



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

**2010**

Department of the Treasury  
Internal Revenue Service

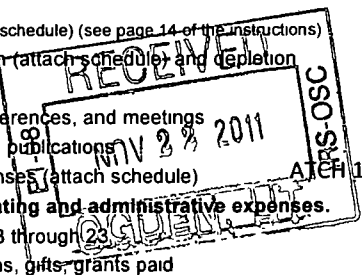
**Note** The foundation may be able to use a copy of this return to satisfy state reporting requirements

**For calendar year 2010, or tax year beginning , and ending**

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

Name of foundation <b>UIC FOUNDATION, INC</b>		<b>A</b> Employer identification number 92-0157584	
Number and street (or P O box number if mail is not delivered to street address) <b>3201 C STREET</b>		Room/suite 801	<b>B</b> Telephone number (see page 10 of the instructions) (907) 852-4460
City or town, state, and ZIP code <b>ANCHORAGE AK 99503</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 11,567	<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		
		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	112,500			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	0	0		
	<b>4</b> Dividends and interest from securities	0	0		
	<b>5 a</b> Gross rents		0		
	<b>b</b> Net rental income or (loss)				
	<b>6 a</b> Net gain or (loss) from sale of assets not on line 10	0			
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10 a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)	0				
<b>11</b> Other income (attach schedule)	0	0	0		
<b>12 Total.</b> Add lines 1 through 11	112,500	0	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0			
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16 a</b> Legal fees (attach schedule)	0	0	0	0
	<b>b</b> Accounting fees (attach schedule)	0	0	0	0
	<b>c</b> Other professional fees (attach schedule)	0	0	0	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see page 14 of the instructions)	0	0	0	0
	<b>19</b> Depreciation (attach schedule) and depletion	0	0	0	
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	3,388	0	0	3,388
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	3,388	0	0	3,388
	<b>25</b> Contributions, gifts, grants paid	121,527			121,527
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	124,915	0	0	124,915	
<b>27 Subtract line 26 from line 12</b>					
<b>a</b> Excess of revenue over expenses and disbursements	-12,415				
<b>b</b> Net investment income (if negative, enter -0-)		0			
<b>c</b> Adjusted net income (if negative, enter -0-)			0		



SCANNED NOV 25 2011

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing	21,832	11,567	11,567
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10	a Investments—U S and state government obligations (attach schedule)			
		b Investments—corporate stock (attach schedule)			
		c Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ▶				
	Less accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	21,832	11,567	11,567	
Liabilities	17	Accounts payable and accrued expenses	0	2,150	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	<b>Total liabilities</b> (add lines 17 through 22)	0	2,150	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>				
	24	Unrestricted	21,832	9,417	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds				
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions)	21,832	9,417		
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)	21,832	11,567		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 21,832
2	Enter amount from Part I, line 27a	2 -12,415
3	Other increases not included in line 2 (itemize) ▶	3
4	Add lines 1, 2, and 3	4 9,417
5	Decreases not included in line 2 (itemize) ▶	5
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5)—Part II, column (b), line 30	6 9,417

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a	0	0	0	0
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e	0	0	0	0
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a	0	0	0	0
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e	0	0	0	0
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2 0
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	{ }			3 0

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

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

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

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	178,787	65,756	2.718946
2008	211,344	56,643	3.731158
2007	147,450	23,168	6.364382
2006	151,203	9,926	15.233024
2005	175,575	3,227	54.408119
2 Total of line 1, column (d)			2 82.455629
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 16.491126
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			4 66,525
5 Multiply line 4 by line 3			5 1,097,072
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7 1,097,072
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.			8 124,915

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

<b>1 a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
<b>c</b> All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
<b>3</b> Add lines 1 and 2			0
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
<b>5</b> Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0
<b>6</b> Credits/Payments			
<b>a</b> 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	0	
<b>b</b> Exempt foreign organizations—tax withheld at source	6b		
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	6c	0	
<b>d</b> Backup withholding erroneously withheld	6d		
<b>7</b> Total credits and payments Add lines 6a through 6d			0
<b>8</b> Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached			0
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0
<b>11</b> Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/>			0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
<b>c</b> Did the foundation file Form 1120-POL for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> AK		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			X
<b>12</b>	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			X
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X		
Website address <b>▶</b> <u>www.ukpik.com/ShareholderProgramsAndServices.htm</u>				
<b>14</b>	The books are in care of <b>▶</b> <u>MATILDA ADAMS</u>	Telephone no <b>▶</b>	<u>(907) 852-7429</u>	
	Located at <b>▶</b> <u>P O BOX 890 BARROW AK</u>	ZIP+4 <b>▶</b>	<u>99723</u>	
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year		<b>15</b>	<input type="checkbox"/>
<b>16</b>	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		<b>16</b>	Yes No X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <b>▶</b>				

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

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

		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here <b>▶</b> <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	<b>1c</b>	X
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions )	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010 )	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	X
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	<b>4b</b>	X

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

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

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

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

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

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

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

**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  **5b** X

Organizations relying on a current notice regarding disaster assistance check here ▶

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

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

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

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

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No **7b**

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

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

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000</b>				0

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
<b>Total</b> number of others receiving over \$50,000 for professional services		0

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

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

**Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)**

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances	<b>1b</b>	67,538
<b>c</b>	Fair market value of all other assets (see page 25 of the instructions)	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	67,538
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	67,538
<b>4</b>	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	<b>4</b>	1,013
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	66,525
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	3,326

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

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	3,326
<b>2a</b>	Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	0
<b>b</b>	Income tax for 2010 (This does not include the tax from Part VI)	<b>2b</b>	0
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	3,326
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	9,423
<b>5</b>	Add lines 3 and 4	<b>5</b>	12,749
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	12,749

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	124,915
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	124,915
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	<b>5</b>	N/A
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	124,915

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

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

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7				12,749
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2010				
<b>a</b> From 2005	175,414			
<b>b</b> From 2006	150,868			
<b>c</b> From 2007	146,292			
<b>d</b> From 2008	192,458			
<b>e</b> From 2009	156,112			
<b>f</b> Total of lines 3a through e	821,144			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 124,915				
<b>a</b> Applied to 2009, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
<b>d</b> Applied to 2010 distributable amount				12,749
<b>e</b> Remaining amount distributed out of corpus	112,166			
<b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	933,310			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
<b>e</b> Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
<b>f</b> Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	175,414			
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	757,896			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2006	150,868			
<b>b</b> Excess from 2007	146,292			
<b>c</b> Excess from 2008	192,458			
<b>d</b> Excess from 2009	156,112			
<b>e</b> Excess from 2010	112,166			

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or  4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year				(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	0				0
<b>b</b> 85% of line 2a	0	0	0	0	0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	0				0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> Gross investment income					0

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

**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

MATILDA ADAMS, P O BOX 890, BARROW, AK 99723 (907) 852-7429

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

SEE ATTACHMENT 3

**c** Any submission deadlines

MARCH 1 SPRING TERM, MAY 1 SUMMER TERM, AUG 1 FALL TERM, DEC 1 WINTER TERM

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

SCHOLARSHIPS ARE AWARDED TO UIC SHAREHOLDERS AND THEIR CHILDREN

**Part XV Supplementary Information (continued)**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> ATTACHMENT 4				121,527
<b>Total</b>			▶ <b>3a</b>	121,527
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b>			▶ <b>3b</b>	0





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2010**

Name of the organization

Employer identification number

UIC FOUNDATION, INC

92-0157584

Organization type (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  
UIC FOUNDATION, INC

Employer identification number  
92-0157584

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Ukpeagvik Inupiat Corporation P O Box 890 Barrow AK 99723 Foreign State or Province Foreign Country	\$ 85,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	Alyeska Pipeline Service Company P O Box 196660 Anchorage AK 99519 Foreign State or Province Foreign Country	\$ 27,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	Foreign State or Province Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	Foreign State or Province Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	Foreign State or Province Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	Foreign State or Province Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990PF, PART I - OTHER EXPENSES

ATTACHMENT 1

---

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
BANK SERVICE CHARGE	38	38
TAX PREP FEES	3,350	3,350
TOTALS	<u>3,388</u>	<u>3,388</u>

FORM 990PF, PART VIII, Line 1 - COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, AND FOUNDATION MANAGERS

ATTACHMENT 2

NAME	STREET	CITY	STATE	ZIP CODE	TITLE	AVERAGE HOURS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION	EXPENSE ACCOUNT OTHER ALLOWANCES
TIM SCHUERCH	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR/PRESIDENT	1	0	0	0
JUSTIN THOMAS	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR/TREAS & VP	1	0	0	0
TOM MARTELLE	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0
KRISTINE HILDERBRAND	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0
STEVE CRONIC	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0

**UIC Foundation, Inc.  
Scholarship Application**

**DATE OF APPLICATION:**

<input type="checkbox"/> <b>New Applicant</b> <input type="checkbox"/> <b>Part Time</b> (Less than 12 Credits)	<b>School Term: (circle one)</b> Spring Summer Fall Winter
<input type="checkbox"/> <b>Renewal</b> <input type="checkbox"/> <b>Full Time</b> (Greater than 12 Credits)	

**Personal Information**

Name:		Address:	
Date of Birth:		Social Security No.	
HOME PHONE #		E-MAIL ADDRESS:	
UIC Shareholder:        Yes    No	Child of Shareholder:        Yes    No		
Descendent/Name of Parent: Name of Parent:			

**School Information**

Name of School/College:			
Address:			
ACCEPTANCE LETTER:	Yes	No	Will Send
Vocational:	Type of Training:		

School Previously attended:

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


<b>For Renewal Students</b>	Past Semester Grades:    Yes    No    Will send	Name of School:
-----------------------------	---	-----------------

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

Year:	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
<b>Living Arrangements:</b>	<input type="checkbox"/> Dorm	<input type="checkbox"/> Parents	<input type="checkbox"/> Apartment	

SCHOOL EXPENSES FOR ONE TERM:		SOURCE OF FUNDS	
TUITION:		JOB SAVINGS:	
FEES:		CITY OF BARROW	
DORM:		AEF:	
FOOD/MEALS:		BIA:	
APT.RENT/MONTH		PELL GRANT:	
BOOKS		STATE LOANS:	
		MISC/OTHER:	
TOTAL EXPENSES:			
		TOTAL FUNDS:	
TOTAL REQUEST:			

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

<b>Approved Amount:</b>	<b>Signature:</b>	<b>(UICF Administrator)</b>



**UIC Foundation, Inc.**  
Financial Need Sheet Request/Release

**Student:** Fill out the top section and submit to your school's Financial Aid Office.

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

University: \_\_\_\_\_

Student's Marital Status:  Single  Married  Divorced

Student is:  Dependent  Independent  Full Time (<12 Credits)  Part time (>12 Credits)

**I give permission for the university to release financial aid information to UIC Foundation, Inc.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL FINANCIAL AID OFFICE ONLY**

Please fill expense portion even if other resource information is unavailable.

BUDGET FORECAST	
Tuition	\$
Fees	\$
Books	\$
Room	\$
Board	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

**Financial Resources:** 20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_  
Spring Summer Fall **TOTAL**

		20____	20____	20____	TOTAL
		Spring	Summer	Fall	
Grants	Institutional Scholarship				
	Other Scholarships				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veteran's Benefits				
	Other (specify)				
Loans	Alaska Student Loan				
	Perkins Loan				
	Guaranteed Student Loan				
Personal	AFDC or Welfare				
	Parent/Spouse Contribution				
	Student Contribution				
	Work Study Program				
Other (Specify)					
<b>TOTAL RESOURCES:</b>					
Unmet Need.					

- ( ) Full Time
- ( ) Part Time

**School calendar:**

- ( ) Semesters
- ( ) Quarters
- ( ) Other

Need cannot be determined because:  
\_\_\_\_\_

School/University: \_\_\_\_\_

Address: \_\_\_\_\_

Financial Aid Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**RETURN TO:** UIC FOUNDATION, INC., P.O. BOX 890, BARROW, AK 99723 FAX: 907-852-4459



**UIC Foundation, Inc.  
Scholarship Program**

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

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

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

- Apartment rent is limited to 30% of agreement not to exceed any tuition of \$1,500 each term and must turn in Lease Agreement.
- Food allowance is limited to \$150.00/month for Full Time students Only.
- Room & board is only available for students living away from home and Full Time.
- Transportation to and from school is not available.

**Application deadlines are as follows:**

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

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

1. A UIC shareholder or child of a shareholder.
2. Scholarship application form must be completed and returned.
3. A letter of acceptance from the school you will be attending must be on file.
4. Complete transcripts from high school or the most recent school you have attended must be on file with a GPA of 2.0 or better.
5. Three (3) letters of recommendation from counselors, teachers, administrators or present employer must be submitted with the application.
6. A personal statement detailing your future career plans after completion of college or training must be submitted (for new and renewal students). Include extra-curricular activities and community service activities.
7. A current resume is required (for new students).
8. Financial need sheet from the school is required (for new and renewal students). Form is attached.
9. Current grade report with renewal application submitted (for renewal students only) within 35 days of above application deadline in order to get a renewal scholarship award.

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

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

Last Name	First Name	Relationship to any Foundation		Scholarship Amount
		Manager or Substantial Contributor	Foundation Status	
Ahgeak	Ernestine	None	None	750 00
Ahgeak	Mae	None	None	450 00
Ahgeak	Mattie Jo	None	None	900 00
Ahkiviana	Linda	None	None	450 00
Ahmaogak	Emma	None	None	900 00
Aiken	Ruth	None	None	900 00
Akootchook	Annie	None	None	450.00
Akootchook	Wayne	None	None	750 00
Akpik	Sheila	None	None	2,550 00
Akpik	Theresa	None	None	825 00
Albright	Jared	None	None	1,275 00
Albright	Julie	None	None	750 00
Amaogak	Emma	None	None	600.00
Bodfish	Bradley	None	None	750.00
Boste	Ian	None	None	1,650 00
Broste	Spencer	None	None	1,650 00
Brower	Anthony	None	None	900 00
Brower	Britt'Nee	None	None	1,650 00
Brower	Clara	None	None	900 00
Brower	Terza	None	None	750.00
Brower	Wendell S	None	None	900 00
Brower	Bobby	None	None	900 00
Cain	Kristina J	None	None	900.00
Campbell	Kelsey	None	None	1,650 00
Campbell	Sean	None	None	750 00
Carroll	Quinton	None	None	750 00
Christensen	Jason	None	None	900 00
Corwin	Nicole	None	None	750 00
Crosby	Deanna	None	None	1,650.00
Dejesus	Saadia	None	None	1,650.00
Dingman	Heather	None	None	750.00
Donath	Krista Frantz	None	None	750 00
Edwardsen	Bridget R	None	None	450 00
Edwardsen	Helium U	None	None	1,650 00
Edwardsen	Monica	None	None	1,650 00
Edwardson	Megan	None	None	750 00
Edwardson	Susan	None	None	1,650.00
Ekalook	Holly J	None	None	750 00
Enlow	Loran	None	None	900.00
Evans	Nicole	None	None	750.00
Fischer	Bernadette	None	None	750 00
Fritsch	Michele	None	None	900.00
Fulcher	David	None	None	825 00
Fulford	Heather	None	None	900.00
Gordon	Heather	None	None	1,500 00
Greene	Kitty	None	None	900 00
Grotha	Barbara	None	None	1,650 00
Gueco	Rebekah	None	None	1,650 00
Harris	Tabitha	None	None	1,650 00

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

Last Name	First Name	Relationship to any Foundation		Scholarship Amount
		Manager or Substantial Contributor	Foundation Status	
Hopson	Emma	None	None	900.00
Hopson	Joanna	None	None	750.00
Hopson	Lesley	None	None	750.00
Hopson	Martina	None	None	900.00
Hopson	Rebecca	None	None	1,650.00
Hopson	Sandy	None	None	1,650.00
Hopson Suvlu	Abel	None	None	1,650.00
Ipalook	Elizabeth	None	None	750.00
Ipalook Jr	Lloyd	None	None	900.00
Itta	Dora	None	None	825.00
Ivanoff	Joycelyn	None	None	750.00
Judkins	Tennessee	None	None	2,100.00
Kaleak	Lillian	None	None	1,200.00
Kaleak	Mabel J	None	None	450.00
Kanayurak	Gilbert	None	None	900.00
Kanayurak	Nichole	None	None	1,650.00
Khan	Selma	None	None	1,650.00
Knowles	Nichole	None	None	1,350.00
Leavitt	Doreen	None	None	1,200.00
Leavitt	Jackie	None	None	1,725.00
Leavitt	Rebecca A	None	None	1,650.00
Leavitt	Sam	None	None	900.00
Leavitt	Valerie	None	None	1,650.00
Leavitt Hopson	Joanna	None	None	900.00
Lemen-Abad	Dezrae	None	None	750.00
Long	Heather	None	None	750.00
McNiel	Rena	None	None	750.00
Mendel	Jessica	None	None	1,650.00
Mendel	Kyle	None	None	1,200.00
Miller	Taktuk	None	None	750.00
Mongoyak-Warden	Katherine	None	None	900.00
Morales	Veronica	None	None	375.00
Nageak III	Vincent	None	None	900.00
Nageak Jr	Roy Ernest	None	None	450.00
Nelson	Ned N	None	None	750.00
Nungasak	Olive K	None	None	900.00
Okakok	Bonnie	None	None	900.00
Okakok	Kristin	None	None	1,200.00
Okakok Jr	Rex A	None	None	900.00
Oyagak	Bernice	None	None	1,650.00
Packer	Vanessa J	None	None	900.00
Panningona	Clarissa	None	None	1,200.00
Pico	Bobby	None	None	900.00
Porter	Gareth	None	None	750.00
Rexford	Charles	None	None	900.00
Rexford	Elizabeth	None	None	900.00
Rice	Patricia	None	None	1,200.00
Robinson	Holly	None	None	1,800.00
Roddy	Qinugan	None	None	750.00

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

Last Name	First Name	Relationship to any Foundation		Foundation Status	Scholarship Amount
		Manager or Substantial Contributor			
Roseberry	Katie		None	None	750 00
Roseberry	Mark		None	None	1,650 00
Russell	A. Lucas		None	None	750 00
Russell	Albert		None	None	900 00
Sakeagak	Darlene		None	None	1,650 00
Salmon	Abbey		None	None	1,650 00
Sanders	Justin		None	None	750 00
Sielak	Georgianna		None	None	750 00
Simmonds	Vera L		None	None	1,650 00
Simmonds	William H		None	None	900 00
Snyder	Rex		None	None	750 00
Solomon	Pamela		None	None	750 00
Sovalik	Virginia		None	None	750 00
Stine	Phoebe M		None	None	900 00
Stotts	Inuuteq		None	None	900 00
Strutz	Joshua		None	None	750 00
Suvlu	Jamie		None	None	900 00
Thompson	Jene		None	None	900 00
Turner	Katelyn E		None	None	2,100 00
Turner	Samuel		None	None	900 00
Walton	Brian		None	None	750 00
Weber	Heather K		None	None	900 00
Weber	Lillian		None	None	750 00
Weber	Whitney		None	None	750 00
Williams	Cody		None	None	750 00
Williams	Serena		None	None	900 00
Wong	Charles		None	None	900 00

130,950 00

REFUNDED SCHOLARSHIPS

(9,423 00)

TOTAL GRANTS PAID DURING THE YEAR

121,527 00

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

(Rev. January 2011)  
Department of the Treasury  
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - 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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). 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*

**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*

<b>Type or print</b>	Name of exempt organization UIC Foundation Inc	Employer identification number 92-0157584
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions PO Box 890	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Barrow, AK 99723	

Enter the Return code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
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

- The books are in the care of ▶ Mitilda Adams

Telephone No ▶ (907) 852-7429 FAX No ▶ (907) 852-4459

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2010 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> 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	<b>3a</b>	\$ none
<b>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	<b>3b</b>	\$ none
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$ 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 Paperwork Reduction Act Notice, see Instructions.**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month 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 UIC Foundation, Inc.	Employer identification number 92-0157584
	Number, street, and room or suite no. If a P O. box, see instructions. PO Box 890	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Barrow AK 99723	

Enter the Return code for the return that this application is for (file a separate application for each return) 04

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  **Mitilda Adams**  
Telephone No.  (907) 852-7429 FAX No.  (907) 852-4459
  - If the organization does not have an office or place of business in the United States, check this box
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until 11/15/2011
- 5 For calendar year 2010 , or other tax year beginning \_\_\_\_\_ , and ending \_\_\_\_\_
- 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 to prepare a complete and accurate return is not yet available.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c <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	\$	0

**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  *Mitilda Adams* Title  Vice President and Treasurer Date  8/12/11  
Form 8868 (Rev 1-2011)