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Form

**990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under 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

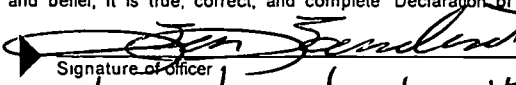
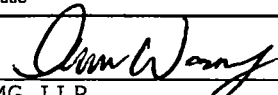
**A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF ANCHORAGE</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite /01 WEST 8TH AVENUE, SUITE 230 City or town, state or country, and ZIP + 4 ANCHORAGE, AK 99501	<b>D</b> Employer identification number 92-0027948
	<b>F</b> Name and address of principal officer. MICHELE BROWN 701 W 8TH AVE., STE 230 ANCHORAGE, AK 99501	<b>E</b> Telephone number (907) 263-2000
	<b>G</b> Gross receipts \$ 9,457,751.	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (03) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: WWW.LIVEUNITEDANCHORAGE.ORG
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation 1961	<b>M</b> State of legal domicile AK

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities UNITED WAY OF ANCHORAGE CREATES PATHWAYS TO A BETTER LIFE FOR ALL BY DRIVING MEASURABLE CHANGES IN THE AREAS OF EDUCATION, INCOME, AND HEALTH, THE BUILDING BLOCKS OF A GOOD LIFE.	
	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)	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25
	5	Total number of employees (Part V, line 2a)	66
	6	Total number of volunteers (estimate if necessary)	1,700
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	-22,954.
7b	Net unrelated business taxable income from Form 990-T, line 34	-22,954.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 9,613,699. Current Year: 8,172,007.
	9	Program service revenue (Part VIII, line 2g)	118,249. 191,837.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142,973. 40,330.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	345,970. 131,715.
	12	Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,220,891. 8,535,889.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,220,311. 4,780,719.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries or other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,813,925. 2,937,198.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	1,110,244.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,815,159. 1,766,785.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,849,395. 9,484,702.
19	Revenue less expenses Subtract line 18 from line 12	1,371,496. -948,813.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Year: 14,228,015. End of Year: 12,349,500.
	21	Total liabilities (Part X, line 26)	6,955,744. 5,926,046.
	22	Net assets or fund balances Subtract line 21 from line 20	7,272,271. 6,423,454.

**Part II Signature Block**

<b>Sign Here</b>	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			
	Signature of officer  Date 5-13-2011	Type or print name and title Len Lambert, CFO/VP Finance		
<b>Paid Preparer's Use Only</b>	Preparer's signature  Date 5/13/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) 13-5565207	
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501	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.\*

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**Part III** Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

UNITED WAY OF ANCHORAGE CREATES PATHWAYS TO A BETTER LIFE FOR ALL BY  
DRIVING MEASURABLE CHANGES IN THE AREAS OF EDUCATION, INCOME AND  
HEALTH, THE BUILDING BLOCKS OF A GOOD LIFE.

**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 \$ 1,600,956 including grants of \$ 149,339) (Revenue \$ \_\_\_\_\_)  
ATTACHMENT 3

**4b** (Code \_\_\_\_\_) (Expenses \$ 1,676,682 including grants of \$ 593,418) (Revenue \$ \_\_\_\_\_)  
ATTACHMENT 4

**4c** (Code \_\_\_\_\_) (Expenses \$ 1,235,886 including grants of \$ 158,693) (Revenue \$ 2,790)  
ATTACHMENT 5

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

(Expenses \$ 3,440,232 including grants of \$ 3,879,299) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 7,953,756

**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	X
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	N/A
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? . . . . .	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	14b	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

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**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. . . . .	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. . . . .		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 . . . . .	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 . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	N/A	
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? . . . . .	N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	N/A	
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 . . . . .		X
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 . . . . .		X
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 . . . . .		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 . . . . .		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)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
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 . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		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 . . . . .		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 . . . . .		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 . . . . .		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 . . . . .		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 . . . . .		X
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 . . . . .		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 . . . . .	X	

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**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. <span style="float:right">1a 43</span>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">1b 9</span>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. <span style="float:right">2a 66</span>		
b	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).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		X
b	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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A	
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. <span style="float:right">7d</span>		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	N/A	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float:right">10a N/A</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float:right">10b N/A</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders. <span style="float:right">11a N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <span style="float:right">11b N/A</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <span style="float:right">12b N/A</span>		

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**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 . . . . .	25	
b Enter the number of voting members that are independent . . . . .	25	
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 Does the organization have local chapters, branches, or affiliates? . . . . .		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	N/A	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
13 Does the organization have a written whistleblower policy? . . . . .	X	
14 Does the organization have a written document retention and destruction policy? . . . . .	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
a The organization's CEO, Executive Director, or top management official . . . . .	X	
b Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		N/A

**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: **LEN LAMBERT 701 W. 8TH AVE., STE. 230 ANCHORAGE, AK 99501**  
**907-263-3810**

**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	Former			
SUSAN ANDERSON VICE-CHAIR	2.00	X						0.	0.	0.
MIKE ABBOT DIRECTOR	2.00	X						0.	0.	0.
BIJ AGARWAL DIRECTOR	2.00	X						0.	0.	0.
BELINDA BEAUX DIRECTOR	5.00	X						0.	0.	0.
JAY BUTLER DIRECTOR	2.00	X						0.	0.	0.
JOE EVERHART DIRECTOR	2.00	X						0.	0.	0.
KITTY FARNHAM DIRECTOR	2.00	X						0.	0.	0.
ERNIE HALL DIRECTOR	2.00	X						0.	0.	0.
KEITH HAND TREASURER	5.00	X						0.	0.	0.
DIANE INGLE DIRECTOR	2.00	X						0.	0.	0.
JEWEL JONES DIRECTOR	2.00	X						0.	0.	0.
TOMMY KIBLER DIRECTOR	2.00	X						0.	0.	0.
DICK MANDSAGER DIRECTOR	2.00	X						0.	0.	0.
KAREN KING SECRETARY	2.00	X						0.	0.	0.
JORDAN MARSHAL DIRECTOR	2.00	X						0.	0.	0.
JOEL NEIMEYER DIRECTOR	2.00	X						0.	0.	0.



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

(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	Former			
TOM NIGHSWANDER DIRECTOR	2.00	X						0.	0.	0.
BRAD MCKIM DIRECTOR	2.00	X						0.	0.	0.
JACK SHEPPARD DIRECTOR	2.00	X						0.	0.	0.
JOHN SHIPE DIRECTOR	5.00	X						0.	0.	0.
MIKE MUCKENTHALER DIRECTOR	2.00	X						0.	0.	0.
STACY TOMURO CHAIR	5.00	X						0.	0.	0.
FRANK PASKVAN DIRECTOR	2.00	X						0.	0.	0.
DAN CLARK DIRECTOR	2.00	X						0.	0.	0.
CINDY CURTIS DIRECTOR	2.00	X						0.	0.	0.
RICK FOX DIRECTOR	5.00	X						0.	0.	0.
MICHELE BROWN PRESIDENT	38.00			X				158,696.	0.	21,379.
LEONARD LAMBERT CFO/VP FINANCE & ADMIN	38.00			X				90,255.	0.	16,769.
<b>1b Total</b>								248,951.	0.	38,148.

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

	Yes	No
3		X
4	X	
5		X

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 6		
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 <b>1</b>		

**Part VIII Statement of Revenue**

92-0027948

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a	5,169,080			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e	3,002,927			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	0			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		51,183			
	h	Total. Add lines 1a-1f . . . . .		8,172,007			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	2a	DESIGNATION FEES	900099	189,047	189,047		
	b	TUITION REVENUE	900099	2,790	2,790		
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	Total. Add lines 2a-2f . . . . .		191,837			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 7 . . . . .		42,807			42,807
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents . . . . .	277,824				
	b	Less rental expenses . . . . .	331,526				
	c	Rental income or (loss) . . . . .	-53,702				
	d	Net rental income or (loss) . . . . .		-53,701		-22,954	-30,747
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory . . . . .	507,379				
	b	Less cost or other basis and sales expenses . . . . .	503,887	5,969			
	c	Gain or (loss) . . . . .	3,492	-5,969			
	d	Net gain or (loss) . . . . .		-2,477			-2,477
	8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a	151,399			
	b	Less direct expenses . . . . .	b	80,480			
	c	Net income or (loss) from gaming activities . . . . . ATCH. 8 . . . . .		70,919			
	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				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a	TABLE RESERVATION	900099	13,410			13,410	
b	PROGRAM ADMINISTRATION	900099	43,799			43,799	
c	MEMBERSHIP REVENUES	900099	20,300	20,300			
d	All other revenue . . . . .	900099	36,988			36,988	
e	Total. Add lines 11a-11d . . . . .		114,497				
12	Total Revenue. See instructions . . . . .		8,535,889	212,137	-22,954	103,780	

Form 990 (2009)

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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 . . .	4,780,719.	4,780,719.		
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 . . . . .	577,455.	372,622.	71,558.	133,275.
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 . . . . .	1,874,272.	1,201,197.	225,812.	447,263.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9	Other employee benefits . . . . .	0.			
10	Payroll taxes . . . . .	485,471.	321,506.	66,605.	97,360.
11	Fees for services (non-employees)				
a	Management . . . . .	0.			
b	Legal . . . . .	0.			
c	Accounting . . . . .	0.			
d	Lobbying . . . . .	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees . . . . .	0.			
g	Other . . . . .	702,207.	575,991.	107,689.	18,527.
12	Advertising and promotion . . . . .	160,825.	37,258.	300.	123,267.
13	Office expenses . . . . .	268,235.	177,989.	16,047.	74,199.
14	Information technology . . . . .	30,764.	27,304.	3,460.	0.
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	7,838.	7,838.	0.	0.
17	Travel . . . . .	53,511.	39,291.	3,827.	10,393.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings . . . .	86,403.	66,936.	7,455.	12,012.
20	Interest . . . . .	0.			
21	Payments to affiliates . . . . . ATCH 9 .	82,149.	0.	82,149.	0.
22	Depreciation, depletion, and amortization . . . .	57,839.	0.	57,839.	0.
23	Insurance . . . . .	22,497.	2,570.	19,927.	0.
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	EQUIPMENT RENTAL & REPAIR -----	95,907.	41,329.	17,990.	36,588.
b	MEMBERSHIP DUES -----	8,947.	4,021.	2,470.	2,456.
c	BANKING & INVESTMENT FEES -----	53,831.	166.	45,879.	7,786.
d	ALLOCATED EXPENSES -----		182,146.	-329,264.	147,118.
e	MISCELLANEOUS EXPENSES -----	135,832.	114,873.	20,959.	0.
f	All other expenses -----				
25	Total functional expenses. Add lines 1 through 24f	9,484,702.	7,953,756.	420,702.	1,110,244.
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
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,828,345.	2	3,440,041.
	3 Pledges and grants receivable, net	4,433,013.	3	3,147,048.
	4 Accounts receivable, net		4	
	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	45,190.	9	32,753.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,491,601.		
	b Less accumulated depreciation	10b 800,194.	2,742,731.	10c 2,691,407.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	1,174,592.	12	3,034,513.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,144.	15	3,738.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	14,228,015.	16	12,349,500.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	459,830.	17	438,339.
	18 Grants payable	5,217,980.	18	4,401,404.
	19 Deferred revenue	116,009.	19	22,764.
	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	1,141,056.	23	1,042,670.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	20,869.	25	20,869.
	26 <b>Total liabilities.</b> Add lines 17 through 25	6,955,744.	26	5,926,046.
<b>Net Assets or Fund Balances</b>	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	5,192,788.	27	4,780,185.
	28 Temporarily restricted net assets	1,775,774.	28	1,291,560.
	29 Permanently restricted net assets	303,709.	29	351,709.
	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 <b>Total net assets or fund balances</b>	7,272,271.	33	6,423,454.
	34 <b>Total liabilities and net assets/fund balances</b>	14,228,015.	34	12,349,500.

Form 990 (2009)

**Part XI** Financial Statements and Reporting

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>d</b> 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .	X	
<b>b</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	X	

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 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 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ 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 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	7,128,347	9,100,968	7,830,634	9,613,699	8,172,007	41,845,655
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1 through 3 . . . . .	7,128,347	9,100,968	7,830,634	9,613,699	8,172,007	41,845,655
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						1,797,605
<b>6</b> Public support. Subtract line 5 from line 4 . . . . .						40,048,050

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	7,128,347	9,100,968	7,830,634	9,613,699	8,172,007	41,845,655
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	505,968	526,535	415,308	349,065	201,889	1,998,765
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	30,591	47,427	-24,353	11,905	-22,954	42,616
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	102,770	72,904	199,447	227,633	51,050	653,804
<b>11</b> Total support. Add lines 7 through 10 . . . . .						44,540,840
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,332,334
<b>13</b> 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 . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	89.91 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.27 %
<b>16a</b> 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**Part III 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
1 Gifts, grants, contributions, and 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 tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 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 <b>Total</b> 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 . . . . .						
8 <b>Public support</b> (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
9 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 . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						

14 **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)) . . . . .	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16		%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18		%

19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► ☐

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► ☐

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



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
PROGRAM ADMIN	55,152	57,581	44,408	79,219	43,799	280,159
MISCELLANEOUS REVENUE	47,618	15,323	155,039	148,414	7,251	373,645
TOTALS	<u>102,770</u>	<u>72,904</u>	<u>199,447</u>	<u>227,633</u>	<u>51,050</u>	<u>653,804</u>

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF ANCHORAGE

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number

92-0027948

**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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

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 ☐ No

6 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 . . . . . ▶ \$ \_\_\_\_\_

**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 ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ 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
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	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 . . . . .	303,709	276,209			
b Contributions . . . . .	48,000	27,500			
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 . . . . .	351,709	303,709			

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

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► 100.0000 %  
 c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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 . . . . .	351,388.			351,388.
b Buildings . . . . .	2,781,980.		623,722	2,158,258.
c Leasehold improvements . . . . .				
d Equipment . . . . .		358,233.	176,472	181,761.
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				2,691,407.

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 OTHER MARKETABLE SECURITIES	3,034,513.	FMV
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	3,034,513.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
TENANT SECURITY DEPOSITS	20,869.
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	20,869.

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	8,535,889.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,484,702.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-948,813.
4	Net unrealized gains (losses) on investments	4	99,996.
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	99,996.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-848,817.

**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	9,310,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	99,996.
b	Donated services and use of facilities	2b	262,121.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	412,006.
e	Add lines 2a through 2d	2e	774,123.
3	Subtract line 2e from line 1	3	8,535,889.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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	8,535,889.

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

1	Total expenses and losses per audited financial statements	1	10,158,829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	262,121.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	412,006.
e	Add lines 2a through 2d	2e	674,127.
3	Subtract line 2e from line 1	3	9,484,702.
4	Amounts included on Form 990, Part IX, line 25, but not on line 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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,484,702.

**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.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII & XIII

RECONCILIATION ITEMS

RENTAL EXPENSES (\$331,526) AND GAMING ACTIVITY EXPENSES (\$80,480) ARE REPORTED ON FORM 990 PART VIII, "STATEMENT OF REVENUE" LINES 6B AND 9B RATHER THAN ON FORM 990 PART IX, "STATEMENT OF FUNCTIONAL EXPENSES".

FORM 990 SCHEDULE D, PART V

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

ENDOWMENT EARNINGS ARE USED FOR OPERATING COSTS OF THE UNITED WAY OF ANCHORAGE. THE PRINCIPAL CANNOT BE TOUCHED PER STIPULATIONS BY THE DONORS.

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

## 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 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	(b) Event #2	(c) Other Events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts . . . . .				
	2 Less Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( )
11 Net income summary Combine line 3, column (d), and line 10 . . . . .					

**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 . . . . .			151,339.	151,339.
Direct Expenses	2 Cash prizes . . . . .			80,480.	80,480.
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .			132.	132.
	6 Volunteer labor . . . . .	Yes % No	Yes % No	X Yes 100.0000 % No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( 80,612.)
	8 Net gaming income summary Combine line 1, column d, and line 7 . . . . .				70,727.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities AK, . . . . .		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a X	
b If "No," explain . . . . .		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	X
b If "Yes," explain . . . . .		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	X
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	X



**13** Indicate the percentage of gaming activity operated in:

- |  |            |           |
|--|------------|-----------|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | %         |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | 100.0000% |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ SUE ROSS

Address ▶ 701 WEST 8TH AVE, SUITE 230 ANCHORAGE, AK 99501

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .**15a**

X

- 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 ▶ N/A

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ 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? . . . . .

**17a**

X

- 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 ▶ \$ 57,746.

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
► Attach to Form 990.

OME No. 1545-0047-

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Employer identification number

UNITED WAY OF ANCHORAGE

92-0027948

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ABUSED WOMEN'S AID IN CRISIS							
	100 WEST 13TH AVE ANCHORAGE, AK 99501	92-0061049	501(C)(3)	94,186				COMMUNITY FUND
	AK AIDS ASSISTANCE ASSOCIATION							
	1057 W FIREWEED LN #102 ANCHORAGE, AK 99503	92-0113788	501(C)(3)	65,838				COMMUNITY FUND
	AK BAPTIST FAMILY SERVICES CENTER							
	1600 O'MALLEY ROAD ANCHORAGE, AK 99507	92-0069229	501(C)(3)	21,447				COMMUNITY FUND
	AK CHILDREN'S SERVICES							
	4600 ABBOTT ROAD ANCHORAGE, AK 99507	92-0038588	501(C)(3)	149,459				COMMUNITY FUND
	AK COMMUNITY SERVICES							
	1057 W FIREWEED LN #103 ANCHORAGE, AK 99503	93-0909829	501(C)(3)	133,059				COMMUNITY FUND
	FOOD BANK OF ALASKA							
	2121 SPAR AVE ANCHORAGE, AK 99501	92-0073175	501(C)(3)	27,083				COMMUNITY FUND
	AK HEALTH FAIR							
	549 W INTERNATIONAL AIRPORT RD	92-0118421	501(C)(3)	34,112				COMMUNITY FUND
	AMERICAN CANCER SOCIETY							
	2120 1ST AVE N SEATTLE, WA 98109	91-0583892	501(C)(3)	126,708				COMMUNITY FUND
	AMERICAN DIABETES ASSOCIATION							
	801 W FIREWEED LN #103 ANCHORAGE, AK 99503	13-1623888	501(C)(3)	53,702				COMMUNITY FUND
	AMERICAN HEART ASSOCIATION							
	710 2ND AVE, STE 900 SEATTLE, WA 98104	13-5613797	501(C)(3)	86,229				COMMUNITY FUND
	AMERICAN RED CROSS, SOUTH CENTRAL AK							
	235 E 8TH AVE, STE 200 ANCHORAGE, AK 99501	92-0022414	501(C)(3)	100,264				COMMUNITY FUND
	ANCH NEIGHBORHOOD HEALTH CTR							
	1217 E 10TH AVE ANCHORAGE, AK 99501	92-0047965	501(C)(3)	80,821				COMMUNITY FUND

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

JSA

9E1288 2 000

54N088 1832

V 09-9.4

51638

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

FORM 990 SCHEDULE I PART I

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

UNITED WAY OF ANCHORAGE REQUIRES ALL POTENTIAL RECIPIENTS TO PROVIDE

DOCUMENTARY EVIDENCE OF FINANCIAL WELL-BEING, PROPER AND APPROPRIATE

GOVERNANCE FOR A NOT-FOR-PROFIT ORGANIZATION, AND CERTIFICATION OF

COMPLIANCE WITH ANTI-TERRORISM LAWS. UNITED WAY OF ANCHORAGE MONITORS

THE USE OF GRANTS BY REQUIRING GRANTEEES TO PROVIDE PROJECTED AND ACTUAL

FINANCIAL INFORMATION, CLIENT BENEFICIARY DATA AND SERVICE STATISTICS

INCLUDING SPECIFIED PERIODIC OUTCOME



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

92-0027948

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANCH - COMMUNITY MENTAL HEALTH SVCS 4020 FOLKER ST ANCHORAGE, AK 99508	51-0152394	501(C)(3)	47,652				COMMUNITY FUND
ACCESS ALASKA 121 W FIREWEED LN # 105	92-0089550	501(C)(3)	8,516				COMMUNITY FUND
ANCH - COMMUNITY YMCA 5353 LAKE OTIS PKWY ANCHORAGE, AK 99507	92-0034878	501(C)(3)	183,148				COMMUNITY FUND
ASSETS INC 2330 NICHOLS ST ANCHORAGE, AK 99508	92-0076696	501(C)(3)	8,922				COMMUNITY FUND
CCS - EARLY LEARNING CENTER 403 S ALASKA ST PALMER, AK 99645	92-0040291	501(C)(3)	53,902				COMMUNITY FUND
ANCH - YOUTH COURT 838 W 4TH AVE ANCHORAGE, AK 99501	92-0129615	501(C)(3)	19,278				COMMUNITY FUND
ANCH - ARMED SERVICES YMCA 7179 FIGHTER DR ELMENDORF AFB, AK 99506	92-0016680	501(C)(3)	48,442				COMMUNITY FUND
COVENANT HOUSE 609 F ST ANCHORAGE, AK 99501	13-3419755	501(C)(3)	71,018				COMMUNITY FUND
BEAN'S CAFE PO BOX 100940 ANCHORAGE, AK 99510	92-0072522	501(C)(3)	74,803				COMMUNITY FUND
BIG BROTHERS BIG SISTERS 1057 W FIREWEED LN #202 ANCHORAGE, AK 99503	80-0064172	501(C)(3)	102,419				COMMUNITY FUND
BOYS & GIRLS CLUBS OF ANCH 2300 W 36TH AVE ANCHORAGE, AK 99507	92-0036082	501(C)(3)	157,552				COMMUNITY FUND
CAMP FIRE USA ALASKA COUNCIL 161 KLEVIN ST, STE 100 ANCHORAGE, AK 99508	92-0029613	501(C)(3)	155,967				COMMUNITY FUND
CATHOLIC SOCIAL SERVICES 225 CORDOVA ST ANCHORAGE, AK 99501	92-0037322	501(C)(3)	201,628				COMMUNITY FUND
CENTER FOR DRUG PROBLEMS 520 E 4TH AVE, STE 102 ANCHORAGE, AK 99501	92-0046148	501(C)(3)	16,377				COMMUNITY FUND
CHALLENGE ALASKA 3350 COMMERCIAL DR #208 ANCHORAGE, AK 99501	92-0080897	501(C)(3)	80,420				COMMUNITY FUND

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF ANCHORAGE

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMEI No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

92-0027948

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE CONNECTION 3350 COMMERCIAL DR #208 ANCHORAGE, AK 99501	92-0113419	501(C)(3)	37,261				COMMUNITY FUND
ELMENDORF AFB YOUTH ACTIVITIES 10480 22ND ST ELMENDORF AFB, AK 99506	92-0027934	501(C)(3)	28,851				COMMUNITY FUND
FT. RICHARDSON YOUTH SERVICES 724 POSTAL SERVICES FT RICHARDSON, AK 99505	92-0040102	501(C)(3)	41,453				COMMUNITY FUND
GIRL SCOUTS - SUSITNA COUNCIL 3911 TURNAGAIN BLVD E ANCHORAGE, AK 99517	92-6000179	501(C)(3)	96,501				COMMUNITY FUND
GREAT ALASKA COUNCIL, BSA 3117 PATTERSON ST ANCHORAGE, AK 99504	92-0016314	501(C)(3)	86,720				COMMUNITY FUND
HUMAN SERVICES MATCHING GRANTS 825 L STREET ANCHORAGE, AK 99501	92-0140434	501(C)(3)	1,170,385				COMMUNITY FUND
KID'S CORP 1840 S BRAGAW, STE 210 ANCHORAGE, AK 99508	94-3042122	501(C)(3)	49,151				COMMUNITY FUND
CRISIS PREGNANCY CENTER 2902 BONIFACE PKWY SUITE 200	92-0100206	501(C)(3)	35,946				COMMUNITY FUND
LUTHERAN SOCIAL SERVICES AK 2606 C ST, STE 2B ANCHORAGE, AK 99503	94-3055592	501(C)(3)	56,355				COMMUNITY FUND
MABEL T. CAVERLY SENIOR CENTER 325 E 3RD AVE ANCHORAGE, AK 99501	92-0057689	501(C)(3)	21,868				COMMUNITY FUND
HABITAT FOR HUMANITY 500 W INTERNATIONAL AIRPORT RD STE E	92-0140434	501(C)(3)	38,848				COMMUNITY FUND
PLANNED PARENTHOOD OF AK 4001 LAKE OTIS PKWY ANCHORAGE, AK 99508	91-0686012	501(C)(3)	43,374				COMMUNITY FUND
PROGRAMS FOR INFANTS & CHILDREN 3330 ARCTIC BLVD #101 ANCHORAGE, AK 99508	92-0100494	501(C)(3)	36,644				COMMUNITY FUND
THE SALVATION ARMY 401 W INTL APT RD #19 ANCHORAGE, AK 99518	92-1156347	501(C)(3)	497,745				COMMUNITY FUND
SOUTHCENTRAL FOUNDATION 4501 DIPLOMACY DRIVE ANCHORAGE, AK 99508	92-00860076	501(C)(3)	24,621				COMMUNITY FUND

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

Schedule I-1 (Form 990) 2009







**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

- b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2

- 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

4a

4b

4c

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a The organization?
- b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

5a

5b

- 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

6a

6b

- 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7

- 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2009



### Part III

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

2

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	3	51,183.	MARKET VALUE
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( ) . . . . .				
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2009

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**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

NON CASH CONTRIBUTIONS

SCHEDULE M

CONTRIBUTIONS OF MARKETABLE SECURITIES ARE DEPOSITED WITH FIRST NATIONAL

BANK OF ALASKA, TRUST DEPARTMENT FOR LIQUIDATION. PROCEEDS ARE DEPOSITED

INTO THE UNITED WAY OF ANCHORAGE INVESTMENT PORTFOLIO.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF ANCHORAGE

**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**

Employer identification number

92-0027948

ATTACHMENT 2

FORM 990, PART VI, SECTION A, QUESTION 11

PROCESS USED TO REVIEW THE FORM 990

THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF  
DIRECTORS. AFTER THEIR REVIEW, THE COMMITTEE CHAIR (BOARD TREASURER)  
REPORTS TO THE BOARD THE RESULTS OF THEIR REVIEW.

FORM 990, PART VI, SECTION B, QUESTION 12C

METHOD OF MONITORING COMPLIANCE AND ENFORCING CONFLICT OF INTEREST POLICY

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND A CONFLICT OF  
INTEREST STATEMENT IS SIGNED BY EACH BOARD MEMBER AND EVERY PERMANENT  
EMPLOYEE UPON APPOINTMENT/DATE OF EMPLOYMENT AND IN JANUARY EACH YEAR.

BOARD MEMBERS INFORM THE BOARD CHAIR IF THERE ARE POTENTIAL CONFLICTS OF  
INTEREST AND IF THE CHAIR AGREES, THE MEMBER RECUSES HIMSELF/HERSELF FROM  
ACTIVE PARTICIPATION IN DISCUSSION AND VOTING. IF THE CHAIR CHOOSES, THE  
POTENTIAL CONFLICT MAY BE BROUGHT TO THE FULL BOARD FOR DETERMINATION.

EMPLOYEES ARE REQUIRED TO REPORT TO AND, IN APPROPRIATE CASES, OBTAIN  
PERMISSION FROM THE CEO ALL EMPLOYMENT OUTSIDE THE ORGANIZATION,

VOLUNTEER ACTIVITIES, MEMBERSHIP ON OTHER ORGANIZATION BOARDS, AND ANY  
RELATIONSHIPS THAT MAY IMPAIR THE ACTUAL OR APPARENT "ARM'S LENGTH"

RELATIONSHIP. WHEN THE CEO DETERMINES A CONFLICT EXISTS WITH AN EMPLOYEE,  
THE CEO WILL LIMIT THAT EMPLOYEE'S PARTICIPATION AS APPROPRIATE.

FORM 990, PART VI, SECTION B, QUESTION 15A

PROCESS FOR DETERMINING COMPENSATION OF THE TOP MANAGEMENT OFFICIALS

THE EXECUTIVE COMMITTEE OF THE BOARD: 1. CONSIDERS INDEPENDENT MARKET

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

ATTACHMENT 2 (CONT'D)

SURVEY DATA FOR COMPARABLE ROLES IN OTHER SIMILAR SIZED UNITED WAYS

NATIONALLY AND REGIONALLY, COMPARABLE NONPROFITS IN THE STATE, AND

COMPARABLE NONPROFITS IN THE MUNICIPALITY. 2. SETS CRITERIA FOR

COMPENSATION TO BE IN THE MID-RANGE OF COMPARABLE SALARIES, LIMIT GROWTH

TO A MAXIMUM OF 6% AND MAINTAINS A CONSISTENT SALARY RANGE PROGRESSION

THROUGHOUT THE ORGANIZATIONS. 3. EVALUATES PERFORMANCE, AND ASSESSES

SKILL LEVEL NEEDED AND PROGRESS MADE IN FULFILLING ORGANIZATIONS'

MISSION, GOALS, AND OBJECTIVES. THE RESULT OF THIS ANALYSIS AND A

RECOMMENDATION IS PRESENTED BY THE EXECUTIVE COMMITTEE TO THE FULL BOARD

OF DIRECTORS WHO THEN VOTES ON THE RECOMMENDATION. THIS WAS LAST DONE IN

FEBRUARY 2009.

FORM 990, PART VI, SECTION B, QUESTION 15B

PROCESS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES

FOR ALL EMPLOYEES OTHER THAN THE CEO, COMPENSATION LEVELS IN GENERAL ARE

REVIEWED EVERY THREE YEARS BY COMPARING WITH MARKET SURVEYS OF SIMILAR

SIZED UNITED WAYS NATIONALLY AND ALONG THE WESTERN UNITED STATES AND

COMPARISON WITH COMPENSATION SURVEYS OF NONPROFITS IN THE STATE AND IN

THE MUNICIPALITY. WE WISH TO MAINTAIN ALL POSITIONS AT THE 75 PERCENTILE

WITH THESE COMPARISONS. ANNUALLY, MERIT INCREASES FOR EXCEPTIONAL

PERFORMANCE ARE PROPOSED BY THE VICE-PRESIDENTS TO THE CEO AND OTHER

VICE-PRESIDENTS (SENIOR STAFF) FOR DISCUSSION AND DECISION.

FORM 990, PART VI, SECTION C, QUESTION 19

HOW THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC

UNITED WAY OF ANCHORAGE (UWA) STRIVES TO MAINTAIN TRANSPARENCY TO OUR

DONORS, PARTICIPATING ORGANIZATIONS, ALL LEVELS OF GOVERNMENT, PRIVATE

Name of the organization

Employer identification number

UNITED WAY OF ANCHORAGE

92-0027948

ATTACHMENT 2 (CONT'D)

AND CORPORATE FOUNDATIONS, AND THE GENERAL PUBLIC. THE UWA WEBSITE (WWW.LIVEUNITEDANCHORAGE.ORG) PROVIDES ACCESS TO GENERAL INFORMATION AS WELL AS SPECIFIC DOCUMENTS SUCH AS THE IRS FORM 990, THE AUDITED FINANCIAL STATEMENTS COMPLETE WITH THE AUDITOR'S OPINION, AND THE ANNUAL REPORT. INTERESTED PARTIES CAN ALSO REQUEST ACCESS AND/OR COPIES OF DOCUMENTS VIA TELEPHONE, MAIL, E-MAIL, OR IN-PERSON. MOST DOCUMENTS THAT DO NOT INCLUDE PERSONAL AND/OR CONFIDENTIAL INFORMATION WILL BE PROVIDED.

FORM 990, PART III, QUESTION 4

OTHER PROGRAM SERVICES

HEALTH: MORE ANCHORAGE FAMILIES HAVE ACCESS TO QUALITY HEALTH CARE AND PRACTICE HEALTHY BEHAVIORS. FOR THE 16 PERCENT OF ANCHORAGE RESIDENTS WHO LIVE WITHOUT HEALTH INSURANCE, A SMALL HEALTH ISSUE CAN QUICKLY TURN INTO A DOWNWARD SPIRAL. THAT'S WHY MAKING SURE ALL ANCHORAGE RESIDENTS HAVE ACCESS TO HEALTH CARE IS A PRIORITY FOR UNITED WAY OF ANCHORAGE AND WHY TOGETHER WITH ITS PARTNERS, MORE THAN 37,000 INDIVIDUALS WERE SCREENED FOR HEALTH ISSUES LAST YEAR AND MORE THAN 40,000 NEEDED HEALTH CARE VISITS WERE ARRANGED FOR 16,000 INDIVIDUALS COVERING MEDICAL, DENTAL, SUBSTANCE ABUSE, EMERGENCY, MENTAL AND WOMENS' HEALTH NEEDS. THE FAMILYWISE DISCOUNT PRESCRIPTION DRUG CARD WAS INTRODUCED AND PROMOTED THIS PAST YEAR, SAVING HUNDREDS OF UNINSURED AND UNDERINSURED ALASKANS THOUSANDS OF DOLLARS ON NEEDED MEDICINES. UNITED WAY OF ANCHORAGE AND ITS PARTNERS IMPROVE HEALTH OUTCOMES EVERY DAY BY GETTING PEOPLE BACK TO WORK AND HELPING INDIVIDUALS AND FAMILIES AVOID MEDICAL AND FINANCIAL CATASTROPHES, THE BENEFITS OF WHICH RIPPLE THROUGHOUT THE COMMUNITY. UNITED WAY OF ANCHORAGE EXPENDED \$1,499,734 ON THIS PROGRAM OF WHICH \$865,170 WAS AWARDED IN GRANTS AND ALLOCATIONS TO PARTNER AGENCIES.



Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

ATTACHMENT 2 (CONT'D)

FORM 990, PART III, QUESTION 4

OTHER PROGRAM SERVICES, CONT.

ALASKA 211: WHEN ALASKANS NEED HELP FINDING HELP, THEY TURN TO ALASKA 2-1-1. OPERATED BY UNITED WAY OF ANCHORAGE, ALASKA 2-1-1 IS THE SINGLE, COMPREHENSIVE STATEWIDE PROVIDER OF HEALTH AND HUMAN SERVICES INFORMATION AND REFERRALS. BY SIMPLY DIALING THE EASY TO REMEMBER TELEPHONE NUMBER, 2-1-1, CALLERS CONNECT TO TRAINED SPECIALISTS WHO CAN ASSESS THEIR NEEDS AND REFER THEM TO THE APPROPRIATE RESOURCES IN THEIR AREA. BETWEEN JANUARY 2008 AND JUNE 2009, 12,311 CALLS AND REFERRALS WERE MADE, SAVING BOTH FRUSTRATION AND TIME FOR THOSE ALREADY IN STRESSFUL SITUATIONS. AS A RESOURCE FOR COLLABORATIVE EFFORTS THAT ADDRESS SOCIAL SERVICE NEEDS, ALASKA 2-1-1 IS SOUGHT OUT BY GROUPS INCLUDING LOCAL AND STATE GOVERNMENT AND TRIBAL ORGANIZATIONS. FOR EXAMPLE, LAST YEAR ALASKA 2-1-1 ACTED AS A CENTRAL INFORMATION RESOURCE FOR AARP FREE TAX PREPARATION SITES ACROSS THE STATE WITH CALL SPECIALISTS HELPING ALASKANS LOCATE THEIR CLOSEST FREE TAX PREP SITE AND LETTING THEM KNOW WHAT ITEMS THEY NEED TO BRING WITH THEM IN ORDER TO HAVE THEIR TAXES PREPARED. UNITED WAY OF ANCHORAGE EXPENDED \$471,718 DURING THE PAST FISCAL YEAR ON ALASKA 2-1-1, ALL BUT \$118 WAS FROM GRANT FUNDS.

FORM 990, PART III, QUESTION 4

OTHER PROGRAM SERVICES, CONT.

OTHER PROGRAM SERVICES: UNITED WAY OF ANCHORAGE PARTICIPATES IN VARIOUS SMALL OTHER PROGRAM SERVICES THROUGHOUT THE YEAR. THESE OTHER PROGRAMS RESULT IN EXPENSES OF \$3,440,232 AND GRANTS OF \$3,879,299.

Name of the organization

UNITED WAY OF ANCHORAGE

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 34A PROGRAM SERVICE

INCOME: MORE ANCHORAGE FAMILIES ARE HOUSED AND FINANCIALLY SECURE. IN A YEAR WHEN THE ANCHORAGE HOMELESS COUNT INCREASED BY 30 PERCENT, THE LARGEST SINGLE-YEAR INCREASE IN 15 YEARS, UNITED WAY OF ANCHORAGE STEPPED UP AND INITIATED A BROAD NEW COMMUNITY PARTNERSHIP FOCUSED ON TAILORING SERVICES TO THE UNIQUE NEEDS OF EACH AT-RISK FAMILY. MOBILE COMMUNITY CASE MANAGERS GUIDED FAMILIES TO EVERYTHING FROM HOUSING TO CAREER DEVELOPMENT TO COMMUNITY FELLOWSHIP, WHILE ALSO ADDRESSING DOMESTIC VIOLENCE, TRANSPORTATION, LANGUAGE BARRIERS, AND MENTAL HEALTH CONCERNS. THIS INNOVATIVE RESPONSE APPROACH - PERSONALIZED CARE AT A CRITICAL TIME - MEANT THE DIFFERENCE BETWEEN HOPE FOR IMPROVEMENT AND GIVING UP FOR MORE THAN 400 FAMILIES. LAST YEAR 29% OF THE PARTICIPATING FAMILIES WERE PERMANENTLY HOUSED; AND 87% OF THE FAMILIES PARTICIPATING IN LONG-TERM SERVICES INCREASED THEIR STABILITY AND ARE ON THEIR WAY TO SELF SUFFICIENCY. IN ADDITION, 4,800 INDIVIDUALS AND FAMILIES WERE PROVIDED WITH TEMPORARY SHELTER AND OVER 3,668,000 POUNDS OF FOOD WAS DISTRIBUTED. BY REACHING OUT A HAND TO ONE, WE INFLUENCE THE CONDITION OF ALL.

ATTACHMENT 44B PROGRAM SERVICE

EDUCATION: MORE CHILDREN START SCHOOL READY TO LEARN. RESEARCH SHOWS THAT CHILDREN WHO ENTER KINDERGARTEN READY TO SUCCEED GROW

Name of the organization

UNITED WAY OF ANCHORAGE

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

TO BE BOOK-SMART, TEAM-CAPABLE, JOB-READY WORKERS WHO HELP BUSINESSES PROSPER AND COMMUNITIES THRIVE. FOR THESE REASONS, UNITED WAY OF ANCHORAGE AND ITS PARTNERS WORK TOGETHER TO PROVIDE SUPPORT FOR PARENTS AND FAMILIES OF CHILDREN 0-5, PROMOTE QUALITY EARLY CARE AND EDUCATION PROGRAMS, PROMOTE THE DEVELOPMENT OF SOCIAL AND EMOTIONAL SKILLS ALONG WITH EARLY LANGUAGE AND LITERACY SKILL IN CHILDREN AND PROVIDE EARLY INTERVENTIONS FOR DEVELOPMENTAL ISSUES. OUR GOAL IS TO SET THE FOUNDATION FOR MORE ANCHORAGE CHILDREN TO EXPERIENCE SUCCESS IN SCHOOL AND LIFE. TWO EXAMPLES OF THE RESULTS WE ARE ACHIEVING: LAST YEAR, 69% OF PARTICIPATING PARENTS REPORTED THAT THEY SPEND MORE TIME READING AND PLAYING WITH THEIR CHILD; 76% KNOW WHERE TO TURN WHEN THEY NEED HELP; AND 88% KNOW MORE ABOUT HOW TO ENCOURAGE THEIR CHILD'S HEALTHY DEVELOPMENT. THIS YEAR, 1,000 CHILDREN BEGAN RECEIVING A FREE BOOK A MONTH UNTIL THEIR FIFTH BIRTHDAY; PARENTS HAVE REPORTED THAT THEIR CHILDREN ARE EXCITED ABOUT FUTURE BOOKS AND ARE ENGAGED WITH READING.

ATTACHMENT 54C PROGRAM SERVICE

EDUCATION: MORE YOUTH GRADUATE AND REJECT VIOLENCE AND SUBSTANCE USE. HIGH SCHOOL GRADUATION IS ESSENTIAL TO GETTING AND KEEPING A JOB WITH A LIVABLE WAGE AND HEALTH BENEFITS. DRIVEN BY A DISMAL HIGH SCHOOL GRADUATION RATE OF 64%, UNITED WAY OF ANCHORAGE

Name of the organization

UNITED WAY OF ANCHORAGE

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

DEVELOPED AND LAUNCHED ANCHORAGE UNITED FOR YOUTH, A COORDINATED COMMUNITY APPROACH TO PROVIDING FAMILY SUPPORTS, INCREASING SUPPORTIVE ADULT RELATIONSHIPS, ENGAGING YOUTH IN MEANINGFUL OPPORTUNITIES, AND EFFECTIVELY INTERVENING WHEN YOUTH BECOME DISENGAGED TO PROVIDE POSITIVE ROLE MODELS AND SUPPORT FOR YOUTH. THE IMPACT OF THIS COORDINATED EFFORT IS CLEAR AND FAR REACHING. THE HIGH SCHOOL GRADUATION RATE IN ANCHORAGE JUMPED BY 6% WHILE YOUTH ARREST AND SUBSTANCE USE RATES DROPPED BY 6%.

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MAD DOG GRAPHICS 1443 W NOTHERN LIGHTS BLVD. SUITE U ANCHORAGE, AK 99503	PRINTING AND GRAPHIC	109,901.
TOTAL COMPENSATION		<u>109,901.</u>

ATTACHMENT 7FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST	1,570			1,570
DIVIDENDS	41,237			41,237
TOTALS	<u>42,807.</u>			<u>42,807.</u>

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

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ATTACHMENT 8FORM 990, PART VIII - GAMING ACTIVITIESDESCRIPTION

GAMING ACTIVITIES	151,399	80,480	70,919
TOTALS	<u>151,399</u>	<u>80,480</u>	<u>70,919</u>

ATTACHMENT 9FORM 990, PART IX - PAYMENTS TO AFFILIATES

<u>DESCRIPTION</u>	(A) <u>TOTAL EXPENSES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
UNITED WAY OF AMERICA MEMBERSHIP DUES	82,149	0	82,149	0
TOTALS	<u>82,149</u>	<u>0</u>	<u>82,149</u>	<u>0</u>

ATTACHMENT 10FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	45,190.	32,753.
TOTALS	<u>45,190.</u>	<u>32,753.</u>

ATTACHMENT 11FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED GRANT & CONTRIBUTIONS	116,009.	22,764.
TOTALS	<u>116,009.</u>	<u>22,764.</u>

Name of the organization

Employer identification number

UNITED WAY OF ANCHORAGE

92-0027948

ATTACHMENT 12FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: WELLS FARGO NOTE PAYABLE

ORIGINAL AMOUNT: 850,000.

INTEREST RATE: 6.750000

DATE OF NOTE: 11/01/1999

MATURITY DATE: 11/01/2015

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$7,521 THROUGH NOVEMBER 2015

SECURITY PROVIDED: REAL ESTATE

PURPOSE OF LOAN: MORTGAGE

BEGINNING BALANCE DUE ..... 468,907.

ENDING BALANCE DUE ..... 408,467.

LENDER: WELLS FARGO NOTE PAYABLE 2

ORIGINAL AMOUNT: 900,000.

INTEREST RATE: 6.500000

DATE OF NOTE: 10/01/2001

MATURITY DATE: 08/01/2021

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$6,710 THROUGH AUGUST 2021

SECURITY PROVIDED: REAL ESTATE

PURPOSE OF LOAN: MORTGAGE

BEGINNING BALANCE DUE ..... 672,149.

ENDING BALANCE DUE ..... 634,203.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE ..... 1,141,056.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE ..... 1,042,670.

## RENT AND ROYALTY INCOME

Taxpayer's Name <b>UNITED WAY OF ANCHORAGE</b>		Identifying Number <b>92-0027948</b>
DESCRIPTION OF PROPERTY <b>BUILDING RENTAL INCOME</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you actively participate in the operation of the activity during the tax year?
<b>REAL RENTAL INCOME</b> .....		
<b>OTHER INCOME</b>		
<b>BUILDING RENTAL</b>		<b>277,824.</b>
<b>TOTAL GROSS INCOME</b> .....		<b>277,824.</b>
<b>OTHER EXPENSES:</b>		
<b>SEE ATTACHMENT</b>		
<b>DEPRECIATION (SHOWN BELOW)</b> .....		
<b>LESS: Beneficiary's Portion</b> .....		
<b>AMORTIZATION</b> .....		
<b>LESS: Beneficiary's Portion</b> .....		
<b>DEPLETION</b> .....		
<b>LESS: Beneficiary's Portion</b> .....		
<b>TOTAL EXPENSES</b> .....		<b>331,526.</b>
<b>TOTAL RENT OR ROYALTY INCOME (LOSS)</b> .....		<b>-53,702.</b>
<b>Less Amount to</b>		
<b>Rent or Royalty</b> .....		
<b>Depreciation</b> .....		
<b>Depletion</b> .....		
<b>Investment Interest Expense</b> .....		
<b>Other Expenses</b> .....		
<b>Net Income (Loss) to Others</b> .....		
<b>Net Rent or Royalty Income (Loss)</b> .....		<b>-53,702.</b>
<b>Deductible Rental Loss (if Applicable)</b> .....		

**SCHEDULE FOR DEPRECIATION CLAIMED**

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA Totals . . . . .									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

BUILDING RENTAL

277,824.

277,824.

OTHER DEDUCTIONS

331,526.

331,526.



RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
BUILDING RENTAL INCO	277,824.		331,526.	-53,702.
TOTALS	<u>277,824.</u>		<u>331,526.</u>	<u>-53,702.</u>

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

**2009**

Name of estate or trust

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Note:** Form 5227 filers need to complete **only Parts I and II**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	3,492.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	( )
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back	5	3,492.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	( )
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	12	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

<b>Part III Summary of Parts I and II</b> <b>Caution: Read the instructions before completing this part</b>		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss) . . . . .	13		3,492.
14	Net long-term gain or (loss):			
a	Total for year . . . . .	14a		
b	Unrecaptured section 1250 gain (see line 18 of the wrksh) . . . . .	14b		
c	28% rate gain . . . . .	14c		
15	Total net gain or (loss). Combine lines 13 and 14a . . . . .	15		3,492.

**Note.** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet** necessary.

### Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of	16	( )
a	The loss on line 15, column (3) or b \$3,000		

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

### Part V Tax Computation Using Maximum Capital Gains Rates

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	19	
20	Add lines 18 and 19 . . . . .	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . . .	21	
22	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	22	
23	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	23	
24	Enter the smaller of the amount on line 17 or \$2,300 . . . . .	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23 . . . . .	25	
26	Subtract line 25 from line 24 . . . . .	26	
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 . . . . .	27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	28	
29	Subtract line 28 from line 27 . . . . .	29	
30	Multiply line 29 by 15% ( 15) . . . . .	30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	31	
32	Add lines 30 and 31 . . . . .	32	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	34	

Schedule D (Form 1041) 2009

**Continuation Sheet for Schedule D  
(Form 1041)**

OMB No 1545-0092

2009

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust

## UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**[illegible]

<b>1b Total.</b> Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . .	3,492.
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**For Paperwork Reduction Act Notice, see the Instructions for Form 1041.**

Schedule D-1 (Form 1041) 2009

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

▶ 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 UNITED WAY OF ANCHORAGE	Employer identification number 92-0027948
	Number, street, and room or suite no. If a P.O. box, see instructions 701 WEST 8TH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ANCHORAGE, AK 99501	

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

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

INTERSTATE SERVICE  
ANCHORAGE, AK 99501

- The books are in the care of ▶ LEN LAMBERT

Telephone No ▶ 907 263-3810

FAX No ▶ NUV 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) 0000. 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	\$	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.

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 File by the extended due date for filing your return. See instructions	Name of exempt organization <b>UNITED WAY OF ANCHORAGE</b>	Employer identification number <b>92-0027948</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>701 WEST 8TH AVENUE, SUITE 230</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ANCHORAGE, AK 99501</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**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 **LEN LAMBERT**  
Telephone No **907 263-3810** 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**, 20**11**
- 5 For calendar year , or other tax year beginning **07/01**, 20**09**, and ending **06/30**, 20**10**
- 6 If the tax year entered in line 5 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>0</b>
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	\$	<b>0</b>
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	<b>0</b>

**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 ***Ann W. Jay*** Title **Manager** Date **2/3/2011**  
**KPMG LLP**  
**701 WEST 8TH AVENUE, SUITE 600**  
**ANCHORAGE, AK 99501**

Form 8868 (Rev 1-2011)

**FEB 14 2011**