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#### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection A For the 2009 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number Please use IRS label or Address change ALASKA DISTRICT COUNCIL OF LABORERS print or Name change 92-0061646 Doing Business As ]Initial return See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-2501 COMMERCIAL DRIVE (907)276-1640 Instruc-Amende City or town, state or country, and ZIP + 4 608,867. Applica-ANCHORAGE, AK 99501 H(a) Is this a group return pendina F Name and address of principal officer: TIM Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? \_Yes □\_No I Tax-exempt status. X 501(c) ( 5 ) (insert no.) 4947(a)(1) or If "No." attach a list, (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ 0121 X Other ► LABOR L Year of formation: 1977 M State of legal domicile: AK Corporation K Form of organization: Trust Association ∣Part I│ Summarv Briefly describe the organization's mission or most significant activities: TO ORGANIZE LABOR, SECURE BETTER Activities & Governance WAGES, HOURS, BENEFITS AND WORKING CONDITIONS FOR LABORERS WORKING Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of employees (Part V, line 2a) 5 4 0 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T. line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 603,028. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,839. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 608,867. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 381,938. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising-expenses (Part IX, column (D), line 25) Other expenses (Part IX, column) (A), lines 11a-11d, 11f-24f)
Total expenses. Add lines 13-1 must equal Part IX, column (A), line 25)
Revenue less expenses. Subtract line 18 from line 12 17 119,576. 501,514. 19 107,353. Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Patt Viline 18) 717,672. 827,398. 21 FotaHiabilities (Part X, line 26) 1,409. 3,782. 22 716,263 Net assets or fund balances Subtract line 21 from line 20 823,616. Part II Signature Block Under penalties of perjury, I declare that I hav and complete Declare on of preparer (other t examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, an officer) be based on all information of which preparer has any knowledge Sign Signature of officer Date Here BUSINESS MANAGER/SEC-TREASURER TIM SHARP, Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid signature employed > Preparer's Firm's name (or CLEMENTS & RICE. LOCKITCH, yours if self-employed), **Use Only** 534 WESTLAKE AVE. N., STE 300 address, and Phone no.  $\triangleright$  (206)622-4253 SEATTLE, WA 98109

Yes \_\_\_ No

Form 990 (2009)

May the IRS discuss this return with the preparer shown above? (see instructions)

	t III   Statement of Program Service Accompli	ishments	92-006	1646 Page Z
	Briefly describe the organization's mission:		<del></del>	
1	LABOR ORGANIZATION - TO SECURE	ב בפאופידיים או	II)	
	WORKING CONDITIONS FOR MEMBERS		, DENETIS AL	
	WORKING CONDITIONS FOR MEMBERS	•	-, , , , , , , , , , , , , , , , , , ,	
	· · · · · · · · · · · · · · · · · · ·			<del></del>
2	Did the organization undertake any significant program serv	vices during the year which were not lis	sted on	
	the pnor Form 990 or 990-EZ?			Yes X 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 progi	ram services?	Yes X No
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the	organization's three largest programs	services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 49	947(a)(1) trusts are required to report t	he amount of grants and	
	allocations to others, the total expenses, and revenue, if an	y, for each program service reported.		
4a	(Code. ) (Expenses \$	including grants of \$	) (Revenue \$	)
	LABOR ORGANIZATION INTERMEDIAT	re BODI.		
4h	(Code ) (Evenesee \$	including grants of C	\/Payanua ¢	
4b	(Code. ) (Expenses \$	including grants of \$	) (Revenue \$	)
	-			
			·	
	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
40	(Code ) (Expenses 4	including grants of \$	) (Heverlue w	,
				<del></del>
				-
				-
			<del>-</del>	
		<del></del>		<del></del>
	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$	) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶ \$	, ,		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	_ 4		
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	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
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			
Ĭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		}	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	L	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>•</sub>
20	complete Schedule G, Part III	19		X
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	gan /	1 A 2009)
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Form 990 (2009)

ALASKA DISTRICT COUNCIL OF LABORERS

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>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		,	
	Schedule K. If "No", go to line 25	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
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	L	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, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	1		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1	1	
	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		<u>L</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2009)

Form 990 (2009)
Part V Sta O09) ALASKA DISTRICT COUNCIL OF LABORERS
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 (	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?	1 1	_1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4	1	17	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		2b	X	
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	a by this return?	3a		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other	outhority over a	3b		
40	financial account in a foreign country (such as a bank account, securities account, or other financial	·	4a		х
h	If "Yes," enter the name of the foreign country:	accounty.	40		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank and			
	Financial Accounts	Darin and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_x_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited			
	Tax Shelter Transaction?	-	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			
	provided to the payor?		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as required	7.		
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		<del>                                     </del>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		†		
•	benefit contract?	, or o or id.	7e	ĺ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdings			
	at any time during the year?		8		
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		<del> </del>
10	Section 501(c)(7) organizations. Enter:	l .a.			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 999, Part VIII, line 12, for public use of club facilities	10a	┨		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	┨	1	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	114	1		
	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>
			Corm	000	(2009)

Form 990 (2009)

ALASKA DISTRICT COUNCIL OF LABORERS

92-0061646

Page
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

ec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a		10			
b	Enter the number of voting members that are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p wit	h 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	ne dir	ect supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			ļ	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	90 was filed?	ļ	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		ļ	5		_X
6	Does the organization have members or stockholders?			1	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	rs of the				
	governing body?				7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons	3?		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durı	ng the year				
	by the following.						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Reven	ue Code.)			1	
						Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	oters, affiliates,			i	
	and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling	the form?		11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	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 con	uld g	ive rise			l	
	to conflicts?				12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe				
	In Schedule O how this is done				12c	X	<b></b>
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approv	-	independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					7.5
	The organization's CEO, Executive Director, or top management official				15a		X
D	Other officers or key employees of the organization				15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	<b></b> .	th a				
iva	taxable entity during the year?	ment	with a		40	·	v
<b>h</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva		ita nadioination		16a		X
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org			1			
	exempt status with respect to such arrangements?	jainza	MOH S		40h		
Sec	tion C. Disclosure				<u>16b</u>		L
17	List the states with which a copy of this Form 990 is required to be filed NONE		•				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T /50	1(c)(3)s only) ava		for		
	public inspection. Indicate how you make these available. Check all that apply	, 100	riojioja only) ava	mavie	101		
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onfl.	ct of interest pol	ica se	d fina	neial	
	statements available to the public	JUI 1111	or or interest box	icy, ai	111111111111111111111111111111111111111	ıııcıdı	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd m	ecords of the era	למיכות <i>ב</i> ו	10n· 🕨		
	THE ORGANIZATION - (907)276-1640		Joseph Control of the Control	الداداد			
	2501 COMMERCIAL DRIVE, ANCHORAGE, AK 99501						

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) (B)			(C)					(D)	(E)	(F)
Name and Title	Average hours	(6		Pos		app	LΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		sated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
AUGUSTINE MERRICK II PRESIDENT		x		х				0.	0.	0.
BOB JOHNSON										
VICE-PRES		X		X	<u> </u>	L .		0.	0.	0.
TIM SHARP										
SEC/TREASURER		X		X				0.	0.	0.
DAMIEN THOMAS										
SGT AT ARMS		X		X		ļ	ļ	0.	0.	0.
KEVIN POMEROY	i									
AUDITOR	-	X			_	_		0.	0.	0.
STACY ALLEN		v								_
AUDITOR TODD PEPLOW		X		$\vdash$		┢╌	├	0.	0.	0.
AUDITOR		x						0.	0.	0.
RON AXTELL										0.
EXECUTIVE BOARD		X						0.	0.	0.
RON MCPHETERS										
EXECUTIVE BOARD		X	_	<u> </u>	ļ			0.	0.	0.
DENNIS MOEN					İ			_	_	
EXECUTIVE BOARD		X		ļ	_	-	<u> </u>	0.	0.	0.
		$\dagger$								
	<del> </del>	-								
									!	
				Î						
			-	<del> </del>						
		↓_		_	_					
		_		$\vdash$						
										L

(A) Name and business address	(B) Description of services	(C) Compensation
Name and business address	Description of services	Compensation
		-
		<del> </del>
		<del> </del>
Total number of independent contractors (including but not limited to ti		

\$100,000 in compensation from the organization

	1 990 (		A DISTRI	CT COUNCE	L OF LABO	RERS	92-0061	646 Page 9
Pa	rt VII	I Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
환환	1 a	Federated campaigns	1a					
e a	b	Membership dues	1b					
an, c	С	Fundraising events	10					
igia ar		Related organizations	1d					
Si Ti		Government grants (contribut						
er isi	f	All other contributions, gifts, gran						
흥등		similar amounts not included abo						
Contributions, gifts, grants and other similar amounts	-	Noncash contributions included in lines	: 1a-1f \$					
9	<u>n</u>	Total. Add lines 1a-1f		Duanasa Cada				
	2 -	PER CAPITA		Business Code 900099	590,044.	590,044.		
ķ	2 a	DEPOSITS MADE I	N FRROR	900099	7,380.			
Ser	C		.II BIRROIL	900099	5,604.			
E S	d			300033	3,004.	3,004.		
Program Service Revenue	e	-						
P	-	All other program service reve	enue					
		Total. Add lines 2a-2f		<b></b>	603,028.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	5,839.			5,839.
	4	Income from investment of ta	x-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties .		<b>•</b>				
			(i) Real	(II) Personal				
	6 a							
	b	•						
	C	` '						
		Net rental income or (loss)	(2.02	(A) Oth an				
	/ a	Gross amount from sales of	(i) Securities	(II) Other				
	<b>h</b>	assets other than inventory  Less cost or other basis						
i	U	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)	_	<b>•</b>				
63		Gross income from fundraisin	g events (not					
ž		including \$	of					
ě		contributions reported on line	1c) See					
ᡖ		Part IV, line 18	а					
Other Revenue		Less direct expenses	b			j		
		Net income or (loss) from fund		<b></b>				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
		Less: direct expenses	<b>b</b>					
		Net income or (loss) from gan	_					<u> </u>
	10 a	Gross sales of inventory, less and allowances						
	h	Less. cost of goods sold	a	ľ				
		Net income or (loss) from sale	b se of inventory					
	<u> </u>	Miscellaneous Revenu		Business Code				<del>                                     </del>
	11 a	· · · · ·						
	b							
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b></b>				
	40	Total revenue See instructions		<b>.</b>	608 967	603 028	0	5 930

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

Da	All other organizations must complete include amounts constant on lines 6h			lete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		··. ·		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	226,575.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	102,499.	.,,		
9	Other employee benefits	30,681.			
10	Payroll taxes	22,183.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,404.			
С	Accounting	8,967.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		715.			
12	Advertising and promotion	3,875.			<del>.</del>
13	Office expenses	18,637.			
14	Information technology				<del> </del>
15	Royalties				
16	Occupancy	14,344.			
17	Travel	41,283.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,750.			
20	Interest				<del></del>
21	Payments to affiliates	1			
22	Depreciation, depletion, and amortization	4,512.			
23	Insurance	3,763.			-
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.)			1	
	RETURN OF DEPOSITS MADE	7,380.			
b		1,946.		_	
C					
d		<del></del>	. =		
e	All ather and a second		<del></del>	<del> </del>	
f	All other expenses	E01 E14	<del></del>		
<u> 25</u>	Total functional expenses. Add lines 1 through 24f	501,514.	<del> </del>		
26	Joint costs. Check here J 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	1		1	

Part X | Balance Sheet (A) (B) End of year Beginning of year 3,419 7,020. Cash - non-interest-bearing 1 702,785. 811,438. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 6 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 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 56,196. basis Complete Part VI of Schedule D 10a 47,256. 11,468. 8,940. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 717,672. 827,398. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,409. 3,782. 17 Accounts payable and accrued expenses 17 18 Grants pavable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 1,409. 3,782. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

X and complete lines 30 through 34. 30 0 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 0. 31 31 716,263. 823,616. 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances <u>716,263.</u> 33 823,616. 717,672 827,398. Total liabilities and net assets/fund balances

Form 990 (2009)

-orm	1990 (2009) ALASKA DISTRICT COUNCIL OF LABORERS 92-0061	<u>.646</u>	Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	35		

Form **990** (2009)

#### SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service .

Complete if the organization is described below.

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

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizate	ione Complete Bart III	.,		
	ne of organization	ions complete Fait III		Empl	oyer identification number
	ŭ	DISTRICT COUNCIL	משמטמגז שט	·	92-0061646
Pá		anization is exempt un			
ــــــــــــــــــــــــــــــــــــــ	Provide a description of the organiz			<del>-</del> .	- garnzation.
	Political expenditures	ation's direct and indirect point	cai campaign activities	_	
	•			▶\$	
3	Volunteer hours				
Pa	art I-B Complete if the org	anization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	ncurred by the organization un	der section 4955	▶\$	
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	) for this year?		Yes No
48	a Was a correction made?		·		Yes No
t	If "Yes," describe in Part IV.				
Pá	art I-C Complete if the org	anization is exempt un	der section 501(c)	, except section 501(	c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	zation's funds contributed to o	ther organizations for s	section 527	
	exempt function activities		· ·	<b>▶</b> \$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	- <b>.</b>	
	line 17b			<b>▶</b> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No.
5			(IN) of all section 527 pe	olitical organizations to whic	h payments were made.
	For each organization listed, enter t				
	that were promptly and directly deli		•	•	
	(PAC). If additional space is needed	, provide information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(	(4)	(0) =	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0
					'
_					
	-	<del></del>	<del>-</del>		
	<del>-</del> -	<del></del>			
			<del></del>		

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

Schedule C (Form 990 or 990-EZ) 2009

chedule C (Form 990 or 990-EZ) 2009  Part II-A   Complete if the org	ALASI janizatio	<u>(A DIS'</u> n is exer	TRICT_COUNC npt under sectio	IL OF LABORE n 501(c)(3) and file	ERS 92-0 ed Form 5768	0061646 Page 2
(election under sec	tion 501	(h)).				
Check 🕨 🔲 if the filing organiza	_		• .			
Check Lifthe filing organiza	tion checke	ed box A an	id "limited control" pro	ovisions apply.		T
		ying Exper eans amou	nditures nts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence publ	ıc opınıon (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infli	uence a leg	islative bod	ly (direct lobbying)	_		
c Total lobbying expenditures (add l	ines 1a and	l 1b)		-	· ·	
d Other exempt purpose expenditure				-		<del> </del>
e Total exempt purpose expenditure	•		•			<del> </del>
f Lobbying nontaxable amount. Enter				1		<del> </del>
If the amount on line 1e, column (a) o	or (b) is:		bying nontaxable am			
Not over \$500,000	0.000		the amount on line 1e			
Over \$500,000 but not over \$1,00	·		O plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			O plus 10% of the exc			
Over \$1,500,000 but not over \$17 Over \$17,000,000	,000,000	\$1,000,0	O plus 5% of the exce	:SS 0Ver \$1,500,000		
Over \$17,000,000	L	φ1,000,0	<del>500.</del>			
g Grassroots nontaxable amount (er	nter 25% of	fline 1f)				
h Subtract line 1g from line 1a. If zer		•				
i Subtract line 1f from line 1c If zero	o or less, er	nter -0-				
j If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
· · · · · · · · · · · · · · · · · · ·	zations tha	t made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobb	ying Exper	nditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2	2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
,						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

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

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

		(a)		(b	)
		Yes	No	Amo	
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					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
_	Media advertisements?				
d	Mailings to members, legislators, or the public?		-		
e	• •		_		
7	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?				
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
 i	Other activities? If "Yes," describe in Part IV				
i	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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(	5), or se	ction	
	501(c)(6).				
				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	Х	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		X
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P. "Yes."		ie 3 is a		
1	Dues, assessments and similar amounts from members	tical	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ucai			
9	Current year		2a		
h	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 e	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	l political			
	expenditure next year?		4		
_5_	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	rt IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ny additional information.	and Part II-B, I	ine 1ı Also	o, complete	this part
				==	

# 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 Open to Public Inspection

Name of the organization

**Employer identification number** 

<u>n-</u>	ALASKA DISTRICT CO			<u> </u>		92-006.		_
Par			or Other Similar Fun	as or A	scount	5. Complete	if the	
	organization answered "Yes" to Form 990, Part IV, line		<del></del>	<del></del>	<del></del>			_
		(a) D	onor advised funds	(t	) Funds a	and other acc	ounts	_
1	Total number at end of year						_	_
2	Aggregate contributions to (during year)							_
3	Aggregate grants from (during year)							_
4	Aggregate value at end of year							_
5	Did the organization inform all donors and donor advisors in v	writing that th	he assets held in donor ad	vised fund	at:		_	
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive leg	gal control?			L Yes	L No	)
6	Did the organization inform all grantees, donors, and donor a	dvisors in wr	iting that grant funds can	be used o	nly			
	for charitable purposes and not for the benefit of the donor of	r donor advi	sor, or for any other purpo	se confer	ing			
	impermissible private benefit?					Yes	No	<u>)</u>
Par	t II Conservation Easements. Complete if the org	janization an	swered "Yes" to Form 990	), Part IV,	line 7			_
1	Purpose(s) of conservation easements held by the organization	on (check all	that apply)					
	Preservation of land for public use (e.g., recreation or p	oleasure)	Preservation of an	historicall	y importa	nt land area		
	Protection of natural habitat		Preservation of a c	ertified his	storic stru	ucture		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conserva	ation contribution in the foi	rm of a co	nservatio	n easement o	on the last	
	day of the tax year.			ı				_
					He	eld at the End o	f the Tax Yea	ŗ
а	Total number of conservation easements				2a			_
b	Total acreage restricted by conservation easements				2b			_
С	Number of conservation easements on a certified historic str	ucture includ	ded in (a)		2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06	3		2d			_
3	Number of conservation easements modified, transferred, re	leased, extin	guished, or terminated by	the organ	ızatıon dı	uring the tax		
	year ▶							
4	Number of states where property subject to conservation ea	sement is loc	cated	_				
5	Does the organization have a written policy regarding the per	riodic monito	ring, inspection, handling	of				
	violations, and enforcement of the conservation easements i	t holds?				└── Yes	N•	D
6	Staff and volunteer hours devoted to monitoring, inspecting,		-	_		<b>-</b>		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing co	nservation easements dur	ing the ye	ar <b>▶</b> \$ _			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section 1	70(h)(4)(B	s)(i)			
	and section 170(h)(4)(B)(ii)?					L Yes		O
9	In Part XIV, describe how the organization reports conservat		·		•			
	include, if applicable, the text of the footnote to the organiza	tion's financi	al statements that describ	es the org	janization	i's accounting	ງ for	
Da	conservation easements	4 A -4 LI:-4	ranical Tracerry	Othor	Cimila.	Acceto		_
Pai	rt III Organizations Maintaining Collections o			Other :	Similar	Assets.		
	Complete if the organization answered "Yes" to Form	990, Fait IV,	, illie o.					
٠.	164ba			d b = l=====				
ıa	If the organization elected, as permitted under SFAS 116, no	-						-4
	treasures, or other similar assets held for public exhibition, e	•	research in furtherance of	public sei	vice, pro	vide, in Part A	uv, me text	OI
	the footnote to its financial statements that describes these					-64 b4	! *	
b	If the organization elected, as permitted under SFAS 116, to							
	or other similar assets held for public exhibition, education, of	n research in	i luitherance of public sen	vice, provi	ue the to	llowing amou	nis relating t	O.
	these items				<b>.</b> .			
	(i) Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$_			_
_	(ii) Assets included in Form 990, Part X		d					_
2	If the organization received or held works of art, historical tre			ıcıaı gaın,	provide			
	the following amounts required to be reported under SFAS 1	16 relating to	o tnese items		<b>.</b> .			
a	Revenues included in Form 990, Part VIII, line 1				<b>5</b> 5 -			_
b	Assets included in Form 990, Part X				<b>&gt;</b> \$_			

		<u>DISTRICT C</u>						<u>2-00</u> 6			
Par	t III   Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, c	or Othe	r Simila	r Asset	S (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check a	any of the	following tha	t are a si	gnificant us	se of its c	ollection	items	s
	(check all that apply).										
а	Public exhibition	c	ı 🗀 Lo	oan or exc	hange progra	ams					
b	Scholarly research	e	· 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	he organizati	on's exe	mpt purpos	e in Part	XIV		
5	During the year, did the organization solicit of	r receive donations	of art, hist	orical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran					s" to Fori	m 990, Parl	IV, line 9	or		
	reported an amount on Form 990, Pa		Ū				·	•			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	ns or other as	sets not	ıncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	ble.							
_									Amount		
c	c Beginning balance										
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990 Part X line	212				L		Yes	$\top$	No
	If "Yes," explain the arrangement in Part XIV		,					_	,		, ,,,
Par			nswered "	Yes" to Fo	rm 990. Part	IV. line 1	0				
		(a) Current year		or year	(c) Two year	ľ		ars back	(e) Four	vears	hack
1a	Beginning of year balance		327	<u> </u>	(6) )	5 5 4 5 1 1	(4)55 35		(0) : 00:	<u> </u>	
	Contributions				1						
-	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities				<del> </del>			1			
-	and programs										
	Administrative expenses							•			
	End of year balance										
g	Provide the estimated percentage of the year	r and halange hold	1		<u>!</u>	l		1			
2	Board designated or quasi-endowment	ir end balance neld	as %								
	Permanent endowment										
		% %									
_	Are there endowment funds not in the posse	• •	ration that	ara bald a	and administr	rad far t	ho organiza	ation.			
Sa		ession of the organiz	anon mai	are rielu a	and administr	ered for t	ne organiza	ation	٢	Yes	
	by								1	res	INO
	(ii) unrelated organizations (ii) related organizations								3a(i)	-	
<b>L</b>	If "Yes" to 3a(ii), are the related organization	e lieted as required	on Sahadi	ıla P?					3a(ii)	$\dashv$	
	Describe in Part XIV the intended uses of the	•							3b		
Par	t VI   Investments - Land, Building				) Part Y line	10					
							ooumulato	,	/d\ Dool		
	Description of investment	(a) Cost or o	1		t or other (other)		ccumulated preciation	1	(d) Book	valu	7
	Land	2200 (1114631		54010	(30.0.)		p. 00idiloi1				
	Land Buildings						·				·
	_				<u> </u>						
	Leasehold improvements		+								
d	Equipment		+		6 106		17 25	-		2 0	40
e	Other	aud Form 000, De-	+ V a=1:::=		56,196.		47,25	90.		<u>کر د</u>	$\frac{40.}{40.}$
iota	I. Add lines 1a through 1e (Column (d) must e	quai roini 330, Par	i A, COIUMI	n (D), line	10(0))					<u>, , , , , , , , , , , , , , , , , , , </u>	<del>4</del> 0.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuat or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other				
	_			
	= .	<del>-  </del>	<del></del>	
		<del></del>	<del></del>	<del></del>
<del></del>		<del></del>		
		<del></del>	****	
			· =	
Total (Col./h) must squal Form 000, Bort V, sal./B) line 10.)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related.	Can Farm 000 Dark V Ive			
rait viii liivestillelits - Plogram helateu.	See Form 990, Part X, III		c) Method of valuat	
(a) Description of investment type	(b) Book value		or end-of-year mark	
· · · · · · · · · · · · · · · · · · ·				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	•		·	
Part IX Other Assets. See Form 990, Part X, III	ne 15			
(	a) Description			(b) Book value
				•
Total. (Column (b) must equal Form 990, Part X, col (B) I	lino 15 )			
Part X Other Liabilities. See Form 990, Part	Y line 25			
1. (a) Description of liability	A, III te 25	(b) Amount	<del></del>	
<del></del>		(b) Fariount		
Federal income taxes				
		<del></del>		
<del></del>				
	-			
Total. (Column (b) must equal Form 990, Part X, col (B) I				<del></del>
2. FIN 48 Footnote. In Part XIV, provide the text of the f	ootnote to the organization	on's financial statements t	hat reports the orga	anization's liability for
uncertain tax positions under FIN 48.				
932053 02-01-10			Sche	dule D (Form 990) 200

ALASKA DISTRICT COUNCIL OF LABORERS

Schedule D (Form 990) 2009

92-0061646 Page 3

	dule D (Form 990) 2009 ALASKA DISTRICT COUNCIL OF	LABORE	<u> </u>		<u> 161646</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fi	nancial S	tatements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			<u>.867.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		501	<u>514.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<u> </u>	<u>,353.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6	<del></del>		
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	<u>.                                 </u>	107	<u>,353.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	<u>nts With R</u>	evenue p	er Return		
1	Total revenue, gains, and other support per audited financial statements			1	608	<u>,867.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	608	<u>,867.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		<u>,867.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With E	Expenses	per Returi		
1	Total expenses and losses per audited financial statements			1	<u>501</u>	<u>,514.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	_2d				
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	501	<u>,514.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	501	<u>,514.</u>
	rt XIV Supplemental Information	•				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III					4; Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this part t	to provide ai	ny additional ii	nformation	
				<del></del>		
					-	
_						

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

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

# SCHEDULE O

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009 Open to Public Inspection

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

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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					İ		ľ					
Asset	Description	Date Acquired Me	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	7COMPUTER EQUIPMENT	TS008090		2.00	16	250.			250.	250.		0.
΄ω	9COMPUTER	030702SL		2.00	16	1,574.			1,574.	1,574.		0
10	10COMPUTER EQUIPMENT	062104SL		2.00	16	549.			549.	494.		55.
11	11COMPUTER	072605SL		5.00	16	1,680.			1,680.	1,176.		336.
12	OFFICE FURNITURE 12AND EQUIPMENT	072605SL		5.00	16	1,973.	_		1,973.	1,381.		395.
13	13STORAGE UNIT	032206SL		5.00	16	639.	-		639.	351.		128.
14	VIDEO CONFERENCING 14EQUIPMENT	092706SL		5.00	16	5,767.			5,767.	2,595.		1,153.
15	15DELL SERVER	100306SL		2.00	16	3,727.			3,727.	1,677.		745.
16	16DELL LAPTOP	101606SL		5.00	16	1,521.	· · ·		1,521.	685.		304.
17	17DESK	021406SL		2.00	16	1,298.			1,298.	736.		260.
18	18printer	011806SL		2.00	16	500.	-		500	283.		100.
19	19ART	010507SL		2.00	16	800.			800	320.	-	160.
20	20ART	030707 <u>s</u> E		5.00	16	296.			296.	109.		59.
21	21PRINTER	040507SL		2.00	16	900.			.006	315.		180.
22	22Gвн	050207SL		2.00	16	2,419.			2,419.	806.		484.
23	23REFRIGEATOR	071107SL		5.00	16	147.	_		147.	42.		29.
24	24SIGN	110207SL		2.00	16	290.			290.	.89		58
25	25DELL LAPTOP	110209SL		5.00	16	1,984.			1,984.			.99

(D) - Asset disposed

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

Current Year Deduction	0	0.	0.	4,512.	0	0	0	0	4,512.	zation Deduction
Current Sec 179				0		0		0	0	nercial Revitalı
Accumulated Depreciation	25,176.	311.	1,217.	39,566.	199.	199.	2,979.	2,979.	42,744.	age, Bonus, Comr
Basis For Depreciation	25,176.	311.	1,217.	53,018.	199.	199.	2,979.	2,979.	56,196.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis				0		0		0	0	* ITC,
Bus % Excl						-				
Unadjusted Cost Or Basis	25,176.	311.	1,217.	53,018.	199.	199.	2,979.	2,979.	56,196.	(D) - Asset disposed
Line	16	16	16		16		16			 ). ( <u>0</u> )
Life	2.00	2.00	2.00		2.00		2.00			
Method										
Date Acquired	VARIESSL	061997SL	TS008090		030101SL	-	040400SL	-		
Description	OFFICE FURNITURE	OFFICE FURNITURE ZAND EQUIPMENT	_	- 990 PAGE IO TOTAL	7	- 990 PAGE IO IOTAL -	ER 10	SYU PAGE IU	* GRAND TOTAL 990 PAGE 10 DEPR	
Asset		N	Ψ		ω		u)			928102 06-24-09