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### Form **990-EZ**

### **Short Form**

2009

OMB No 1545 1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year

may use this form

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending					
<u>B</u> _	Check if applicable C	Employer ic	lentification number			
	Address change   Please use IRS   Kodiak CHARR	92-01	50621			
		Telephone r	number			
$\vdash$	Initial return   Yee   Kodiak, AK 99615	907-4	86-9489			
H	Termination   Specific					
H	Amended return Application pending Application pending	Group Ex Number	emption			
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  G Accounting method Cash X Accrual					
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify	·				
ı		tach Sched	janization is <b>not</b> dule B (Form 990,			
	Tax-exempt status (check only one) —  X  501(c) ( 6 ) ◀ (insert no)   4947(a)(1) or   527   990-EZ, or 950   Check ►   If the organization is not a section 509(a)(3) supporting organization and its gross receipts are		not more than			
	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure	to file a con	nplete return			
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	85,134.			
Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	struction	s for Part I.)			
	1 Contributions, gifts, grants, and similar amounts received	1				
	Program service revenue including government fees and contracts	2				
9	3 Membership dues and assessments	3				
2010	4 Investment income	4				
	5a Gross amount from sale of assets of the other basis and sales is perissed.  5b 5b 5b					
<b>©</b>		5c				
E	c Gain or (loss) from sale of assets other than inventory (Subtract his b from In 5a)  6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here					
LEI	6 Special events and activities (complete applicable parts of Schemie G) If any amount is from gaming, check here  a Gross revenue (not be juding \$\frac{2}{2} \frac{2}{2} \frac{10}{10} \] of contributions	。 記 「****				
션,	a Gross revenue (not be uding \$\s^2 \frac{5}{5} \frac{5}{5} \frac{100}{5}  \text{of contributions}  \text{6a}  \text{85,13}	M (25)				
	reported on line 1) 6a 85,13	<del>"</del>				
SCANNED SEE	b Less direct expenses other than fund(alsing expenses 6b 6b c Net income or (loss) from special events and activities (subtract line 6b from line 6a)	6c	85,134.			
Z	7a Gross sales of inventory, less returns and allowances 7a	, ,				
	b Less cost of goods sold 7b					
Ű.	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8 Other revenue (describe ►	) 8				
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9	85,134.			
	10 Grants and similar amounts paid (attach schedule) See Statement 1	10	750.			
_	11 Benefits paid to or for members	11				
E X P	12 Salaries, other compensation, and employee benefits	12	11,750.			
P E N	13 Professional fees and other payments to independent contractors	13	2,100.			
N S E	14 Occupancy, rent, utilities, and maintenance	14	6,300.			
E S	15 Printing, publications, postage, and shipping	15	316.			
	16 Other expenses (describe ► See Statement 2)	16	70,022.			
	17 Total expenses. Add lines 10 through 16	▶ 17	91,238.			
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,104.			
NS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	year 19	44,106.			
E S	figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  See Statement 3	20	<u>-7,788.</u>			
Ś	21 Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	30,214.			
P:	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990					
٠٠٠	(See the instructions for Part II )  (A) Beginning of	_	(B) End of year			
22		106. 22	30,214.			
23		23	•			
24		24				
25		106. 25	30,214.			
26	5 Total liabilities (describe •)	0. 26	0.			
27	7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 44,	106. 27	30,214.			
ВА	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form <b>990-EZ</b> (2009)			

Form 990-EZ (2009) Kodiak CHARR		<del></del>		-015	0621 Page <b>2</b>
Part III Statement of Program Se			ons.)	(D	Expenses
What is the organization's primary exempt purpose? <u>Ed</u> Describe what was achieved in carrying out the describe the services provided, the number of program title	501(c organ 4947( for ot	ured for section )(3) and (4) uzations and section (a)(1) trusts, optional hers )			
28 Provide community service	and charity work	in the Kodiak a	area.	101 01	
(Grants \$ ) If th		28 a	39,755.		
29 Provide education on new	laws and regulation	ns statewide.			***************************************
(Grants \$ ) If the	nis amount includes foreign gr	ants, check here		29 a	33,490.
30					33, 1331
(Grants \$ ) If the	nis amount includes foreign gr	ants check here		30 a	
Other program services (attach schedule		· · · · · · · · · · · · · · · · · · ·		31 a	
32 Total program service expenses (add II	nes 28a through 31a).			32	73,245.
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each on	e even if not com	pensa	ited (See the instrs.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions	to is and	(e) Expense account and other allowances
Carmen J Lunde	Executive Direc	10,950.		0.	200.
PO Box 8443 Kodiak, AK 99615	] 15.00				
Helen Hartman	President	0.		0.	200.
PO Box 8443 Kodiak, AK 99615	1.00	:			
George Gatter, Jr PO Box 8443	Vice President 1.00	0.		0.	200.
Kodiak, AK 99615					
Mary Barber PO Box 8443	Secretary 1.00	0.		0.	0.
Kodiak, AK 99615					
Rebecca Huster PO Box 8443	Treasurer	0.		0.	200.
Kodiak, AK 99615					
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			-		
			,		<del></del>

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.  34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes of the organization becomes developed the core of a many of a contract of the organization and provides are complication and or reported in core or of many of the core organization and provides are currently as the development of the organization and provides are currently of the organization and provides are currently or the core or of many of the organization of net assets during the year? If "Yes," complete applicable parts of Schedule N. 74 Enter amount of political expenditures, direct or underect, as described in the instructions.  35 In the organization undergo a laudation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 74 Enter amount of political expenditures, direct or underect, as described in the instructions.  36 Dud the organization before from or, or make any basis to, any officer, director, trustee, or, key employee or were any such loans made in a prory year and still outstanding at the end of the period covered by this return?  37 Dud the organization before from or, or make any basis to, any officer, director, trustee, or, key employee or were a Intestion fees and capital contributions included on line 9  38 Section 50 (c)(G) organizations Enter amount of tax imposed on the organization during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disciplified person in a prory year, and tiltute the transaction has not been reported on any of the organization maps and the propertical or any of the organization maps of the organization and solicy of granizations. A law tilture that is a support of the organization in a support year.  39 Section 50 (c)			Z (2009) Kodiak CHA					92-015062	1	Pa	age <b>3</b>
33 Dit the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.  34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes of the organization but more from becames activities, sale as those reported on line? 2, 5s, and 7s (arrong others), but not reported on from 90-1, attach a stellarent appliant, with the organization and provers the requirements?  35 If the organization have unrelated business gross income of \$1,000 or more or was it subject to section 5033(e) notice reporting, and proxy tax requirements?  36 If "Yes," has it filled a tax return on Form 990-1 for this year?  37 If "Yes," complete applicable parks of Schedule N. The section of \$1,000 or more or was it subject to section 5033(e) notice reporting, and proxy tax requirements?  37 If Enter amount of political expenditures, direct or underect, as described in the instructions.  38 Divide the organization burders of a laudation, dissolution, termination, or significant disposition of net assets during the year if If "Yes," complete Schedule I. Part II and enter the total and year of the organization before from or or was a stall outstanding at the end of the period covered by this return?  38 Divide the organization before from or or was a stall outstanding at the end of the period covered by this return?  39 Divide the organization and the program of the organization organization during the year or is if aware that it engaged in an excess benefit transaction during the year or is if aware that it engaged in an excess benefit transaction with a disqualified person in a proviveyar, and that the transaction has not been reported on any of the organization prior Form 990 or 990-EZ if "Yes," complete Schedule I. Part I engaged in an excess benefit transaction with a disqualified person in a proviveyar, and that the transaction has not been reported on any of the organization and account in a foreign country (such as a	<u>   Pa</u>	£\\	Other Information	Note the statem	ent requirements	in the instrs for	r Part V.)				
as a cyclury of the changes made to the organizing or governing documents? If Yes, 'attach a conformed copy of the changes 33 4 Were any changes made to the organization business activates, such as these reported on time 2, 64, and 74 (among others), but not reported on Form 50-T.  34 1 Interpretation business activates, such as those reported on time 2, 64, and 74 (among others), but not reported on Form 50-T.  35 2 Interpretation that district the control of the companization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and grovy tax requirements?  36 10 He organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and grovy tax requirements?  37 a First amount of political expenditure, direct or indirect, as described in the instructions \$\frac{35}{2}\$ X  38 a Did the organization before them, or make any loans to, any officer, director, frustee, or key employee or were any such floars made in a prior year and shift businating at the end of the period covered by this return?  38 a Did the organization before from 120-Pol. for this year?  38 a Did the organization before from 120-Pol. for this year?  38 a Did the organization before from 120-Pol. for this year?  39 a N/A  39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 F N/A, section 4912 N/A, section 4955 F N/A  39 Section 501(c)(3) and 501(c)(3) organizations. Enter amount of tax imposed on organization with a descapation or particle organization with a descapation or particle organization and the particle organization and the particle organization organization with a descapation or district organization and the particle organization and the particle organization and the particle organization and party to a prohibited tax settle organization and the particle organization and party to a prohibited tax settle organization organization and party to a prohibited ta	•									Yes	No
35 If the organization but income from bissness activities, such as thos reported on lines 2, 6a, and 7a (among others), but not reported on From 930-T, attach a sterenard explaining why the organization of his report the actions of from 930-T.  a Did the organization have merelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, proportion, and proxy tax requirements?  35a Did the organization undergo a liquidation, dissolution, permination, or significant disposition of net assets during the year? If 17x5, complete applicable parts of Steedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\Bigs 37a\$ O.  37b Did the organization between from, or make any loans to, any officer, director, instead, or large any such holds make any such holds are any such holds as make any such solition and the stellar?  38a Did the organization between from, or make any loans to, any officer, director, instead, or large englished by this return?  38a Did the organization between from, or make any loans to, any officer, director, instead, or large englished by this return?  38b N/A  39 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9  b Gross receips, included on line 9, for public use of club facilities  39b N/A  40a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *\Bigs N/A section 4955 *\Bigs N/A  40a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit instrusation during the year under sections 4912. 4955, and 4955 *\Bigs N/A  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organizations prior forms 990 or 990-EZ? If Yes, complete Schedule 1, Part II and be reported on any of the organization and prior	33			any activity not prev	iously reported to the	e IRS? If 'Yes,' attac	ch a detailed de	escription of	33		Х
aboth to organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements?  bit 'Yes', his it filed a tax return on Form 990-1 for this year?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'es', complete applicable parts of Schedule N, and the organization of protecting perioditives, direct or indirect, as described in the instructions.  37 a Enter amount of political reportations, organization and protecting of the organization of file form 1120-PDL for this year?  38 b did the organization file Form 1120-PDL for this year?  38 Lot the organization file Form 1120-PDL for this year?  38 Lot the organization file Form 1120-PDL for this year?  38 Lot the organization of the form 1120-PDL for this year?  39 Section 5010((?)) organizations. Enter amount of the end of the period covered by this return?  39 Section 5010((?)) organizations. Enter amount of tax imposed on the organization during the year under N/A. section 4912 N/A. section 4912 N/A. section 4915 N/A	34	Were a	any changes made to the	organizing or goveri	ning documents? If "	Yes,' attach a confor	rmed copy of t	ne changes	34		Х
reporting, and proxy lax requirements? bif Yes, has filed a lax return on Form 990-T for this year?  35 Dif the organization undergo a legislation, desolution, termination, or significant disposition of net assets during the year? ("Fee", complete applicable parts of Schedule N. Part II and enter the total amount involved  38 Section 501(c)(?) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 * N/A, section 4912 * N/A.  50 Section 501(c)(3) organizations D by the organization engage in any section 4958 excess benefit transaction during the year or is it sware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not any of the organization with a disqualified person in a prior year, and that the transaction has not any of the organization with a disqualified person in a prior year, and that the transaction has not any of the organization with a disqualified person in the second of the prior year and that the instructions Enter amount of tax imposed on organization with a disqualified person in the year under sections 4912, 4955, and 4958	35	If the orq attach a	ganization had income from busi statement explaining why the org	ness activities, such as th ganization did not report t	nose reported on lines 2, 6a the income on Form 990-T	a, and 7a (among others),	, but <b>not</b> reported o	on Form 990-T,			
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Scheduler N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions		reportii	ng, and proxy tax require	ments?	• • •	more or was it subji	ect to section (	5033(e) notice	35 a		
year? If Yes, complete applicable parts of Schedule N 378 Enter amount of political spenduruse, since for indirect, as described in the instructions b Did the organization file Form 1128-POL for this year?  37b b 38a Did the organization file Form 1128-POL for this year?  37b b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such foars made in a prior year and still outstanding at the end of the period covered by this return?  38b N/A 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities b Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year or of ist aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction and a disqualified person in a prior year, and thist the irransaction and it engages and an excess benefit transaction and a disqualified person in a prior year, and that the irransaction and it is engaged	ı	olf 'Yes,	,' has it filed a tax return	on Form 990-T for the	his year?				35 b	X	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38b I N/A  38ction 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9 b (17 Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4915 ► N/A  40a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and tilled the transaction to theen reported on any of the organization from Forms 990 or 990-E2? If Yes, complete Schedule L, Fart II  10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  11 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  12 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4958  12 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization approach year the year tax imposed year the year tax imposed year tax imposed year tax imposed		year? I	If 'Yes,' complete application	ole parts of Schedul	e N			_			X
any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38a   N/A   38b			· · · · · · · · · · · · · · · · · · ·			the instructions	[ 3/a	0.	_		Х
amount involved  a Initiation fees and capital contributions included on line 9  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 * N/A, section 4912 * N/A, section 4915 * N/A  b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 * csecss benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part 1  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disculatified persons during the year under sections 4912, 4955, and 4955  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization deprisons during the year under sections 4912, 4955, and 4955  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the foreign section of the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country   At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country   See the instructions for exceptions and filing requirements for form 590-E2, like of the organization maintain and office outside of the U.S.?  If Yes	38 a	a Did the any su	e organization borrow fror ch loans made in a prior	n, or make any loan year and still outsta	s to, any officer, dirending at the end of t	ctor, trustee, or key he period covered by	employee <b>or</b> y y this return?	were	38 a		X
a intitation fees and capital contributions included on line 9  B Gross receipts, included on line 9, for public use of club facilities  40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 • N/A, section 4912 • N/A, section 4955 • N/A  b Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Sended persons during the year under sections 4912, 4955, and 4958  d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax in prior year, and the transaction of the prior year, and the prior year, and the transaction of the prior year, and the transaction of the prior year, and the transaction of the prior year, and the prior year, and the prior year, and the transaction of the prior year, and the transaction of the prior year, and the prior year, and the prior year, and the prior year of year.  d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax mended they set of year, and the prior year, and the prior year, and the prior year of year.  40 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax mended and year, and the prior year, and the prior year, and the prior year.  41 List the states with which a copy of this return is filed to granization a party to a prohibited tax shell the organization and the prior year.  42 a The organizations  b At any time during the calendar year, did the organization have an interest in or a signature or other	l	amoun	t involved		total		38 b	N/A	<u> </u>		
b Gross recepts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 * N/A , section 4912 * N/A , section 4912 * N/A , section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transactions has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, "complete Schedule I., Part I  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-1.  42a The organizations At any time during the tax year, was the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  If Yes, enter the name of the foreign country Such as a bank account, securities account, or other financial accountly?  42b If Yes, enter the name of the foreign country.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds? If Yes, Form 990 must					luno Q		30.2	NT / 7			
### 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 = N/A, section 4912 > N/A, section 4955 > N/A    Section 4911   N/A, section 4955 > N/A     Section 4911   N/A, section 4955 > N/A     Section 4911   N/A, section 4955 > N/A     Section 501(c)(3) and 501(c)(4) organizations. Did the organization regage in any section 4958 secress benefit tonsaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a provision of the provision of the organization is prior Forms 990 or 950-E21 if 1. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			•				<del> </del>		-		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-E2? If Yes,' complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8986-T  List the states with which a copy of this return is filed > AK  42a The organization's books are in care of > Carmen J Lunde			• •	•		ganization during the		21, 2.			
transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prory 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  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization by the organization of the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax or line 40c reimbursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  42a The organization's books are in care of Party and the account in a foreign country studied at Po Box 8443 Kodiak AK  Losted at Po Box 8443 Kodiak AK  Losted at Po Box 8443 Kodiak AK  See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of a Foreign Bank and Financial accountly  See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of a Foreign Bank and Financial Accounts  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of a Foreign Bank and Financial Accounts  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country  43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"  45 Is any related organiza		section	4911 ►	N/A, section 491	2 ▶	N/A , section 495	5 <b>&gt;</b>	N/A			
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  41 List the states with which a copy of this return is filed > AK  42a The organization's books are in care of > Carmen J Lunde	ı	transac	ction during the year or is ear, and that the transact	it aware that it eng ion has not been rei	aged in an excess be	enefit transaction wi	th a disqualifie	d person in a	40 b		
by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  41 List the states with which a copy of this return is filed * AK  42 a The organization's books are in care of * Carmen J Lunde	•	c Section manag	n 501(c)(3) and 501(c)(4) pers or disqualified persor	organizations Ente is during the year ur	r amount of tax imponder sections 4912, 4	osed on organization 1955, and 4958	▶	0.			
shelter transaction? If 'Yes,' complete Form 8886-T  41 List the states with which a copy of this return is filed > AK  42a The organization's books are in care of > Carmen J Lunde		by the	organization	-		•	<b>-</b>	0.			
42 a The organization's books are in care of   Carmen J Lunde  Located at   PO Box 8443 Kodiak AK  Telephone no  907-486-5341  Located at  PO Box 8443 Kodiak AK  Telephone no  90615   b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  42 c  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	(	e All org	anizations At any time di	uring the tax year, w	vas the organization	a party to a prohibite	ed tax		40 e		X
books are in care of Carmen J Lunde Located at PO Box 8443 Kodiak AK  Diametria Diamet	41		•	•							
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts  C At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 :		anization's re in care of ► Carmen	J Lunde			Telenhone	nn ▶ 907-4	86-5	341	
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial accounts  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  42 b  42 c  44 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ											
c At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	ı				ization have an inter nk account, securitie	est in or a signature s account, or other t	or other author	ority over a	42 b	Yes	No X
c At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		Soo tho	unatriphone for executions and f	line requirements for Fe	TD F 00 22 1 Paned	of a Faranaa Pank and Fi					
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes  Uid the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45	•	c At any	time during the calendar	year, did the organ	• •	•			<b>42</b> c		Х
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	43				-		theck here	<b>►</b> 43			N/A N/A
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Did the	e organization maintain ai	ny donor advised fui	nds? If 'Yes,' Form 9	90 must be complet	ed instead		44	res	No Y
	45			ntrolled entity of the	organization within	the meaning of sect	ion 512(b)(13)	<sup>7</sup> If 'Yes.'	44		<u>X</u>
FORM SERVICE OF THE PROPERTY O	BAA		990 must be completed in	stead of Form 990-E	EZ TEEA0812L 01/30					  -EZ (	(2009)

	990-EZ (2009) Kodiak CHARR			92-015	0621	Page 4
Part	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ection 4947(a)(1) no	nexempt charitat	t charitable trusts or the trusts must answer	<b>nly.</b> All sector or question:	iion s
47 [ 48   49 a [	Old the organization engage in direct or indirect or public office? If 'Yes,' complete Schedule Old the organization engage in lobbying actives the organization a school as described in sold the organization make any transfers to a few Yes,' was the related organization a section	rities? If 'Yes,' complete section 170(b)(1)(A)(ii)? n exempt non-charitable	Schedule C, Part II If 'Yes,' complete Sc	hedule E	46 47 48 49a 49b	res No
<b>50</b> (	Complete this table for the organization's five imployees) who each received more than \$1	e highest compensated e	employees (other than	n officers, directors, truste	es and key	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account other allow	and
		-				
	otal number of other employees paid over \$  Complete this table for the organization's five tompensation from the organization.		ndependent contracto	ors who each received mo	ore than \$100	,000 of
	(a) Name and address of each independent cor	ntractor paid more than \$100,000	)	(b) Type of service	(c) Comper	nsation
	otal number of other independent contracto	rs each receiving over \$		<b>•</b>		
Sign Here	Under penalties of perjury, I declare that I have exattrue, correct, and complete Declaration of preparer  **Mele Dack  Signature of officer**  Helen Hartman  Type or print name and title	amined this return, including according to the control of the cont	all information of which prep	atements, and to the best of my krowledge  Date	iowledge and belie	ef, it is
Paid Pre- parer Use Only	Firm's name (or yours if self-employed), address and	CPA & Company Suite 500	Date 1/-5-	EIN	Preparer's Identifyii See instructions)  N/A  N/A  274-2	
	ZIP + 4 Anchorage, AK to le IRS discuss this return with the preparer s	···	uctions	Phone no ► (90	)/) 2/4-2 ►X Yes	99∠ No
BAA					Form <b>990-</b>	

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

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information Regarding Fundraising or Gaming Activities

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 Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

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	THE COLLEGE	

Employer identification number

Kodiak CHARR					92-015062	1
Part Fundraising Activities. Comp	olete if the organ	nization ar	nswered 'Y	es' to Form 990, Part I	V, line 17	· · · ·
1 Indicate whether the organization				owing activities Check	all that apply	
Mail solicitations	Tarou Tarrao (T.	rough uny	0. 1	Solicitation of non-		
Internet and email solicitation	ıs			Solicitation of gove		
Phone solicitations				Special fundraising	_	
In-person solicitations						
2a Did the organization have written	or oral agreeme	ent with ar	y individu	al (including officers, di	rectors, trustees or key	′
employees listed in Form 990, Pa			•	_		∐Yes ∐No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by t			iraisers) p	ursuant to agreements	under which the fundra	iser is to be
compensated at least 40,000 by t	The organization	I			(v) Amount paid to	
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entity (fundraiser)			dy or control ibutions?	from activity	fundraiser listed in col (i)	(or retained by) organization
	†	Yes	No			
		103	110			
	<del> </del>	1				
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	ļ					
	+	+				
	<del>                                     </del>	<del> </del>	<del> </del>			
		•	•			
Total			•			
3 List all states in which the organi	zation is registe	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	om registration
or licensing						
		<b></b>				

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at orm 990-EZ. line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, III gross receipts grea	ne 18 ater th	, or nan 9	5.00	0.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d)	Total	Event	ls
R E V			(event type)	(event type)	(total number)			<b>(-</b> //	
mCZm <m2< td=""><td>1</td><td>Gross receipts</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></m2<>	1	Gross receipts							
E	2	Less Charitable contributions		1					
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
DIRECT	6	Rent/facility costs							
	7	Food and beverages							
X P	8	Entertainment							
EXPENSES	9	Other direct expenses	,-						
S	10	Direct expense summary Add lines 4- ti	nrough 9 in column (d)		•				
Par	11 + III	Net income summary. Combine lines 3, o		al to Farm 000 Da	► IV lune 10 eu ue		ــــــــــــــــــــــــــــــــــــــ	مال م	
Гаг	t iii	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered Ye	s to Form 990, Pa	rt IV, line 19, or rep	ported	mo r	re tn	an
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<b>(d)</b> (Add	Total col. ( col	gamıı <b>a)</b> thro <b>(c)</b> )	ng ough
E —	1	Gross revenue	82,410.		,		82,410.		10.
D X	2	Cash prizes							
D I P E N C T S	3	Non-cash prizes							
Š	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	X Yes100 % No	Yes <u>0</u> %	Yes <u>0</u> %				
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		-				
		Net gaming income summary. Combine	lines 1 column (d) and	lino 7	_			82,4	10
	0	Net gaming income summary. Combine	inles 1, column (a) and	ille 7		L		YES	
9		er the state(s) in which the organization of the organization licensed to operate gamino					9a	X	
		le organization licensed to operate gamini lo,' explain	y activities in each of the	iese states.			_ <u> </u>		i
									Ì
		re any of the organization's gaming license 'es,' explain	es revoked, suspended	or terminated during th	e tax year?		10a		<u>X</u>
11	Doe	s the organization operate gaming activities	es with nonmembers?				11	X	
12	ls ti	he organization a grantor, beneficiary or tr	ustee of a trust or a me	ember of a partnership	or other entity formed t	o	12	Х	
	administer charitable gaming?								

Schedule G (Form 990 or 990-EZ) 2009 Kodiak CHARR	92-0150621	Pa	ge <b>3</b>
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a %		
<b>b</b> An outside facility	13b 100.0%		
14 Enter the name and address of the person who prepares the organization's gaming/special even	ents books and records		
Name Chamber Hospitality Association  Address 100 East Marine Way, Ste 300, Kodiak, AK 99615			
15a Does the organization have a contact with a third party from whom the organization receives g			<u>X</u>
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party			
Name •			
Address -			
16 Gaming manager information			
Name ► Carmen J Lunde			
Gaming manager compensation > \$			
Description of services provided <u>Co-ordinates with Chamber Hospitalit</u>	У		
X Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming p state gaming license?	roceeds to retain the 17a	Х	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt or	•		
organization's own exempt activities during the tax year ►\$ 82,410. See			
<b>BAA</b> TEEA3703L 02/05/10	Schedule G (Form 990 or 99	0-EZ) :	2009

2009

### **Schedule G - Supplemental Information**

Page 4

**Kodiak CHARR** 

92-0150621

Part III, Line 17b Distributions Required Under State Law

Alaska

 \$
 82,410.

 \$
 82,410.

2009	Federal Statements		Page 1
	Kodiak CHARR		92-015062
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid  Class of Activity: Donee's Name: Donee's Address:  Cash Amount Given:	Scholarship Alaska CHARR Educational Fund 1503 W 31st Avenue, Suite 202 Anchorage, AK 99503	\$	750.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promotion Board Meetings Charitable Contributions Conferences, Conventions, and Consulting Gaming Taxes Information Technology Insurance Licenses and Permits Local Catastrophic Health Membership Fees Office Expenses	nd Meetings	\$	5,630. 3,893. 22,775. 6,030. 613. 1,198. 1,388. 600. 315. 100. 15,500.
Public Relations State Education Initiatives		Total \$	11,050. 460. 70,022.
Statement 3 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fu	und Balances		
Prior Period Return of Capi	tal from K-1	Total \$\frac{\\$}{\\$}	-7,788. -7,788.

#### Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

, ,	<b>Extension, complete only Part I</b> and check this bo omatic) 3-Month Extension, complete only Part II	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- · · · · · · · · · · · · · · · · · · ·	idy been granted an automatic 3-month extension of	,
	ion of Time. Only submit original (no cop	
44. (b. Farra 000 T and		
	requesting an automatic 6-month extension — che	
income tax returns.	, partnerships, REMICS, and trusts must use Form	·
Electronic Filing (e-file). Generally, you can electronic Filing (e-file). Generally, you can electronic noted below (6 months for a corporation the additional (not automatic) 3-month extension 990-T. Instead, you must submit the full this form, visit www irs gov/efile and click on a	lectronically file Form 8868 if you want a 3-month a on required to file Form 990-T). However, you cann ion or (2) you file Forms 990-BL, 6069, or 8870, grow completed and signed page 2 (Part II) of Form 88 e-file for Charities & Nonprofits.	nutomatic extension of time to file one of the ot file Form 8868 electronically if (1) you want oup returns, or a composite or consolidated 68. For more details on the electronic filing of
Name of Exempt Organization		Employer identification number
Type or		
Kodiak CHARR		92-0150621
File by the due date for Number, street, and room or suite number.	If a P O box, see instructions	
filing your return See 518 Marine Way #209		
instructions City, town or post office, state, and ZIP coo	le For a foreign address, see instructions	
Kodiak, AK 99615		
Check type of return to be filed (file a separat	e application for each return):	
X Form 990	Form 990-T (corporation)	Form 4720
Form 990-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 5227
Form 990-EZ	Form 990-T (trust other than above)	Form 6069
Form 990-PF	Form 1041-A	Form 8870
<ul> <li>If this is for a Group Return, enter the organic check this box</li> <li>If it is for part of the extension will cover.</li> </ul>	FAX No. ► or place of business in the United States, check the enization's four digit Group Exemption Number (GE) the group, check this box. ► and attach a list version are corporation required to file Form 990-T) ex	N) If this is for the whole group, with the names and EINs of all members
•	the exempt organization return for the organization	
<ul><li>X calendar year 20 09 or</li><li>tax year beginning</li></ul>	, 20, and ending, 20	
2 If this tax year is for less than 12 months	s, check reason: Initial return Final i	eturn Change in accounting period
3a If this application is for Form 990-BL, 99 nonrefundable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax	less any 3a \$ 0.
<b>b</b> If this application is for Form 990-PF or made. Include any prior year overpayme	990-T, enter any refundable credits and estimated nt allowed as a credit	ax payments 3b \$ 0.
c Balance Due. Subtract line 3b from line deposit with FTD coupon or, if required, See instructions	3a Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment	rred, System) 3c \$ 0.
Caution. If you are going to make an electronic payment instructions.	ic fund withdrawal with this Form 8868, see Form 8	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	(Rev 4-2009)		Page 2
If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this	box ► X
Note. Only	complete Part II if you have already been granted an automatic 3-month exter	nsion on a previously f	iled Form 8868.
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page		
Parilli	Additional (Not Automatic) 3-Month Extension of Time. Only	file the or iginal (no	copies needed).
	Name of Exempt Organization	Em	oloyer identification number
Type or			
print	Kodiak CHARR	92	-0150621
	Number, street, and room or suite number. If a P O box, see instructions	. For	IRS use only
File by the extended due date for	Altman, Rogers & Company		
filing the	425 G. Street, Suite 500		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Anchorage, AK 99501		
Check type	of return to be filed (File a separate application for each return):		
X Form 9	90	Form 1041-A	Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month ex	tension on a previous	y filed Form 8868.
The boo	ks are in care of ► Carmen Lunde		
Telepho	one No ► 907-486-9489 FAX No. ►		
• If the or	ganization does not have an office or place of business in the United States,	check this box	. ▶□
• If this is	s for a Group Return, enter the organization's four digit Group Exemption Num	ber (GEN)	If this is for the
whole group	p, check this box $ ightharpoonup$ If it is for part of the group, check this box $ ightharpoonup$	and attach a list with th	e names and EINs of all
	ne extension is for.		
4   requ	est an additional 3-month extension of time until 11/15 , 20 1	<u>0</u> .	
5 For ca	alendar year 2009, or other tax year beginning , 20 tax year is for less than 12 months, check reason.	, and ending	. 20 .
6 If this	tax year is for less than 12 months, check reason. Initial return	Final return	Change in accounting period
7 State	in detail why you need the extensionSome_documents_needed	to prepare a c	omplete and proper
ret	urn have been misplaced and duplicates have not y	yet been receiv	ed.
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions	itive tax, less any	8a \$
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cients made. Include any prior year overpayment allowed as a credit and any after 8868.	redits and estimated tax mount paid previously	8b \$
c Balan with F	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	r, if required, deposit System) See instrs	8c \$
	Signature and Verification	1	
Under penalties correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to prepare this form	s, and to the best of my knowled	dge and belief, it is true,
Signature >	Tempol magsla Title - CPA		Date - 8-15-10
BAA	FIFZ0502L 03/11/09		Form <b>8868</b> (Rev 4-2009)

Form **8868** (Rev 4-2009)