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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

A For the 2009 calendar year, or tax year beginning

07/01, 2009, and ending

06/30, 2010

B Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization ALASKA TRAVEL INDUSTRY ASSOCIATION			D Employer identification number 23-7159699	
	Doing Business As			E Telephone number (907) 646-3313	
	Number and street (or P O box if mail is not delivered to street address) 2600 CORDOVA STREET			Room/suite 201	
	City or town, state or country, and ZIP + 4 ANCHORAGE, AK 99503-2745			G Gross receipts \$ 12,786,655.	
	F Name and address of principal officer RON PECK 2600 CORDOVA STREET, STE 201 ANCHORAGE, AK 99503			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status X 501(c) (6) (Insert no.) 4947(a)(1) or 527			If "No," attach a list (see instructions)		
J Website: ► WWW.ALASKATIA.ORG			H(c) Group exemption number ►		
K Form of organization Corporation Trust X Association Other ►		L Year of formation 2000		M State of legal domicile AK	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities FOSTER AND PROMOTE TRAVEL TO AND WITHIN ALASKA. ATIA IS A TRADE ASSOCIATION WHOSE OBJECTIVE IS TO ENHANCE AND STIMULATE THE BUSINESS CLIMATE IN THE VISITOR INDUSTRY IN THE STATE OF ALASKA.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23	
	5 Total number of employees (Part V, line 2a)	5	17	
	6 Total number of volunteers (estimate if necessary)	6	70	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,035,241.	
b Net unrelated business taxable income from Form 990-T, line 34	7b			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year Current Year 300,803. 261,915.		
	9 Program service revenue (Part VIII, line 2g)	11,753,245. 12,198,796.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-693,423. 32,623.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-146,532. 43,919.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,214,093. 12,537,253.		
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-13)	0. 0.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,146,346. 1,173,634.		
	16 a Professional fundraising fees (Part IX, column (A), line 16a)	0. 0.		
	b Total fundraising expenses, Part IX, column (D), line 25			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,242,260. 10,996,070.		
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,388,606. 12,169,704.		
	19 Revenue less expenses Subtract line 18 from line 12	-174,513. 367,549.		
	20 Total assets (Part X, line 16)	Beginning of Year End of Year 3,407,001. 3,746,622.		
21 Total liabilities (Part X, line 26)	2,012,861. 1,993,471.			
22 Net assets or fund balances Subtract line 21 from line 20	1,394,140. 1,753,151.			

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<i>My Part</i>				
	Signature of officer Director of Finance & HR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ► <i>Sue W. Robinson</i>	Date 5/16/2011	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ► 13-5565207 Phone no ► 907-265-1200	

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

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

Form 990 (2009)

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SCANNED JUN 23 2011

### **Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission.  
FOSTER AND PROMOTE TRAVEL TO AND WITHIN ALASKA. ATIA IS A TRADE ASSOCIATION WHOSE OBJECTIVE IS TO ENHANCE AND STIMULATE THE BUSINESS CLIMATE IN THE VISITOR INDUSTRY IN THE STATE OF ALASKA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

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

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

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

**4e Total program service expenses ►**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	13	X
14 a 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	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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	X

**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	X
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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
24 a	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 question 25 . . . . .	24a	X
24 b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
24 c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
24 d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	
25 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)		
28 a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28a	X
28 b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
28 c	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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? 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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	X

Form 990 (2009)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . . . . .	1a	0
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	17
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
4b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts . . . . .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	
9a	Sponsoring organizations maintaining donor advised funds.	9a	
9b	If "Yes," did the organization make any taxable distributions under section 4966? . . . . .	9b	
9c	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders . . . . .	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body	23	
1b	Enter the number of voting members that are independent	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?		X
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	X	
10b	X	
11		X
11A		
12a	X	
b		
c		
13		
14		
15		
a		
b		
15a	X	
15b	X	
16a		X
b		
16b		

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

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

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

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

1a Complete this table for all persons required to be listed. 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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
STAN STEPHENS									
CHAIR	4.00	X		X			0	0	0.
ANN CAMPBELL									
MARKETING CHAIR	4.00	X		X			0	0	0.
ROARK BROWN									
GOVERNMENT RELATIONS CHAIR	4.00	X		X			0	0	0.
DEB HICKOK									
VICE CHAIR	4.00	X		X			0	0	0.
JOHN KREILKAMP									
SECRETARY	4.00	X		X			0	0	0.
KIRK HOESSLE									
TOURISM PLANNING CHAIR	4.00	X		X			0	0	0.
PATTY MACKEY									
GOVERNMENT RELATION VICE CHAIR	4.00	X		X			0	0	0.
RON PECK									
PRESIDENT & COO	40.00	X		X			110,000.	0	3,300.
KEN DOLE									
BOARD MEMBER	4.00	X					0	0	0.
PETER GRUNWALDT									
BOARD MEMBER	4.00	X					0	0	0.
PAUL GOODWIN									
BOARD MEMBER	4.00	X					0	0	0.
SCOTT HABBERSTAD									
BOARD MEMBER	4.00	X					0	0	0.
TIM McDONNELL									
BOARD MEMBER	4.00	X					0	0	0.
BILL PEDLAR									
TREASURER/FINANCE CHAIR	4.00	X		X			0	0	0.
BONNIE QUILL									
BOARD MEMBER	4.00	X					0	0	0.
SCOTT REISLAND									
BOARD MEMBER	4.00	X					0	0	0.

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

2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

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

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

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

**Part VIII Statement of Revenue**

23-7159699

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a	Federated campaigns . . . . .	1a			
b	Membership dues . . . . .	1b			
c	Fundraising events . . . . .	1c			
d	Related organizations . . . . .	1d			
e	Government grants (contributions) . . . . .	1e			
f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	261,915		
g	Noncash contributions included in lines 1a-1f . . . . .		\$ 21,240		
h	Total. Add lines 1a-1f . . . . .		► 261,915		
Program Service Revenue		Business Code			
2a	CO-OP PROGRAMS	541800	1,155,208	1,155,208	
b	LABEL PROGRAM	541800	371,743	371,743	
c	TRADE SHOWS	541800	298,277		298,277
d	VACATION PLANNER	541800	1,035,241		1,035,241
e	CONTRACT REVENUE - STATE OF ALASKA CONTR	541800	9,000,000	9,000,000	
f	All other program service revenue . . . . .	541800	338,327	338,327	
g	Total. Add lines 2a-2f . . . . .		► 12,198,796		
3	Investment income (including dividends, interest, and other similar amounts) . . . . .	► ATTACHMENT 3	32,757		32,757
4	Income from investment of tax-exempt bond proceeds . . . . .	►	0		
5	Royalties . . . . .	►	0		
6a	Gross Rents. . . . .	(i) Real	(ii) Personal		
b	Less rental expenses . . . . .				
c	Rental income or (loss) . . . . .				
d	Net rental income or (loss) . . . . .		► 0		
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b	Less cost or other basis and sales expenses . . . . .	5,379			
c	Gain or (loss) . . . . .	5,513			
d	Net gain or (loss) . . . . .	-134	►	-134	-134
8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	286,058		
b	Less direct expenses . . . . .	b	243,889		
c	Net income or (loss) from fundraising events . . . . .	► ATCH. 4	42,169		42,169
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b	Less direct expenses . . . . .	b			
c	Net income or (loss) from gaming activities . . . . .	►	0		
10a	Gross sales of inventory, less returns and allowances . . . . .	a			
b	Less cost of goods sold . . . . .	b			
c	Net income or (loss) from sales of inventory . . . . .	►	0		
11a	Miscellaneous Revenue	Business Code			
b	OTHER REVENUE	900099	1,750		1,750
c					
d	All other revenue . . . . .		► 1,750		
e	Total. Add lines 11a-11d . . . . .		► 1,750		
12	Total Revenue. See instructions . . . . .	►	12,537,253	10,865,278	1,035,241
					374,819

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	185,935.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	766,157.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	21,048.			
9 Other employee benefits . . . . .	116,818.			
10 Payroll taxes . . . . .	83,676.			
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	486.			
c Accounting . . . . .	25,600.			
d Lobbying . . . . .	116,480.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	7,538,085.			
13 Office expenses . . . . .	106,832.			
14 Information technology . . . . .	0.			
15 Royalties. . . . .	0.			
16 Occupancy . . . . .	130,714.			
17 Travel . . . . .	67,057.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . .	30,081.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . .	6,570.			
23 Insurance . . . . .	16,081.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CIRCULATION - VACATION PLANN	4,423,328.			
b MARKETING RESEARCH	23,557.			
c DUES AND SUBSCRIPTIONS	6,897.			
d TRAINING	6,444.			
e ADMINISTRATIVE ALLOCATION	-1,503,103.			
f All other expenses	961.			
25 Total functional expenses Add lines 1 through 24f	12,169,704.			
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	395,645.	1	427,033.
	2 Savings and temporary cash investments . . . . .	2,260,409.	2	2,637,820.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	562,115.	4	519,811.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	178,907.	9	150,974.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	241,447.		
	b Less accumulated depreciation . . . . .	10b 230,714.	10c 12,152.	10,733.
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
Liabilities	15 Other assets See Part IV, line 11 . . . . .	-2,227.	15	251.
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	3,407,001.	16	3,746,622.
	17 Accounts payable and accrued expenses . . . . .	805,240.	17	983,442.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	1,168,647.	19	978,447.
Net Assets or Fund Balances	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	38,974.	25	31,582.
	26 Total liabilities. Add lines 17 through 25 . . . . .	2,012,861.	26	1,993,471.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	-1,943,429.	27	-1,766,684.
	28 Temporarily restricted net assets . . . . .	3,337,569.	28	3,519,835.
	29 Permanently restricted net assets . . . . .		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	1,394,140.	33	1,753,151.
	34 Total liabilities and net assets/fund balances . . . . .	3,407,001.	34	3,746,622.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No		
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> Other _____	
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? . . . . .	<input checked="" type="checkbox"/> 2a	X		
b Were the organization's financial statements audited by an independent accountant? . . . . .	<input checked="" type="checkbox"/> 2b	X		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	<input type="checkbox"/> 2c			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<input type="checkbox"/> 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	<input type="checkbox"/> 3b			

Form 990 (2009)

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

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

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

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

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

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

Name of organization <b>ALASKA TRAVEL INDUSTRY ASSOCIATION</b>	Employer identification number <b>23-7159699</b>
-------------------------------------------------------------------	-----------------------------------------------------

**Part I-A** **Complete if the organization is exempt under section 501(c) or is a section 527 organization**

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

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

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

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► \$ \_\_\_\_\_

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ► \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

**Schedule C (Form 990 or 990-EZ) 2009**

JSA  
9E1264 2 000

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

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

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
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					

**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	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1	334,312.
2a	76,796.
2b	25,148.
2c	101,944.
3	61,099.
4	40,845.
5	

Part IV Supplemental Information

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

**Part IV**      **Supplemental Information (continued)**

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**Schedule C (Form 990 or 990-EZ) 2009**

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**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2009****Open to Public  
Inspection**

► 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.

Name of the organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

Employer identification number

23-7159699

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

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

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

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

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

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

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

a Total number of conservation easements . . . . .  
b Total acreage restricted by conservation easements . . . . .  
c Number of conservation easements on a certified historic structure included in (a) . . . . .  
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► \_\_\_\_\_7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items  
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  
(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items  
a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2009

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

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

a <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

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

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

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

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

b If "Yes," explain the arrangement in Part XI V and complete the following table.

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XI V

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

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

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

Yes	No
-----	----

(i) unrelated organizations . . . . .

3a(i)	
-------	--

(ii) related organizations . . . . .

3a(ii)	
--------	--

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

3b	
----	--

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	132,859.	122,334		10,525.
e Other	108,588.	108,380		208.
<b>Total. Add lines 1a through 1e</b> (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ►				10,733.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities. See Form 990, Part X, line 12**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other . . . . .		

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

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

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

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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

Part X Other Liabilities. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Amount
Federal income taxes	
PREPAID CVB/DMO	24,736.
PREPAID INTERSTATE AWARENESS	6,846.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	31,582.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )**

31,582.

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

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

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

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

Part XIV Supplemental Information

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

**Part XIV Supplemental Information (continued)**

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

## Open To Public Inspection

---

**Name of the organization**

**Employer identification number**

## ALASKA TRAVEL INDUSTRY ASSOCIATION

23-7159699

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

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

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

	(a) Event #1 CONVENTION (event type)	(b) Event #2 AUCTION (event type)	(c) Other Events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	191,657.	47,555.	46,846.
	2 Less Charitable contributions . . . . .			
	3 Gross income (line 1 minus line 2) . . . . .	191,657.	47,555.	46,846.
				286,058.
Direct Expenses	4 Cash prizes . . . . .			
	5 Noncash prizes . . . . .			
	6 Rent/facility costs . . . . .			
	7 Food and beverages . . . . .			
	8 Entertainment . . . . .			
	9 Other direct expenses . . . . .	207,070.	1,000.	35,819.
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .			► ( 243,889.)
	11 Net income summary Combine line 3, column (d), and line 10 . . . . .			► 42,169.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			
Direct Expenses	2 Cash prizes . . . . .			
	3 Noncash prizes . . . . .			
	4 Rent/facility costs . . . . .			
	5 Other direct expenses . . . . .			
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .			► ( )
	8 Net gaming income summary Combine line 1, column d, and line 7 . . . . .			►
	9 Enter the state(s) in which the organization operates gaming activities			<input type="checkbox"/> Yes <input type="checkbox"/> No
	a Is the organization licensed to operate gaming activities in each of these states? . . . . .			9a
	b If "No," explain			
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?			10a
	b If "Yes," explain			
	11 Does the organization operate gaming activities with nonmembers? . . . . .			11
	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .			12

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility . . . . .	13a	%
b	An outside facility . . . . .	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		
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 ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer		<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

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 TRAVEL INDUSTRY ASSOCIATION

Employer identification number

23-7159699ATTACHMENT 1

## DOCUMENTS AVAILABLE TO PUBLIC

## PART VI LINE 19

THE ORGANIZATION'S DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON  
REQUEST THROUGH ATIA'S WEBSITE.

## ATIA MEMBERS

## PART VI LINE 6

ATIA'S MEMBERS ARE BUSINESSES WHICH ARE EITHER TOURISM RELATED OR IN  
SUPPORT OF TOURISM IN ALASKA. THE AMOUNT OF DUES IS RELATED TO THE SIZE  
OF THE BUSINESS ENTITY.

## GOVERNING BODY ELECTED

## PART VI LINE 7A

BOARD OF DIRECTORS CONSIST OF 19 ELECTED DIRECTORS AND UP TO 4 APPOINTED  
DIRECTORS. OF THE ELECTED DIRECTORS, SEATS ARE ALLOCATED BASED ON THE  
LOCATION OF THE PRIMARY REGION OF BUSINESS OPERATIONS OR THE PRIMARY  
REGIONS WHERE THE SERVICE IS PROVIDED. THIS IS TO ASSURE A COMPLETE  
REPRESENTATION OF ALL REGIONS OF ALASKA. DIRECTORS ARE ELECTED FOR A 3  
YEAR TERM, WITH TERMS STAGGERED SO THAT AT LEAST ONE POSITION WITHIN A  
REGION IS UP FOR ELECTION IN A GIVEN YEAR. ELECTED DIRECTORS' TERMS  
SHALL COMMENCE AT THE CONCLUSION OF THE ANNUAL MEETING. APPOINTED  
DIRECTORS SERVE A 1 YEAR TERM.

## COMPENSATION APPROVAL PROCESS

Name of the organization	Employer identification number
ALASKA TRAVEL INDUSTRY ASSOCIATION	23-7159699
<u>ATTACHMENT 1 (CONT'D)</u>	

## PART VI LINE 15A

COMPENSATION FOR THE CHEIF OPERATING OFFICER/PRESIDENT IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION FOR ATIA STAFF IS APPROVED BY THE PRESIDENT/COO.

THE DIRECTOR OF FINANCE AND HR RESEARCHES COMPARABLE WAGE RATES USING BOTH STATE WAGE SURVEY DATA AND US DEPT OF LABOR WAGE DATABASES. ATIAL USES SOA CLASS CODES AND ESC CODES IN RESEARCHING WAGE COMPARABLES.

REVIEW COMMITTEE FOR COO/PRESIDENT COMPENSATION CONSISTS OF MEMBERS OF THE BOARD OF DIRECTORS, WHICH ARE ALL VOLUNTEER. THE COMPENSATION PACKAGE IS APPROVED BY THE ENTIRE BOARD OF DIRECTORS.

THE COMPENSATION REVIEW PROCESS WAS LAST UNDERTAKEN IN OCTOBER 2009.

## REVIEW OF FORM 990

## PART VI LINE 11A

THE 990 AND RELATED FORMS ARE REVIEWED BY THE DIRECTOR OF FINANCE AND THE PRESIDENT OF ATIA. THE DIRECTOR OF FINANCE REVIEWS THE 990 IN DETAIL, COMPARING TO GENERAL LEDGER AND AUDIT INFORMATION PRIOR TO FILING. THE PRESIDENT REVIEWS THE RETURN AFTER FILING.

## CONFLICT OF INTEREST POLICY

## PART VI LINE 12C

CONTRACTED VENDORS, EMPLOYEES, AND THE BOARD OF DIRECTORS ARE COVERED UNDER ATIA'S CONFLICT OF INTEREST POLICY. ALL CONTRACTORS ARE REQUIRED TO IDENTIFY AND INFORM THE PRESIDENT OF POTENTIAL CONFLICTS OF INTEREST. THE

Name of the organization <u>ALASKA TRAVEL INDUSTRY ASSOCIATION</u>	Employer Identification number <u>23-7159699</u>
	<u>ATTACHMENT 1 (CONT'D)</u>

PRESIDENT REVIEWS AND EITHER AUTHORIZES OR GIVES NOTICE TO THE CONTRACTOR. EMPLOYEES ARE ALSO REQUESTED TO NOTIFY THE PRESIDENT OR DIRECTOR OF FINANCE & HR OF ANY POTENTIAL CONFLICTS OF INTEREST IF THEY CHOOSE TO TAKE ON ADDITIONAL EMPLOYMENT. THE PRESIDENT REVIEWS AND EITHER AUTHORIZES OR GIVES NOTICE TO THE EMPLOYEE.

IF A CONFLICT OF INTEREST IS IDENTIFIED, ATIA GIVES NOTICE OF TERMINATION OF THE BUSINESS RELATIONS AS OUTLINED IN THE BYLAWS.

**AUDITED FINANCIAL STATEMENTS**

**PART XI LINE 2B**

ATIA'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. NO STAND ALONE FINANCIAL STATEMENTS WERE ISSUED FOR ATIA.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DAWLEY & ASSOCIATES 1020 FIRST AVENUE SOUTH, SUITE 203 SEATTLE, WA 98134	WEBSITE DESIGN	505,263.
	TOTAL COMPENSATION	<u>505,263.</u>

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization

ALASKA TRAVEL INDUSTRY ASSOCIATION

Employer identification number

23-7159699

ATTACHMENT 3 (CONT'D)FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
DIVIDENDS AND INTEREST FROM SECURITIES	32,757			32,757
<b>TOTALS</b>	<b><u>32,757</u></b>			<b><u>32,757</u></b>

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
TRAVEL CONVENTION	191,657.	207,070.	-15,413.
TRAVEL AUCTION	46,846.	35,819.	11,027.
CONVENTION AUCTION	47,555.	1,000.	46,555.
<b>TOTALS</b>	<b><u>286,058.</u></b>	<b><u>243,889.</u></b>	<b><u>42,169.</u></b>

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.  
► Attach to Form 990. See separate instructions.

III SPECIATION

**ALASKA TRAVEL INDUSTRY ASSOCIATION**

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

68

**Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

**Schedule R (Form 990) 2009**

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	x
b Gift, grant, or capital contribution to other organization(s)	1b	x
c Gift, grant, or capital contribution from other organization(s)	1c	x
d Loans or loan guarantees to or for other organization(s)	1d	x
e Loans or loan guarantees by other organization(s)	1e	x
f Sale of assets to other organization(s)	1f	x
g Purchase of assets from other organization(s)	1g	x
h Exchange of assets	1h	x
i Lease of facilities, equipment, or other assets to other organization(s)	1i	x
j Lease of facilities, equipment, or other assets from other organization(s)	1j	x
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	x
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	x
m Sharing of facilities, equipment, mailing lists, or other assets	1m	x
n Sharing of paid employees	1n	x
o Reimbursement paid to other organization for expenses	1o	x
p Reimbursement paid by other organization for expenses	1p	x
q Other transfer of cash or property to other organization(s)	1q	x
r Other transfer of cash or property from other organization(s)	1r	x
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		
	(a) Name of other organization	(b) Transaction type (a-f)
		(c) Amount involved
(1) ATIA TRAVEL POLITICAL ACTION COMMITTEE	P	300.
(2) ATIA EDUCATION FOUNDATION	P	47,726.
(3)		
(4)		
(5)		
(6)		

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

---

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

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

Schedule R (Form 990) 2009

Application for Extension of Time To File an  
Exempt Organization Return

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

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

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

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

Part I only 

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

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

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

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<b>INTERNAL REVENUE SERVICE</b>
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	Form 6069 Form 8870 ANCHORAGE, AK 99509

- The books are in the care of ► CHERYL FULLERTON

Telephone No ► 907 646-3313

FAX No ► **NOV 12 2010**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **65101** If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year \_\_\_\_\_ or  
►  tax year beginning **07/01/2009**, and ending **06/30/2010**

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <b>0.</b>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <b>0.</b>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <b>0.</b>

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

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

Form 8868 (Rev 4-2009)

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

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

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

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

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

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

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

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

- The books are in the care of ► CHERYL FULLERTON  
Telephone No ► 907 646-3313 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . ►  If it is for part of the group, check this box . . . ►  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 05/15/2011
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01/2009, and ending 06/30/2010
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

**Signature and Verification**

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

Signature ►

KPMG LLP

701 WEST 8TH AVENUE, SUITE 600  
ANCHORAGE, AK 99501

Title ►

CPA

Date ►

1/3/11

Form 8868 (Rev 4-2009)

FFB 11 2011

RECEIVED