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**Return of Private Foundation**  
 or Section 4947(a)(1) Nonexempt Charitable Trust  
 Treated as a Private Foundation

**2009**

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending , 20

G Check all that apply  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation UIC FOUNDATION, INC.		A Employer identification number 92-0157584
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see page 10 of the instructions) (907) 852-4460
	P.O. BOX 890		C If exemption application is pending, check here <input type="checkbox"/> D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
	City or town, state, and ZIP code BARROW, AK 99723		

H Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 21,832.

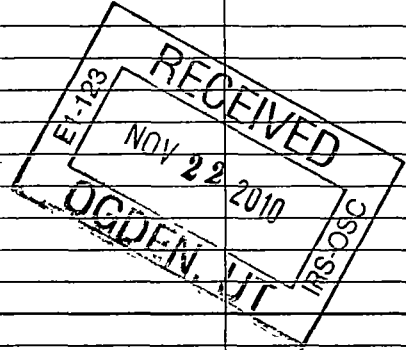
J Accounting method  Cash  Accrual  
 Other (specify) (Part I, column (d) must be on cash basis)

E If private foundation status was terminated under section 507(b)(1)(A), check here   
 F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
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	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc. received (attach schedule). 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .	107,736			
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities . . . . .				
5 a Gross rents . . . . . b Net rental income or (loss) . . . . .				
6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a . . . . .				
7 Capital gain net income (from Part IV, line 2) . . . . .				
8 Net short-term capital gain . . . . .				
9 Income modifications . . . . .				
10 a Gross sales less returns and allowances . . . . . b Less Cost of goods sold . . . . . c Gross profit or (loss) (attach schedule) . . . . .				
11 Other income (attach schedule) . . . . .				
12 Total. Add lines 1 through 11 . . . . .	107,736			
13 Compensation of officers, directors, trustees, etc . . . . .	0			
14 Other employee salaries and wages . . . . .				
15 Pension plans, employee benefits . . . . .				
16 a Legal fees (attach schedule) . . . . . b Accounting fees (attach schedule) . . . . . c Other professional fees (attach schedule) . . . . .				
17 Interest . . . . .				
18 Taxes (attach schedule) (see page 14 of the instructions)				
19 Depreciation (attach schedule) and depletion . . . . .				
20 Occupancy . . . . .				
21 Travel, conferences, and meetings . . . . .				
22 Printing and publications . . . . .				
23 Other expenses (attach schedule) <u>ATCH 1</u> . . . . .	202			202
24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	202			202
25 Contributions, gifts, grants paid . . . . .	178,585			178,585
26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	178,787			178,787
27 Subtract line 26 from line 12 . . . . .	-71,051			
a Excess of revenue over expenses and disbursements . . . . .	-71,051			
b Net investment income (if negative, enter -0-) . . . . .		-0-		
c Adjusted net income (if negative, enter -0-) . . . . .			-0-	



SCANNED NOV 30 2010

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing . . . . .	92,883.	21,832.	21,832.
	2 Savings and temporary cash investments . . . . .			
	3 Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10 a Investments - U S and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule) . . . . .			
	c Investments - corporate bonds (attach schedule) . . . . .			
	11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶			
	12 Investments - mortgage loans . . . . .			
	13 Investments - other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶			
15 Other assets (describe ▶) . . . . .				
16 <b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	92,883.	21,832.	21,832.	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶) . . . . .			
23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .				
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	92,883.	21,832.	
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .			
30 <b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	92,883.	21,832.		
31 <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	92,883.	21,832.		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	92,883.
2	Enter amount from Part I, line 27a . . . . .	2	-71,051.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3 . . . . .	4	21,832.
5	Decreases not included in line 2 (itemize) ▶	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	21,832.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) . . . . .	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8, . . . . .		3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . .  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	211,344.	56,643.	3.731158
2007	147,450.	23,168.	6.364382
2006	151,203.	9,926.	15.233024
2005	175,575.	3,227.	54.408119
2004	50,016.	12,850.	3.892296
2 Total of line 1, column (d) . . . . .			83.628979
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .			16.725796
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 . . . . .			65,756.
5 Multiply line 4 by line 3 . . . . .			1,099,821.
6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .			
7 Add lines 5 and 6 . . . . .			1,099,821.
8 Enter qualifying distributions from Part XII, line 4 . . . . .			178,787.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

Table with 11 rows and 2 columns. Rows include: 1a Exempt operating foundations, b Domestic foundations, c All other domestic foundations, 2 Tax under section 511, 3 Add lines 1 and 2, 4 Subtitle A (income) tax, 5 Tax based on investment income, 6 Credits/Payments (6a-6d), 7 Total credits and payments, 8 Enter any penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 to be Credited to 2010 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows and 3 columns (1a-10, Yes, No). Rows include: 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation... 1b Did it spend more than \$100 during the year... 1c Did the foundation file Form 1120-POL... 2 Has the foundation engaged in any activities... 3 Has the foundation made any changes... 4a Did the foundation have unrelated business gross income... 4b If "Yes," has it filed a tax return... 5 Was there a liquidation, termination... 6 Are the requirements of section 508(e)... 7 Did the foundation have at least \$5,000 in assets... 8a Enter the states to which the foundation reports... 8b If the answer is "Yes" to line 7... 9 Is the foundation claiming status as a private operating foundation... 10 Did any persons become substantial contributors...

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) . . . . . 11 X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . . 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . 13 X
Website address WWW.UKPIK.COM/ SHAREHOLDER SERVICES
14 The books are in care of MATILDA ADAMS Telephone no 907-852-7429
Located at P.O. BOX 890 BARROW, AK ZIP + 4 99723
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . 15

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . Yes No X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . Yes No X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . Yes No X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . Yes No X No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . Yes No X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . . Yes No X No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . . 1b
Organizations relying on a current notice regarding disaster assistance check here . . . . .
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? . . . . . 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? . . . . . Yes No X No
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions) . . . . . 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . Yes No X No
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) . . . . . 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? . . . . . 4b X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 2		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . NONE

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3 . . . . .	

**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held-for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	66,757.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	66,757.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	66,757.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	1,001.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	65,756.
6	Minimum investment return. Enter 5% of line 5	6	3,288.

**Part XI** Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part)

1	Minimum investment return from Part X, line 6	1	3,288.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	0.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,288.
4	Recoveries of amounts treated as qualifying distributions	4	19,387.
5	Add lines 3 and 4	5	22,675.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	22,675.

**Part XII** Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	178,787.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	178,787.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	178,787.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				22,675.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years 20 07 20 06 20 05				
3 Excess distributions carryover, if any, to 2009				
a From 2004	49,373.			
b From 2005	175,414.			
c From 2006	150,868.			
d From 2007	146,292.			
e From 2008	192,458.			
f Total of lines 3a through e	714,405.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 178,787.				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				22,675.
e Remaining amount distributed out of corpus	156,112.			
5 Excess distributions carryover applied to 2009 (if an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	870,517.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	49,373.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	821,144.			
10 Analysis of line 9				
a Excess from 2005	175,414.			
b Excess from 2006	150,868.			
c Excess from 2007	146,292.			
d Excess from 2008	192,458.			
e Excess from 2009	156,112.			

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with columns: Tax year (a) 2009, (b) 2008, (c) 2007, (d) 2006, (e) Total. Rows include: 2a Adjusted net income, b 85% of line 2a, c Qualifying distributions from Part XII, d Amounts included in line 2c not used directly for active conduct of exempt activities, e Qualifying distributions made directly for active conduct of exempt activities, 3 Complete 3a, b, or c for the alternative test relied upon, a "Assets" alternative test, b "Endowment" alternative test, c "Support" alternative test.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

ATTACHMENT 3

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHMENT 6

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SCHOLARSHIPS ARE AWARDED TO UIC SHAREHOLDERS AND THEIR CHILDREN

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i></p> <p>ATTACHMENT 4</p>				
<b>Total.</b> . . . . . ▶ 3a				178,585.
<p>b <i>Approved for future payment</i></p>				
<b>Total.</b> . . . . . ▶ 3b				





Schedule of Contributors

2009

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization  
UIC FOUNDATION, INC.

Employer identification number  
92-0157584

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UIC FOUNDATION, INC.**

Employer identification number  
92-0157584

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UKPEAGVIK INUPIAT CORP. PO BOX 890 BARROW, AK 99723	\$ 107,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
BANK SERVICE CHARGE	202.	202.
TOTALS	<u>202.</u>	<u>202.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 2

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT AND OTHER ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

TIMOTHY MARX  
P.O. BOX 890  
BARROW, AK 99723

DIRECTOR  
.50

0.

0.

0.

KRISTINE HILDERBRAND  
P.O. BOX 890  
BARROW, AK 99723

DIRECTOR  
.50

0.

0.

0.

MATILDA ADAMS  
P.O. BOX 890  
BARROW, AK 99723

DIRECTOR  
.50

0.

0.

0.

GRAND TOTALS

0.

0.

0.

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

MATILDA ADAMS  
PO BOX 890  
BARROW, AK 99723  
907-852-7429

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 4

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
2009 TERMS - STATEMENT 5	UIC SHAREHOLDERS AND THEIR CHILDREN		197,972
RETURNED FUNDS - STATEMENT 5	UIC SHAREHOLDERS AND THEIR CHILDREN		-19,387
TOTAL CONTRIBUTIONS PAID			<u>178,585</u>

FORM 990PF, PART XV - SUPPLEMENTARY INFORMATION  
 GRANTS PAID DURING THE YEAR

Last Name	First Name	Relationship to any Foundation Manager or Substantial Contributor	Foundation Status	Scholarship Amount
AAMODT	AVAIYAK	None	None	900 00
ADAMS	CYNTHIA	None	None	2,400 00
AGIAK	FLORA	None	None	900 00
AHGEAK	ERNESTINE	None	None	2,100 00
AHGEAK	MAE	None	None	1,864 00
AHGEAK	MATTIE	None	None	2,567 00
AHKIVGAK	MAGGIE	None	None	390 00
AHKIVIANA	BRYAN	None	None	1,200 00
AHKIVIANA	LINDA	None	None	1,350 00
AHMAOGAK	MAGGIE	None	None	900 00
AHMAOGAK	EMMA	None	None	3,000 00
AHMAOGAK JR	GEORGE	None	None	2,100 00
AHSOAK	EUNICE	None	None	435 00
AIKEN	TERESA	None	None	1,200 00
AIKEN III	JONATHAN	None	None	1,200 00
AKOOTCHOOK	ANNIE	None	None	743 00
AKPIK	DEVA	None	None	487 00
AKPIK	SALOMI	None	None	870 00
AKPIK	SHEILA	None	None	900 00
AKPIK	THERESA	None	None	553 00
ALRED	DONNA	None	None	900 00
ASHBY	DERICK	None	None	1,200 00
BODFISH	KYLE	None	None	900 00
BOOTH	MARILYN	None	None	2,130 00
BOWER	P	None	None	1,000 00
BROSTE	IAN	None	None	2,100 00
BROWER	ANTHONY	None	None	764 00
BROWER	BOBBY	None	None	1,387 00
BROWER	BRITT'NEE	None	None	900 00
BROWER	CLARA	None	None	2,023 00
BROWER	EUNICE	None	None	390 00
BROWER	JAMIE	None	None	2,102 00
BROWER	ROBERT	None	None	600 00
BROWER	ROXANNE	None	None	568 00
BROWER	TERZA	None	None	2,100 00
BROWER	WENDELL	None	None	900 00
BURNS	BRITTANY	None	None	2,100 00
BUSTILLO	PORSCHA	None	None	1,500 00
CAMPBELL	KELSEY	None	None	900 00
CHRISTENSEN	JUSTINA	None	None	900 00
CHRISTIANSEN	JAMIE	None	None	900 00
CHRISTIANSEN	JASON	None	None	2,100 00
CROSBY	DEANNA	None	None	900 00
CURETON	DOREAN	None	None	900 00
DEJESUS	SAADIA	None	None	2,100 00
DIAZ	DORA	None	None	81 00

Last Name	First Name	Relationship to any Foundation Manager or Substantial Contributor	Foundation Status	Scholarship Amount
DINGMAN	ELIZABETH	None	None	900 00
DINGMAN	NICOLE	None	None	970 00
DRESSEN	CODY	None	None	1,500 00
EDWARDSON	ANNA	None	None	1,890 00
EDWARDSON	ISABEL	None	None	1,532 00
EDWARDSON	SUSAN	None	None	378 00
ENLOW	LORAN	None	None	900 00
FRANTZ	KRISTA	None	None	2,100 00
FRITSCH	MICHELE	None	None	1,685 00
FULCHER	DAVID	None	None	900 00
FULFORD	HEATHER	None	None	2,100 00
GANGWAR	WARREN	None	None	1,841 00
GLENN	ALICE	None	None	900 00
GREENE	KITTY	None	None	1,271 00
GROTHA	BARBARA	None	None	900 00
GUECO	REBEKAH	None	None	2,100 00
HARCHAREK	NAGRUK	None	None	1,200 00
HARRIS	TABITHA	None	None	900 00
HOPSON	EMMA	None	None	1,200 00
HOPSON	HARRIETT	None	None	487 00
HOPSON	JESSICA	None	None	563 00
HOPSON	JOANNA	None	None	2,100 00
HOPSON	LESLEY	None	None	900 00
HOPSON	REBECCA	None	None	2,100 00
HOPSON	THOMAS	None	None	900 00
HUDELL	RICHARD	None	None	1,200 00
IPALOOK	LLOYD	None	None	529 00
ITTA	YELEANA	None	None	1,200 00
JUDKINS	TENNESSEE	None	None	3,180 00
KALEAK	ELI	None	None	1,826 00
KALEAK	MABEL	None	None	563 00
KALEAK	MAGGIE	None	None	744 00
KALEAK	ROBERT	None	None	743 00
KANAYURAK	GILBERT	None	None	694 00
KANAYURAK	NICOLE	None	None	900 00
KAVAIRLOOK	ELIZABETH	None	None	870 00
KENNEDY	MARY	None	None	1,200 00
KHAN	SELMA	None	None	900 00
KIGNAK	JUSTIN	None	None	1,200 00
KIPPI	DOMINIQUE	None	None	900 00
KNOWLES	NICOLE	None	None	2,400 00
KOONALOK	SEYMOUR	None	None	1,200 00
LEAVITT	AMBROSIA	None	None	870 00
LEAVITT	DOREEN	None	None	900 00
LEAVITT	JACKIE	None	None	1,377 00
LEAVITT	LOYLA	None	None	900 00
LEAVITT	MARTHA	None	None	1,142 00
LEAVITT	WILLIAM	None	None	1,200 00

Last Name	First Name	Relationship to any Foundation Manager or Substantial Contributor	Foundation Status	Scholarship Amount
LOWERY	JAIME	None	None	1,200 00
MANDREGAN	EVA	None	None	1,500 00
MCALLISTER	JACQUELINE	None	None	900 00
MCCOY	MICHELLE	None	None	1,200 00
MENDEL	JESSICA	None	None	1,997 00
MENDEL	KYLE	None	None	900 00
MILLER	TAKTUK	None	None	3,000 00
MILLS	ROBERT	None	None	1,324 00
NAGEAK III	VINCENT	None	None	1,149 00
NAGEAK, JR	ROY	None	None	900 00
NAYAKIK	MICHELLE	None	None	900 00
NELSON	LARS	None	None	1,200 00
NELSON	NED	None	None	1,778 00
NELSON	CARRIE	None	None	2,100 00
NICELY	MACKENZEE	None	None	900 00
NUKAPIGAK	ISAAC	None	None	900 00
NUNGASAK	HARRIETT	None	None	900 00
OKAKOK	JOSEPH	None	None	1,169 00
OKAKOK	KRISTIN	None	None	900 00
OLEMAUN	CHASTITY	None	None	2,055 00
OLEMAUN	LOTTIE	None	None	1,157 00
OLEMAUN SR	CORTEZ	None	None	900 00
OVIOK	NANCY	None	None	2,089 00
OYAGAK	BERNICE	None	None	900 00
PANNINGONA	CLARISSA	None	None	1,829 00
PEIDLOW	MARLANA	None	None	1,200 00
PFLUEGER	ALANNAH	None	None	900 00
PICO	BOBBY	None	None	2,022 00
PORTER	BLAKE	None	None	1,500 00
REXFORD	CHARLES	None	None	1,800 00
REXFORD	ELIZABETH	None	None	1,144 00
REXFORD-BROWN	WILLIAM	None	None	900 00
ROBINSON	HOLLY	None	None	900 00
ROBINSON	VIRGINIA	None	None	900 00
RUSSELL	ALBERT	None	None	1,980 00
RUSSELL	LEANNA	None	None	3,180 00
SAGANNA	AUDREY	None	None	390 00
SAGE	MARY	None	None	568 00
SAKEAGAK	DARLENE	None	None	2,100 00
SAKEAGAK	WILLIE	None	None	900 00
SALMON	ABBEY	None	None	900 00
SEGEVAN	CASSANDRA	None	None	1,200 00
SIMMONDS	VERA	None	None	900 00
SMITH	JESSICA	None	None	1,200 00
SNYDER	MEDA	None	None	900 00
SOLOMON	PAMELA	None	None	390 00
SOPLU	ARIEL	None	None	900 00
SPICER	DANA	None	None	900 00
STEWART	JAIME	None	None	900 00
STINE	PHOEBE	None	None	900 00
STOTTS	INUUTEQ	None	None	1,953 00
STUERMER	SANDRA	None	None	1,080 00
SUVLU	ABLE	None	None	3,900 00
SUVLU	JAMIE	None	None	1,374 00

Last Name	First Name	Relationship to any Foundation Manager or Substantial Contributor	Foundation Status	Scholarship Amount
SYFKO	EDNA	None	None	894 00
THOMPSON	JENE	None	None	900 00
TURNER	KATELYN	None	None	900 00
TURNER	SAMUEL	None	None	1,413 00
WATSON	KATRINA	None	None	743 00
WEBER	HEATHER	None	None	900 00
WILLIAMS	SERENA	None	None	1,661 00
WONG	CHARLES	None	None	1,774 00
				197,972.00
REFUNDED SCHOLARSHIPS				(19,387.00)
TOTAL GRANTS PAID DURING THE YEAR				178,585.00

**UIC Foundation, Inc  
Scholarship Application**

DATE OF APPLICATION:

New Applicant  
 Renewal

School Term: (circle one)  
Spring Summer Fall Winter

**Personal Information**

Name:

Address:

Date of Birth:

Social Security No

HOME PHONE #

E-MAIL ADDRESS

UIC Shareholder Yes No

Child of Shareholder. Yes No

Descendent/Name of Parent.

Name of Parent:

**School Information**

Name of School/College:

Address:

ACCEPTANCE LETTER. Yes No Will Send

Vocational:

Type of Training:

School Previously attended:

**List Three (3) References, including address and phone numbers:**

**For Renewal Students:**

Acceptance Letter Sent

Yes No Will send

Name of School:

**Reminder: Scholarship funding will not be issued until grades have been received**

Year.  Freshman  Sophomore  Junior  Senior

**Living Arrangements:**  Dorm  Parents  Apartment

**SCHOOL EXPENSES FOR ONE TERM:**

**SOURCE OF FUNDS**

TUITION:

JOB SAVINGS:

FEES:

CITY OF BARROW

DORM:

AEF:

FOOD/MEALS:

BIA:

APT.RENT/MONTH

PELL GRANT:

BOOKS

STATE LOANS:

MISC/OTHER:

TOTAL EXPENSES:

TOTAL FUNDS:

TOTAL REQUEST:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved Amount:

Signature:

(UICF Administrator)





## **UIC Foundation, Inc. Scholarship Program**

P.O. Box 890  
Barrow, AK 99723  
Phone: 907-852-4460  
Fax: 907-852-4459

UIC Foundation, Inc. has funding available for the purpose of providing scholarships to qualified students whether they are attending college or vocational school; part-time or full-time. The Foundation will assist in paying for the basic college costs of tuition, fees and books for each term. Every applicant is encouraged to apply for other financial aid for which they may be eligible.

### **Limitations of the Scholarship Program funds are as follows:**

- ◆ Apartment rent is limited to \$300.00/month
- ◆ Food allowance is limited to \$150.00/month
- ◆ Room & board is only available for students living away from home.
- ◆ Transportation to and from school is not available.

### **Application deadlines are as follows:**

- ◆ March 1: Spring term
- ◆ May 1: Summer term
- ◆ August 1: Fall term
- ◆ December 1: Winter term

### **Requirements an applicant must fulfill in order to be considered for a scholarship are:**

1. A UIC shareholder or child of a shareholder.
2. Scholarship application form must be completed and returned.
3. A letter of acceptance from the school you will be attending must be on file.
4. Complete transcripts from high school or the most recent school you have attended must be on file.
5. Three (3) letters of recommendation from counselors, teachers, administrators or present employer must be submitted with the application.
6. A personal statement detailing your future career plans after completion of college or training must be submitted. Include extra-curricular activities and community service activities.
7. **Financial need sheet from the school is required (for new and renewal students). Form is attached.**
8. **Current grade report with renewal application submitted (for renewal students only).**

Any questions regarding the UIC Foundation Scholarship Program, call 907-852-4460

• 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).

Form section with fields: Type or print, Name of Exempt Organization (UIC FOUNDATION, INC.), Employer Identification number (92-0157584), Number, street, and room or suite no (P.O. BOX 890), City, town or post office, state, and ZIP code (BARROW, AK 99723)

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

Form section with checkboxes for Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

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 MATILDA ADAMS Telephone No 907 852-7429 FAX No 907 852-4459

• 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 11/15/2010
5 For calendar year 2009, or other tax year beginning and ending
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.

Table with 3 columns: Description, Amount, and Label. Rows include 8a (tentative tax), 8b (refundable credits), and 8c (Balance Due).

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: [Handwritten Signature] Title: CPA Date: 8/4/10
KPMG LLP
701 WEST 8TH AVENUE, SUITE 600
ANCHORAGE, AK 99501

INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
ANCHORAGE, AK 99508

AUG 06 2010

RECEIVED
55101

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - 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  File by the due date for filing your return See instructions	Name of Exempt Organization UIC FOUNDATION, INC.	Employer identification number 92-0157584
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 890	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BARROW, AK 99723	

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

<input 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)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

INTERNAL REVENUE SERVICE  
W&I FIELD ASSISTANCE  
ANCHORAGE AK 99508  
MAY 13 2010

• The books are in the care of ▶ MATILDA ADAMS

Telephone No ▶ 907 852-7429

FAX No ▶ 907 852-4459

RECEIVED  
55404

- 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 2009 or
- ▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

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	\$	0.
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	\$	0.
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	\$	0.

**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.