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KEA MEMBER SERVICES

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

07-29-2010

	_	he organization	L						Employe	er identifica	tion num	ber	
		_	oundation, Inc.						27	1	0897796	ŝ	
Par	_			arity Status (All or	ganızatı	ons mus	t compl	ete this	part.) Se	ee instru	ctions.		_
The (orga												
		ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		The second secon											
3		A hospital or	r a cooperative !	nospital service organ	nization d	lescnbed	in section	n 170(b)	(1)(A)(iii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6													
· 7 -	7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
	_			(1)(A)(vi). (Complete F									
8	Ц			d in section 170(b)(1)									
9	Ш			receives: (1) more th									
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33% support from gross investment income and unrelated business taxable income (less section 511 tax) from bit acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
										JULIAN	, nom e	Jusines	3303
10		•	_	nd operated exclusive				-		(a)(A)			
11	\Box										or to car	rny out	the
-	_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section											
				at describes the type									
	a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-											tII-Oth	er
e													fied
		persons other than foundation managers and other than one or more publicly supported organizations d								escribed	ın sec	tion	
			section 509(a)(2)										
f				a written determinati	ion from	the IRS	that it is	a Type	I, Type II	, or Type	ili sup	porting	, _
_		•	, check this box									•	
9		following per		the organization acce	epted any	y giπ or c	ontributio	on from a	any of the)			
				r indirectly controls, e	other ale	na ar tac	anthor wi	th norce	ac docori	bod io (ii)	ſ	Yes	No
				ning body of the sup				III beizoi	is descri	sea in (ii)	11g(j)		
		• •	-			•	-				11g(ii)		
								11g(iii)	\neg				
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anization	(s).						
(i) I		me of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify organization in col (ii) listed in your the organization in					(vi) is the (vii) Amount of				ıf		
G,		anizacon	}	above or IRC section	in col (i) listed in your the organization in governing document? col (i) of your			organization in col (i) organized in the		support			
			ĺ	(see instructions))	ļ	r	 	port?		S ?			
			 		Yes	No_	Yes	No	Yes	No			
			()		ļ	ļ	ļ	ļ					
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		1											—
Tata	ıl		[l	l	[l	l	1 1			

04:38 26 p m Kodiak Electric Associati Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 0 0 15,127 0 0 15,127 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf 3 The value of services or facilities furnished by a governmental unit to the 0 0 0 0 organization without charge 0 0 0 0 15,127 15,127 4 Total. Add lines 1 through 3 . . 5 The portion of total contributions by each

	person (other than a governmental unit of	ì		1 1		1	ì					
	publicly supported organization) included			ļ		 						
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)			ł !		1		0				
6	Public support. Subtract line 5 from line 4.							15,127				
	tion B. Total Support			<u> </u>		Ь		10,121				
_	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e	2009	(f) Total				
		0	0	0	0	,,,,	15,127	15,127				
7	Amounts from line 4	-		l		13,127		13,127				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	0	505		505				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	0				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0		0	0				
11	Total support. Add lines 7 through 10 ,							15,632				
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	I	0				
13	First five years. If the Form 990 is for	the organization				ear a	s a section	n 501(c)(3)				
	organization, check this box and stop he			· · · ·				. > Z				
Sec	tion C. Computation of Public Su											
14	Public support percentage for 2009 (line	6, column (f) div	vided by line 1	1, column (f))		14		%				
15	Public support percentage from 2008 Sc	hedule A, Part I	l, line 14			15		%				
16a	33½ % support test—2009. If the organiand stop here. The organization qualifies			_ ••	ine 14 is 331/49		more, chec	k this box				
	33% % support test—2008, If the organic box and stop here. The organization quality	lifies as a publi	cly supported	organization .				▶ 🗆				
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box a	and stop here.	Expla	ain in Part	V how the				
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more and the properties of the organization meets the "facts-and-circumstances" and the organization meets the organiza	acts-and-circum	stances" test, o	check this box a	nd stop here.	Expla	in in Part	V how the				
18	Private foundation. If the organization did											
	 -	_										

Page 3 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total contributions. grants, membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose . 3. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). % 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization > b 33%% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%, and line 18 is not more than 33%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔲

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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0425806617 July 22, 2010 LTR 2695C 0 R 27-0897796 200912 67 00016165

KEA EDUCATIONAL FOUNDATION INC PO BOX 787 KODIAK AK 99615



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Date

Prenoer Title