describe in Part XIV)	2d	<u> </u>	-	
	Add lines 2a through 2d			2e	· · · · · · · · · · · · · · · · · · ·
3	Subtract line 2e from line 1	ſ	1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 	-	
	Other (Describe in Part XIV)	4b	<u> </u>	ا ۵۰ ا	
	Add lines 4a and 4b			4c 5	
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) If XIII Reconciliation of Expenses per Audited Financial States	monte	With Expanses not		·
1	Total expenses and losses per audited financial statements	illelita	With Expenses per	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			 	
_	Donated services and use of facilities	2a	1		
h	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIV)	2d	†	1	
e	Add lines 2a through 2d		<u>-</u>	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ſ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b		<u> </u>	4c	
5				5	
Pa	art XIV Supplemental Information		<u> </u>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	, lines 1a	a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,				
this g	part to provide any additional information		·		
•	•				
					· -
					. – – – – –
_		_			
	 				·
					· -
_					

Sche	edul	le D	(Fo	rm <u>9</u>	90)	200	9	NC	DR:	CHI	ERI	N 2	AL	ASK	A :	env	/IR	ON	ΜE	NT.	AL				23	<u>3-7</u>	438	303	88				F	Page 5
P	art	X۱	Ī	Su	ppl	em	ent	tali	Info	orm	nati	on	(co	ASK ntinu	ed)																			
_	_	_	_	_	_	_	_	_	_	_	_	_	_			- –	_	_	_		_	_	_	_			_	-	_	_	_		 	
	-	_	_	_	_	_	_	_	-	_	_	_	_				_	_	_	_	_	_	-	_	– -		_	_	_	_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_			- —	_	_		_	_		_	_			_	_		_	_		 	
	_	_	_	_	_	_	_	_	_	_	_						_	_	_	_	_	_	_	_			_						 _	
																														_				_
	_	_	_	_	_	_	_	_	_	_		_	_				_	_	_	_	_	_	_	_				_	_	_	_		 	
_	_	_	_	_	_	_	_	_	_	-	_	_	_			- –	_	_	_	_	_	-					_	_	_	_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_			- –	_	_	_	_	_	_	-	_			_	_	_	_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_						_	_	_	_	_	_			_	_					 	
	_	_	_	_	_	_		_	_	_	_	_	_					_	_	_	_	_	_	_			_	_	_	_	_		 	
																	_																	
	_	_	_	_	_	_	_	_	_	_	_	_	_			- –	_			_	_	_	_	_			_	_	_	_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_			- –	_	_	_	-	_	_	_	_			_	_	_	_	_		 	
	-	_	_			-	_	_	_	_	_	_	_			- –	_	_	_	_		-	_	_			_	_	_	_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_			_	_	_	_	_		 	
		_	_	_		_	_	_	_																									
		_				_	_					_	_				_	_	_	_		_		_			_	_	_	_	_		 	_
	-	_	_	_	_	_	_	_	_	_	_	-	_				_			_	_	_	_	_			_	_	_	_	_		 	
	-		-	_	-	_	_	_	_	_	_	_	_			- –	_	-		_	_	_	_	_			_	_	-	_	_	— -	 	
	_	_	_	_			_	_	_	_	_	_	_			- –	_	_	_	_	_	_	_	_				_	_	_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_		_	_			_	_		_	_		 	
		_	_		_	_	_	_	_	_					_																			
												_	_				_	_	_	_							_			_				
	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_			_	_	_	_	_		 	
	_	_	_	_	_	_	_	-	_	_	_	_	_			- –	_	_	_	_	_	_	_	_			_	-	_	_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_			- –	_	_	_	_		_	_	_			_	_	_	_	_		 	
	_		_	_	_	_	_	_	_	_	_	_	_				_	_	_		_	_	_	_			_	_	_	_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_				_		_	_	_	_	_	_						_	_	_	 	
-		-	_	-	-	-	-	-	_	_		_	_		_		_	_	_	_	_	_	_	_			_	_	_	_	_		 	_
	_	_	_	_	_	_	_	_	_	_	-	_	_				_	_	_	_	_	-	-	_			_	_	_	_			 	
	-		_	_	_	_	_	_		_	_	_	_			- –	_	_	_	_		_	_	_			_	_		_	_		 	
	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_			_	_	_	_	_		 	

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Total

NORTHERN ALASKA ENVIRONMENTAL Name of the organization **Employer identification number** CENTER 23-7438038 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 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 services? 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 (iii) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions col (I) Yes No

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

23-7438038

Page 2

• •	HT. I			s. Complete if the oi on Form 990-EZ, lir								oi iep	ioi le	u
		more man que		(a) Event #1 OPtVIIIc (event type)	<u> </u>	(b) Event #	2		(c) Other even	ts	(d)	Total ev	throug	h
Revenue	1	Gross receipts		35,95	2							3	5,9	52
Δ̈́	2	Less Charitable contributions Gross revenue (line 1		35,95									5,9	
		minus line 2)			-			_						
	4	Cash prizes			\perp									
	5	Noncash prizes			+									
Direct Expenses	6	Rent/facility costs			+									
£ Exp	7	Food and beverages			+			_						
Direc	8	Entertainment												
	9	Other direct expenses						<u> </u>				_		
	10 11	Net income summary C	ombine	lines 4 through 9 in column e line 3, column (d), and li	ine 10					>				
P	art I			if the organization a orm 990-EZ, line 6a.		ered "Yes" to	Form 990	, Pai	rt IV, line 19	, or rep	orted i	more		
Revenue				(a) Bingo		(b) Pull tabs/in- bingo/progressive	ng		Total gaming (Add (a) through col (c))					
Re	1_	Gross revenue							·····					
ses	2	Cash prizes												
Expenses	3	Noncash prizes												
Direct	4	Rent/facility costs			\bot									
	5	Other direct expenses		Yes %	 	Yes	<u> </u>		Yes	%				
	6	Volunteer labor		No No		No	70		No	70			••••	
	7	Direct expense summary	Add	lines 2 through 5 in colum	ın (d)					▶ (_	
	8	Net gaming income sum	mary	Combine line 1, column d	l, and lu	ne 7				•		- 1.		
9 a		ter the state(s) in which th	_									9a	Yes	No
b	If "	No," Explain												
10a b														
11	Do	es the organization operat	te gam	ing activities with nonmei	mbers?							11		
12												12		

Sche	dule G (Form 990 or 990-EZ) 2009 NORTHERN ALASKA ENVIRONMENTAL	23-743803	8	P	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %			
b	An outside facility	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ►				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
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 ▶ \$				

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization

NORTHERN ALASKA ENVIRONMENTAL CENTER

Employer identification number 23-7438038

Form 990, Part III, Line 4d - All Other Achievements

YOUTH EDUCATION PROGRAM: YOUTH CAMP FOR APPROXIMATELY 200 CHILDREN AGES 4
TO 15 EMPHASIZING ENVIRONMENTAL OUTDOOR SKILLS AND ACTIVITIES; ALSO, PART
OF THE FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT AFTER SCHOOL PROGRAM IN
LOCAL SCHOOLS TEACHING AN ENVIRONMENTAL CURRICULUM DURING THE SCHOOL YEAR.

LOCAL & LEGISLATIVE: LOCAL, STATE-WIDE AND NATIONAL GRASSROOTS ORGANIZING
AROUND ALASKAN ENVIRONMENTAL ISSUES ESPECIALLY GLOBAL WARMING ISSUES. TRACK
AND ACT UPON RELATED LEGISLATION MOVING THROUGH ALASKA STATE LEGISLATIVE
BODIES.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 EXECUTIVE DIRECTOR AND FINANCE COMMITTEE TOGETHER REVIEW FORM 990; PROVIDE A COPY TO THE ENTIRE BOARD OF DIRECTORS ALONG WITH AN ADVISORY OPINION CONCERNING THE ACCURACY AND COMPLETENESS OF THE TAX FORM AND SUPPORTING DOCUMENTS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE BOARD OF DIRECTORS HAS A DRAFT OF CONFLICT OF INTEREST POLICY,
WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION AND DESTRUCTION POLICY BY
WHICH THE ORGANIZATION ABIDES; FINAL BOARD APPROVAL EXPECTED BY EARLY 2011.
BY-LAWS, BOARD POLICIES, MEETING MINUTES, FINANCIAL STATEMENTS AND OTHER
GOVERNANCE DOCUMENTS ARE AVAILABLE FOR REVIEW DURING BUSINESS HOURS IN THE
ORGANIZATION'S OFFICES AT 830 COLLEGE ROAD IN FAIRBANKS, AK, AND CAN BE
MADE AVAILABLE IN PAPER OR DIGITAL FORM UPON ADVANCE REQUEST.

Page 2

Name of the organization

NORTHERN ALASKA ENVIRONMENTAL

Employer identification number 23-7438038

Schedule O - Additional Information

Form 990, Part X, Lines 19 and 27 column (a) - PRIOR YEAR BALANCE SHEET DEFERRED REVENUE WAS RESTATED FOR CORRECTION OF AN ERROR FOR REPORTING UNSPENT GRANT FUNDS AS DEFERRED REVENUE IN THE AMOUNT OF \$216,792 AS OF DECEMBER 31, 2008.