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Form 990-PF

## Return of Private Foundation

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

2010

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 04-01-2010, and ending 03-31-2011

**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  
KONAG EDUCATION FOUNDATION

Number and street (or P O box number if mail is not delivered to street address) 4241 B STREET  
ROOM/SUITE 303B

City or town, state, and ZIP code  
ANCHORAGE, AK 99503

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

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 5,746,745** **J** Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

(Part I, column (d) must be on cash basis.)

**A** Employer identification number  
92-0145017

**B** Telephone number (see page 10 of the instructions)  
(907) 562-9093

**C** If exemption application is pending, check here

**D** 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test, check here and attach computation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

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

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	433,792			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	35,643	35,643	35,643	
4	Dividends and interest from securities. . . . .	107,742	107,742	107,742	
5a	Gross rents . . . . .				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	156,567			
b	Gross sales price for all assets on line 6a 937,544				
7	Capital gain net income (from Part IV, line 2) . . .		55,576		
8	Net short-term capital gain . . . . .				
9	Income modifications . . . . .				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold . . . . .				
c	Gross profit or (loss) (attach schedule) . . . . .	5,481		5,481	
11	Other income (attach schedule) . . . . .				
12	<b>Total.</b> Add lines 1 through 11 . . . . .	739,225	198,961	148,866	

Revenue	13 Compensation of officers, directors, trustees, etc	82,147		82,147
Operating and Administrative Expenses	14 Other employee salaries and wages . . . . .	123,913		123,913
	15 Pension plans, employee benefits . . . . .	47,202		42,172
	16a Legal fees (attach schedule) . . . . .			
	b Accounting fees (attach schedule) . . . . .	21,517		21,388
	c Other professional fees (attach schedule) . . . . .	18,762	18,762	
	17 Interest . . . . .			
	18 Taxes (attach schedule) (see page 14 of the instructions)	1,802		
	19 Depreciation (attach schedule) and depletion . . .	4,576		
	20 Occupancy . . . . .	28,184		25,419
	21 Travel, conferences, and meetings . . . . .	15,753		14,085
	22 Printing and publications . . . . .	2,145		2,145
	23 Other expenses (attach schedule) . . . . .	125,181		144,371
	<b>24 Total operating and administrative expenses.</b>	471,182	18,762	455,640
	Add lines 13 through 23 . . . . .			
	25 Contributions, gifts, grants paid . . . . .	218,632		218,632
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	689,814	18,762	674,272
	27 Subtract line 26 from line 12			
	a <b>Excess of revenue over expenses and disbursements</b>	49,411		
	b <b>Net investment income</b> (if negative, enter -0-) . . .		180,199	
	c <b>Adjusted net income</b> (if negative, enter -0-) . . .			148,866

<b>Part II</b> <b>Balance Sheets</b>	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
<b>1</b>	Cash—non-interest-bearing . . . . .	4,271	5,367	5,367
<b>2</b>	Savings and temporary cash investments . . . . .	15,969	5,588	5,588
<b>3</b>	Accounts receivable ►			
	Less allowance for doubtful accounts ►			
<b>4</b>	Pledges receivable ►			
	Less allowance for doubtful accounts ►			
<b>5</b>	Grants receivable . . . . .	29,219	29,089	29,089
<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .			
<b>7</b>	Other notes and loans receivable (attach schedule) ►			
	Less allowance for doubtful accounts ►			
<b>8</b>	Inventories for sale or use . . . . .			
<b>9</b>	Prepaid expenses and deferred charges . . . . .	7,738	5,776	5,776
<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
<b>b</b>	Investments—corporate stock (attach schedule) . . . . .			
<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .			
<b>11</b>	Investments—land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
<b>12</b>	Investments—mortgage loans . . . . .			
<b>13</b>	Investments—other (attach schedule) . . . . .			
<b>14</b>	Land, buildings, and equipment basis ► 43,671			
	Less accumulated depreciation (attach schedule) ► 37,169	11,083	6,502	
<b>15</b>	Other assets (describe ►) . . . . .	5,231,976	5,700,925	5,700,925
<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I) . . . . .	5,300,256	5,753,247	5,746,745
<b>17</b>	Accounts payable and accrued expenses . . . . .	26,421	9,117	
<b>18</b>	Grants payable . . . . .			
<b>19</b>	Deferred revenue . . . . .			
<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons . . . . .			
<b>21</b>	Mortgages and other notes payable (attach schedule) . . . . .			
<b>22</b>	Other liabilities (describe ►) . . . . .	4,154	8,134	
<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	30,575	17,251	
	<b>Foundations that follow SFAS 117, check here ►</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
<b>24</b>	Unrestricted . . . . .	5,269,681	5,735,996	
<b>25</b>	Temporarily restricted . . . . .			
<b>26</b>	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ►</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
<b>28</b>	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
<b>29</b>	Retained earnings, accumulated income, endowment, or other funds . . . . .			
<b>30</b>	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	5,269,681	5,735,996	
<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	5,300,256	5,753,247	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	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) . . . . .	<b>1</b>	5,269,681
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	49,411
<b>3</b>	Other increases not included in line 2 (itemize) ►	<b>3</b>	416,904
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	5,735,996
<b>5</b>	Decreases not included in line 2 (itemize) ►	<b>5</b>	
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	5,735,996

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

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
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**1a**

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
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**a****b****c****d****e**

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	55,576
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2009	496,834	4,534,756	0 109561
2008	465,085	4,753,177	0 097847
2007	475,192	5,643,446	0 084202
2006	384,544	5,701,354	0 067448
2005	377,331	5,202,619	0 072527

2 Total of line 1, column (d).	2	0 431585
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	0 086317
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5.	4	5,399,817
5 Multiply line 4 by line 3.	5	466,096
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	1,802
7 Add lines 5 and 6.	7	467,898
8 Enter qualifying distributions from Part XII, line 4.	8	674,272

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	1	1,802
Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2. . . . .	3	1,802
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	1,802
6	<b>Credits/Payments</b>		
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	1,476
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments Add lines 6a through 6d. . . . .	7	1,476
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	326
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be <b>Credited to 2011 estimated tax</b> <input type="checkbox"/> 0 <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

		<b>Yes</b>	<b>No</b>
1a	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? . . . . .	1a	No
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)? . . . . .	1b	No
<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>			
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c	No
d	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"/> \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2	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>	2	No
3	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>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6	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? . . . . .	6	Yes
7	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>	7	Yes
8a	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	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>	8b	Yes
9	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>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions). . . . .	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	Yes	
Website address ► WWW KONIA GEDUCATION ORG				
14	The books are in care of ► DAWNI HAINES	Telephone no ► (907) 338-0040		
	Located at ► PO BOX 212672 ANCHORAGE AK	ZIP +4 ► 99521		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ►	15		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ►			
16	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? . . . . .	16		
	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 ►			

**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
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ► Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . ► Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ► 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)? . . . . . ► Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). . . . . ► Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . .	1b	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ►		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? . . . . .	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . ► Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see page 20 of the instructions) . . . . .	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . ► Yes <input checked="" type="checkbox"/> No		
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). . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	No
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? . . . . .	4b	No

**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))?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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). . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input checked="" type="checkbox"/>	5b	No
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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			

**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 <b>(If not paid, enter -0-)</b>	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

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

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

**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		

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a Average monthly fair market value of securities. . . . .	1a	5,466,451
b Average of monthly cash balances. . . . .	1b	15,597
c Fair market value of all other assets (see page 24 of the instructions). . . . .	1c	0
<b>d Total</b> (add lines 1a, b, and c). . . . .	1d	5,482,048
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2 Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3 Subtract line 2 from line 1d. . . . .	3	5,482,048
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). . . . .	4	82,231
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,399,817
<b>6 Minimum investment return.</b> Enter 5% of line 5. . . . .	6	269,991

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

1 Minimum investment return from Part X, line 6. . . . .	1	269,991
2a Tax on investment income for 2010 from Part VI, line 5. . . . .	2a	1,802
b Income tax for 2010 (This does not include the tax from Part VI ). . . . .	2b	
c Add lines 2a and 2b. . . . .	2c	1,802
3 Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	268,189
4 Recoveries of amounts treated as qualifying distributions. . . . .	4	
5 Add lines 3 and 4. . . . .	5	268,189
6 Deduction from distributable amount (see page 25 of the instructions). . . . .	6	
<b>7 Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	268,189

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	674,272
b Program-related investments—total from Part IX-B. . . . .	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required). . . . .	3a	
b Cash distribution test (attach the required schedule). . . . .	3b	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	674,272
<b>5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income</b> Enter 1% of Part I, line 27b (see page 26 of the instructions). . . . .	5	1,802
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	672,470

**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)

	<b>(a) Corpus</b>	<b>(b) Years prior to 2009</b>	<b>(c) 2009</b>	<b>(d) 2010</b>
<b>1</b> Distributable amount for 2010 from Part XI, line 7				268,189
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2010				
<b>a</b> From 2005. . . . .	119,822			
<b>b</b> From 2006. . . . .	108,370			
<b>c</b> From 2007. . . . .	198,548			
<b>d</b> From 2008. . . . .	232,748			
<b>e</b> From 2009. . . . .	273,044			
<b>f Total</b> of lines 3a through e. . . . .	932,532			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4 ► \$ _____ 674,272				
<b>a</b> Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions). . . . .				
<b>d</b> Applied to 2010 distributable amount. . . . .				268,189
<b>e</b> Remaining amount distributed out of corpus	406,083			
<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).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>	1,338,615			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<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 . . . . .				
<b>e</b> Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions . . . . .				
<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) . . . . .				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	119,822			
<b>9</b> <b>Excess distributions carryover to 2011.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,218,793			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2006. . . . .	108,370			
<b>b</b> Excess from 2007. . . . .	198,548			
<b>c</b> Excess from 2008. . . . .	232,748			
<b>d</b> Excess from 2009. . . . .	273,044			
<b>e</b> Excess from 2010. . . . .	406,083			

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

1a	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. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 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))

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

**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

KONIAG EDUCATION FOUNDATION  
4241 B STREET SUITE 303B  
ANCHORAGE, AK 99503  
(907) 562-9093

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

ALL APPLICATIONS ARE AVAILABLE ON THE WEBSITE AT WWW KONIAGEDUCATION.ORG

c Any submission deadlines

SUBMISSION DEADLINES ARE AVAILABLE ON THE WEBSITE AT WWW KONIAGEDUCATION.ORG

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

AWARD RESTRICTIONS OR LIMITATIONS ARE AVAILABLE ON THE WEBSITE AT WWW KONIAGEDUCATION.ORG

**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 Paid during the year</b> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	218,632
<b>b Approved for future payment</b>				
<b>Total</b> . . . . .			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue						
<b>a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . . .						
<b>3</b> Interest on savings and temporary cash investments				14	35,643	
<b>4</b> Dividends and interest from securities. . . . .				14	107,742	
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property						
<b>7</b> Other investment income. . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory				14	55,576	100,991
<b>9</b> Net income or (loss) from special events						
<b>10</b> Gross profit or (loss) from sales of inventory. . . . .						
WORLDCOM CLASS ACTION						
<b>11</b> Other revenue <b>a</b> REC				25	5,481	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .					204,442	100,991
<b>13</b> Total Add line 12, columns (b), (d), and (e). . . . .						305,433
						13

(See worksheet in line 13 instructions on page 28 to verify calculations )

**Part XVII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting foundation to a noncharitable exempt organization or**

(1) Cash.

**(2) Other assets.**

### Other transactions

**(1) Sales of assets to a noncharitable exempt organization. . .**

**(2) Purchases of assets from a noncharitable exempt**

**(3) Rental of facilities, equipment,**

#### (4) Reimbursement arrangement

**(8) Performance of services or membership or fundraising solicitations.**

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship	
<p>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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge</p>			
<p>***** Signature of officer or trustee</p>	<p>2011-06-30 Date</p>	<p>***** Title</p>	
<p><b>Sign Here</b>  <b>Paid Preparer's Use Only</b></p>	<p>Preparer's Signature CLAY HIGHTOWER CPA</p>	<p>Date 2011-06-21 Check if self-employed <input checked="" type="checkbox"/></p>	
	<p>Firm's name ►</p>	<p>SRAMEK-HIGHTOWER CPAS PC 2525 C STREET SUITE 100</p>	<p>Firm's EIN ►</p>
	<p>Firm's address ►</p>	<p>ANCHORAGE, AK 99503</p>	<p>Phone no (907) 563-6722</p>

2010

**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.

**Name of organization**  
KONIAG EDUCATION FOUNDATION**Employer identification number**

92-0145017

**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<sup>1</sup>/<sub>3</sub> 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**  
 KONIAG EDUCATION FOUNDATION

**Employer identification number**

92-0145017

**Part I** **Contributors** (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KONIAG INC 4300 B STREET  ANCHORAGE, AK 99503	\$ <u>169,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	EXXON MOBIL CORPORATION 5959 LAS CLINAS BLVD  IRVING, TX 75039	\$ <u>15,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
—		\$ <u>          </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
—		\$ <u>          </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
—		\$ <u>          </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
—		\$ <u>          </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )

<b>Name of organization</b> KONIAG EDUCATION FOUNDATION	<b>Employer identification number</b> 92-0145017
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**Part II Noncash Property (see Instructions)**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 92-0145017  
**Name:** KONIAG EDUCATION FOUNDATION

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
TYAN HAYES 	EXEC DIR 40 00	82,147	0	0
4241 B STREET SUITE 303B ANCHORAGE, AK 99503				
EDWARD WARD 	PRESIDENT 1 00	0	0	0
13640 VERN DRIVE ANCHORAGE, AK 99516				
TONY CANGE 	SEC/TRES 1 00	0	0	0
5310 WOODCREST CIR ANCHORAGE, AK 99507				
LAURIE FAGNANI 	DIRECTOR 1 00	0	0	0
3501 DENALI STREET SUITE 200 ANCHORAGE, AK 99503				
JACQUELINE MADSEN 	DIRECTOR 1 00	0	0	0
4241 B STREET SUITE 303B ANCHORAGE, AK 99503				
JANISSA JOHNSON 	DIRECTOR 1 00	0	0	0
3900 C STREET SUITE 801 ANCHORAGE, AK 99503				
STEPHEN PARSONS 	DIRECTOR 1 00	0	0	0
4009 ROSEMEADE DR FAIRFAX, VA 22033				
UWE GROSS 	DIRECTOR 1 00	0	0	0
275 W MONTE CRISTO WICKENBURG, AZ 85390				
JON PANAMAROFF 	V PRESIDENT 1 00	0	0	0
4241 B STREET SUITE 303B ANCHORAGE, AK 99503				
WILLIAM ANDERSON JR 	DIRECTOR 1 00	0	0	0
104 CENTER AVE STE 205 KODIAK, AK 99615				
JUDY FULP 	DIRECTOR 1 00	0	0	0
PO BOX 2306 KODIAK, AK 99615				
LORENA SKONBERG 	DIRECTOR 1 00	0	0	0
6531 BABY BEAR DRIVE ANCHORAGE, AK 99507				

## Form 990PF Part XV Line 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 Paid during the year</b>				
BLAINE SCOULLER 101 KIKSADI CT SITKA, AK 99835			SCHOLARSHIP	1,000
DESIREE NELSON PO BOX 751017 FAIRBANKS, AK 99775			SCHOLARSHIP	600
DANIEL PANAMAROFF 1128 HESS ROAD FAIRBANKS, AK 99775			SCHOLARSHIP	500
LILLIAN O'BRIEN PO BOX 346 NENANA, AK 99760			SCHOLARSHIP	1,700
KAROLYN VANWINGERDEN 1281 PEPPER STREET HOUSTON, AK 99694			SCHOLARSHIP	1,613
LARRY SHUGAK PO BOX 123 OLD HARBOR, AK 99693			SCHOLARSHIP	750
DERICK MAGNUSEN PO BOX 1124 UNALASKA, AK 99685			SCHOLARSHIP	2,300
JOHNNIE STOCK 65679 S VICTORY RD SUTTON, AK 99674			SCHOLARSHIP	600
PAT MULLAN PO BOX 4284 SOLDOTNA, AK 99669			SCHOLARSHIP	100
NIKITA NAUMOFF PO BOX 1283 SOLDOTNA, AK 99669			SCHOLARSHIP	1,000
NATALIE PARAZOO PO BOX 2766 SOLDOTNA, AK 99669			SCHOLARSHIP	500
STACEY SIMMONS 263 WEST REDOUBT AVE SOLDOTNA, AK 99669			SCHOLARSHIP	1,800
KRISTOPHER VANWINGERDEN PO BOX 521644 BIG LAKE, AK 99652			SCHOLARSHIP	2,500
BEN HOLMSTROM 2212 TABASCO CAT PALMER, AK 99645			SCHOLARSHIP	1,800
HANNAH HOLMSTROM 2212 N TABASCO CAT DR PALMER, AK 99645			SCHOLARSHIP	1,200
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

## Form 990PF Part XV Line 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 Paid during the year</b>				
OLIVER HOLMSTROM PO BOX 3578 PALMER, AK 99645			SCHOLARSHIP	600
JANELL SHANAGIN PO BOX 64 OUZINKIE, AK 99644			SCHOLARSHIP	1,250
NINA KRUMREY 1 MT VIEW DRIVE OLD HARBOR, AK 99643			SCHOLARSHIP	500
SOFIA INFANTE 280 BOYER AVE WALLA WALLA, WA 98632			SCHOLARSHIP	1,200
CHARLES CARLSON PO BOX 93 LARSEN BAY, AK 99624			SCHOLARSHIP	900
CHARLES CARLSON PO BOX 93 LARSEN BAY, AK 99624			SCHOLARSHIP	900
ZACHARY BAILOR 3535 SITKINAK DR KODIAK, AK 99615			SCHOLARSHIP	400
JOSH BAILOR 3535 SITKINAK DR KODIAK, AK 99615			SCHOLARSHIP	500
JOSHUA BAKER 3226 ARCTIC TERN KODIAK, AK 99615			SCHOLARSHIP	600
CHANTELLE BARTLESON BOX 8736 KODIAK, AK 99615			SCHOLARSHIP	1,000
MARTHA BRANSON PO BOX 451 KODIAK, AK 99615			SCHOLARSHIP	1,000
ALANA BRANSON 1310 E REZANO F DR KODIAK, AK 99615			SCHOLARSHIP	1,075
MARLON BRANSON PO BOX 451 KODIAK, AK 99615			SCHOLARSHIP	2,300
AMANDA CARLOUGH 2815 WOODY WAY KODIAK, AK 99615			SCHOLARSHIP	1,200
MATTHEW DELGADO BOX 8736 KODIAK, AK 99615			SCHOLARSHIP	625
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

## Form 990PF Part XV Line 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 Paid during the year</b>				
ALISHA DRABEK PO BOX 261 KODIAK, AK 99615			SCHOLARSHIP	1,150
NINA GRONN 1511 BARANOFF KODIAK, AK 99615			SCHOLARSHIP	250
CHRISTOPHER MALUTIN PO BOX 633 KODIAK, AK 99615			SCHOLARSHIP	1,500
SARAH MILES PO BOX 2607 KODIAK, AK 99615			SCHOLARSHIP	2,150
JASON OPHEIM PO BOX 9056 KODIAK, AK 99615			SCHOLARSHIP	1,700
PATRICIA PRINCE PO BOX 8787 KODIAK, AK 99615			SCHOLARSHIP	964
PATRICK SCHNEIDER PO BOX 311 KODIAK, AK 99615			SCHOLARSHIP	250
SARAH SHORT PO BOX 348 KODIAK, AK 99615			SCHOLARSHIP	2,649
KAYLEE GRANT PO BOX 1793 KENAI, AK 99611			SCHOLARSHIP	2,500
DECEMBER SHUGAK PO BOX 2460 KENAI, AK 99611			SCHOLARSHIP	700
ANDREA TAYLOR PO BOX 1231 KASILOF, AK 99610			SCHOLARSHIP	1,000
MICHELLE MEZA 17521 BEAUJOLAIS DR EAGLE RIVER, AK 99577			SCHOLARSHIP	1,433
GREGORY LUKIN BOX 41 PORT LIONS, AK 99550			SCHOLARSHIP	1,000
PETER SQUARTSOFF 111 BIRCH DRIVE PORT LIONS, AK 99550			SCHOLARSHIP	1,000
PETER BOSKOFSKY PO BOX 48024 CHIGNIK LAKE, AK 99548			SCHOLARSHIP	10,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

**Form 990PF Part XV Line 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 Paid during the year</b>				
STEVE HELGASON PO BOX 240647 ANCHORAGE, AK 99524			SCHOLARSHIP	1,000
ANTHONY REED PO BOX 220513 ANCHORAGE, AK 99522			SCHOLARSHIP	1,000
MELISSA MARVIN 2906 W 30TH AVENUE 15 ANCHORAGE, AK 99517			SCHOLARSHIP	1,366
STACY PULIS 3717 W 43RD AVE ANCHORAGE, AK 99517			SCHOLARSHIP	1,800
BLAKE AVERY 4341 SAGE CIRCLE ANCHORAGE, AK 99516			SCHOLARSHIP	3,200
JUSTIN KEWAN 12910 SILVER SPRUCE DR ANCHORAGE, AK 99516			SCHOLARSHIP	1,000
ESTHER STEVENS 7905 UPPER HUFFMAN ROAD ANCHORAGE, AK 99516			SCHOLARSHIP	1,800
SIDNEY HOEDEL 110563 SPINDRIFT LOOP ANCHORAGE, AK 99515			SCHOLARSHIP	1,075
MICHELLE MCCOY 12531 TONODA LP2 ANCHORAGE, AK 99515			SCHOLARSHIP	2,150
ALEXANDRIA MULLAN 10613 BOYSEN BERRY PL ANCHORAGE, AK 99515			SCHOLARSHIP	400
LAURA MULLER 1810 VASHON CIRCLE ANCHORAGE, AK 99515			SCHOLARSHIP	1,000
JARON CARLSON 6955 CARAVELLE DR ANCHORAGE, AK 99508			SCHOLARSHIP	400
JARON CARLSON 6955 CARAVELLE DR ANCHORAGE, AK 99508			SCHOLARSHIP	400
SARAI ETHERIDGE 2677 ASPEN HEIGHTS LOOP ANCHORAGE, AK 99508			SCHOLARSHIP	2,150
LANCE GATTER 3240 E 42ND AVE ANCHORAGE, AK 99508			SCHOLARSHIP	1,800
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

**Form 990PF Part XV Line 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 Paid during the year</b>				
YOLANDA INGA 390 S BRAGAW ST 9 ANCHORAGE, AK 99508			SCHOLARSHIP	700
JAMES ANDERSON 9499 BRAYTON DR 86 ANCHORAGE, AK 99507			SCHOLARSHIP	132
GUNDERSEN DWAYNE 9499 BRAYTON DRIVE SPACE ANCHORAGE, AK 99507			SCHOLARSHIP	1,000
BRADLEY KNOWLES 6321 NORM DR ANCHORAGE, AK 99507			SCHOLARSHIP	1,000
STEPHANIE LEFFEL 3611 E 68TH AVE ANCHORAGE, AK 99507			SCHOLARSHIP	866
PARKER QUIMBY 2017 TUDOR HILLS CT ANCHORAGE, AK 99507			SCHOLARSHIP	1,800
RALPH UNGER 9641 VANGUARD DR 3 ANCHORAGE, AK 99507			SCHOLARSHIP	275
DALE CARLOUGH 1001 BONIFACE PKWY 22E-1 ANCHORAGE, AK 99504			SCHOLARSHIP	595
CAROLINE ELIE 7721 EAST 4TH AVENUE UNIT ANCHORAGE, AK 99504			SCHOLARSHIP	1,005
JOHN GREGORIOFF 4306 REKA DRIVE ANCHORAGE, AK 99504			SCHOLARSHIP	429
SHAWN WOLKOFF 7721 E 4TH AVE UNIT A ANCHORAGE, AK 99504			SCHOLARSHIP	1,000
JENNA BURCH 423 W 22ND AVE ANCHORAGE, AK 99503			SCHOLARSHIP	1,000
DANICA CLARION 611 W 32ND AVE APT 107 ANCHORAGE, AK 99503			SCHOLARSHIP	1,200
TABITHA FISCHER 908 CLAY COURT ANCHORAGE, AK 99503			SCHOLARSHIP	1,500
NICHOLAS SHURAVLOFF 2906 DAWSON ST APT 1 ANCHORAGE, AK 99503			SCHOLARSHIP	957
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

## Form 990PF Part XV Line 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 Paid during the year</b>				
DIANA VELEZ 4840 CANTERBURY WAY ANCHORAGE, AK 99503			SCHOLARSHIP	700
FORFEITURES 4241 B STREET SUITE 303B ANCHORAGE, AK 99503			SCHOLARSHIP	-3,038
JAMES PFEIFER 9447 NOBLEWOOD ST ANCHORAGE, AK 99502			SCHOLARSHIP	2,150
CHRISTINE REFT 6800 COLONIAL CT 3 ANCHORAGE, AK 99502			SCHOLARSHIP	160
VERONICA HENSON 605-NW 117TH ST VANCOUVER, WA 98685			SCHOLARSHIP	2,150
LOGAN RHEAUME 1338 STELLA RD LONGVIEW, WA 98632			SCHOLARSHIP	1,000
SARAH RHEAUME 1338 STELLA RD LONGVIEW, WA 98632			SCHOLARSHIP	300
ZOYIA COMBES 1014 VALLEY VIEW WAY ABERDEEN, WA 98520			SCHOLARSHIP	2,150
REBECCA CADLE 422 EASTBAY DR NE OLYMPIA, WA 98506			SCHOLARSHIP	700
ASHLEY PETERSEN 922 66TH AVE E FIFE, WA 98424			SCHOLARSHIP	600
ZACHARY SHAW 21509 102ND ST CT E BONNEY LAKE, WA 98391			SCHOLARSHIP	250
JESSICA DOTSON 5018 NW UFF DA LANE SILVERDALE, WA 98383			SCHOLARSHIP	2,150
STEPHANIE COALE 4955 HIDDEN TERRACE LN SE PORT ORCHARD, WA 98366			SCHOLARSHIP	2,150
SAVANNAH DUNHAM 20302 6TH ST NE SNOHOMISH, WA 98290			SCHOLARSHIP	1,433
DREW YOUNG 2918 BROOK LN SEDRO WOOLLEY, WA 98284			SCHOLARSHIP	1,800
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

## Form 990PF Part XV Line 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 Paid during the year</b>				
ANNA NATAN 9626 58TH PL W MUKILTEO, WA 98275			SCHOLARSHIP	1,800
KAREN WARREN 1115 MADDOX CREEK LANE MOUNT VERNON, WA 98274			SCHOLARSHIP	735
KAYLA WOODS 618 57TH DR NW TULALIP, WA 98271			SCHOLARSHIP	1,500
DANIELLE GRIFFITH 6915 111TH DR NE LAKE STEVENS, WA 98258			SCHOLARSHIP	1,200
KATIEANNN HAUBRICH 6799 DAFFODIL TERRACE FERNDALE, WA 98248			SCHOLARSHIP	1,000
WHITNEY HEYSER 5040 MOSQUITO LK RD DEMING, WA 98244			SCHOLARSHIP	800
NATALIE KING 5050 50TH AVE SW SEATTLE, WA 98136			SCHOLARSHIP	1,800
EMILY LAVASSAR 702 W CREMORA ST SEATTLE, WA 98119			SCHOLARSHIP	2,150
TIMOTHY VON SCHEELE 4 151ST PLACE SOUTHEAST LYNNWOOD, WA 98087			SCHOLARSHIP	1,800
TIMOTHY FARNAN 1010 1 ST N 7 RENTON, WA 98057			SCHOLARSHIP	1,000
LAURA WOODMAN 16144 NE 113TH CT REDMOND, WA 98052			SCHOLARSHIP	1,200
KATRINA WOODMAN 16144 NE 113TH CT REDMOND, WA 98052			SCHOLARSHIP	1,900
TAMARA KLOPFSTEIN 26115 220TH PLACE SE MAPLE VALLEY, WA 98038			SCHOLARSHIP	600
BRIAN WATTS 630 HILLCREST KENT, WA 98030			SCHOLARSHIP	1,000
ALICIA PARSONS 18630 66TH AVE NE KENMORE, WA 98028			SCHOLARSHIP	7,300
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

## Form 990PF Part XV Line 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 Paid during the year</b>				
SHELBY PARSONS 18630 66TH AVE NE KENMORE, WA 98028			SCHOLARSHIP	850
WILLIAM HENSON 7804 OLYMPIC VIEW DR EDMONDS, WA 98026			SCHOLARSHIP	500
BRIANNA LARSEN 23824 2ND AVE SE BOTHELL, WA 98021			SCHOLARSHIP	1,350
WENDY WICK - BURRIL PO BOX 222 PRAIRIE CITY, OR 97869			SCHOLARSHIP	1,075
KYLE VAUGHN 94196 HORTON RD BLACHLY, OR 97412			SCHOLARSHIP	2,300
KATHERINE PAUL 211 SE 12TH AVE APT B PORTLAND, OR 97214			SCHOLARSHIP	1,000
JASMINE TEMPLE 50 KERR PARKWAY 94 LAKE OSWEGO, OR 97035			SCHOLARSHIP	2,150
KINSEY BAGWELL 9720 SW NEW FOREST DR BEAVERTON, OR 97008			SCHOLARSHIP	1,800
JORDAN NAKASONE 707 PARTRIDGE COURT LINCOLN, CA 95648			SCHOLARSHIP	1,200
CHELSIE NAKASONE 707 PARTRIDGE COURT LINCOLN, CA 95648			SCHOLARSHIP	1,400
JON JOINER 4841 PATRICIA DR EUREKA, CA 95503			SCHOLARSHIP	800
SAMANTHA MATTHEWS 2336 GRENOBLE DR LODI, CA 95242			SCHOLARSHIP	1,000
ARCHIE PETERSON 11508 PACIFIC HARBOR AVE BAKERSFIELD, CA 93312			SCHOLARSHIP	1,000
DANIEL PETERSON 11508 PACIFIC HARBOR AVE BAKERSFIELD, CA 93312			SCHOLARSHIP	1,000
NATHAN PETERSON 11508 PACIFIC HARBOR AVE BAKERSFIELD, CA 93312			SCHOLARSHIP	1,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

## Form 990PF Part XV Line 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 Paid during the year</b>				
WANDA NICHOLS 6410 VIA REAL CARPINTERIA, CA 93013			SCHOLARSHIP	1,000
KATHRYN HANSEN 15063 COBALT RD VICTORVILLE, CA 92394			SCHOLARSHIP	2,500
DARIN WOOLPERT 4438 OHIO STREET SAN DIEGO, CA 92116			SCHOLARSHIP	2,500
GARRETT SCHMIDT 1240 HOLLYWOOD BLVD CORRALES, NM 87048			SCHOLARSHIP	1,800
NICHOLAS KRAFT 177 W GOLD RUSH TRAIL FLAGSTAFF, AZ 86001			SCHOLARSHIP	1,250
TARA STILLER 2863 W FIREBROOK TUCSON, AZ 85741			SCHOLARSHIP	1,200
KAYLA CHESTER 26630 N 45TH ST CAVE CREEK, AZ 85331			SCHOLARSHIP	1,200
SIMEONOFF RICHARD 949 W 13TH AVE APACHE JUNCTION, AZ 85120			SCHOLARSHIP	1,000
SHANDICE BEAL 5944 WEST CARDINGTON CIRC SALT LAKE CITY, UT 84118			SCHOLARSHIP	866
THOMAS SWENSEN 175 4TH AVENUE SALT LAKE CITY, UT 84103			SCHOLARSHIP	3,500
ARIEL NATAN 351 E 10TH ST LOVELAND, CO 80537			SCHOLARSHIP	750
ERICA SMITH 1000 ARTEMIS CIR LAFAYETTE, CO 80026			SCHOLARSHIP	600
PATRICIA ELIE-WOLKOFF 781 SOUTH WILLIS STREET ABILENE, TX 79605			SCHOLARSHIP	800
VANESSA GARZA 3601 N 25TH LN MCALLEN, TX 78501			SCHOLARSHIP	800
RACHAEL SCHWANTES 225 PRAIRIE RIDGE DR BARTLESVILLE, OK 74006			SCHOLARSHIP	2,500
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

## Form 990PF Part XV Line 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 Paid during the year</b>				
EMILY STRETCHER 703 MAY STREET JENNINGS, LA 70546			SCHOLARSHIP	2,150
HAYDEN BRADLEY 8021 S 66 AVENUE LAVISTA, NE 68128			SCHOLARSHIP	750
GABRIEL ECKSTEIN 800 PLATTE AVE EDGERTON, MO 64444			SCHOLARSHIP	1,500
DANIEL LARSEN 825 W CALISTA KANKAKEE, IL 60901			SCHOLARSHIP	575
KIRSTIN FELTON 91 BIG PINE LANE CASCADE, MT 59421			SCHOLARSHIP	600
CHELSEA LAPORTA 252 EAST KING ST WINONA, MN 55987			SCHOLARSHIP	1,800
SANTINO LAPORTA 252 EAST KING STREET WINONA, MN 55987			SCHOLARSHIP	250
RYAN BARCLAY 312 POTTER ST MULLIKEN, MI 48861			SCHOLARSHIP	1,000
FRANCES BABER 26801 HAMPDEN ST MADISON HEIGHTS, MI 48071			SCHOLARSHIP	1,000
MATTHEW D COOPER 8355 CHADBURN WAY MONTGOMERY, AL 36116			SCHOLARSHIP	1,500
VICTORIA KRAFT 3318 WILLIS DR BIRMINGHAM, AL 35243			SCHOLARSHIP	2,150
CARA BURNIDGE 1529 BELMONT TRACE TALLAHASSEE, FL 32301			SCHOLARSHIP	2,500
NATASHA MAYBERRY 1299 NORMANDY STREET CONOVER, NC 28613			SCHOLARSHIP	2,150
MATTHEW F COOPER 124 GATHERING PLACE DURHAM, NC 27713			SCHOLARSHIP	1,800
HAYDEN FITZGERALD 115 POINTE PLACE HILLSBOROUGH, NC 27278			SCHOLARSHIP	1,200
<b>Total . . . . .</b>			<b>► 3a</b>	<b>218,632</b>

## Form 990PF Part XV Line 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 Paid during the year</b>				
DANA MORRISON 2012 SANDERSON ROAD CHESAPEAKE, VA 23322			SCHOLARSHIP	1,200
ROBERT NIELSEN 5636 INVERCHAPEL RD SPRINGFIELD, VA 22151			SCHOLARSHIP	500
MARGARET NIELSEN 5636 INVERCHAPEL RD SPRINGFIELD, VA 22151			SCHOLARSHIP	11,200
JOHN ONEILL 8890 STANFORD BLVD 131 COLUMBIA, MD 21045			SCHOLARSHIP	1,000
JEREMY GILBREATH 3204 REGINA DR SILVER SPRING, MD 20906			SCHOLARSHIP	2,517
ANDREW DILWORTH 5412 SANDY POINT LANE CLIFTON, VA 20124			SCHOLARSHIP	2,300
AMY CHABITNOY 16 DIANA DR ANNVILLE, PA 17003			SCHOLARSHIP	1,600
REBECCA BADNER 106 W GARDEN RD LARCHMONT, NY 10538			SCHOLARSHIP	1,000
JOHNSON TANYA 486 BALDWIN AVE JERSEY CITY, NJ 07306			SCHOLARSHIP	1,000
<b>Total . . . . .</b>			► 3a	218,632

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return  
KONIAG EDUCATION FOUNDATION

Business or activity to which this form relates

INDIRECT DEPRECIATION

Identifying number  
92-0145017**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	500,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ►	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	4,576
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18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►	
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**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

<b>Part IV Summary (see instructions)</b>						
21 Listed property Enter amount from line 28 . . . . .					21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .					22	4,576
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23					

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

		%						
		%						
		%						

**26** Property used more than 50% in a qualified business use

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
<b>39</b> Do you treat all use of vehicles by employees as personal use?														
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?														
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)														

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

**42** A amortization of costs that begins during your 2010 tax year (see instructions)

**43** A amortization of costs that began before your 2010 tax year **43**

**44** Total. Add amounts in column (f) See the instructions for where to report **44**

## TY 2010 Accounting Fees Schedule

**Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND BOOKKEEPING	21,517			21,388

## TY 2010 Compensation Explanation

**Name:** KONIAG EDUCATION FOUNDATION

**EIN:** 92-0145017

Person Name	Explanation
TYAN HAYES	
EDWARD WARD	
TONY CANGE	
LAURIE FAGNANI	
JACQUELINE MADSEN	
JANISSA JOHNSON	
STEPHEN PARSONS	
UWE GROSS	
JON PANAMAROFF	
WILLIAM ANDERSON JR	
JUDY FULP	
LORENA SKONBERG	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2010 Depreciation Schedule

**Name:** KONIAG EDUCATION FOUNDATION

**EIN:** 92-0145017

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
VARIOUS FIXED ASSETS	1997-04-01	1,340	1,340	S/L	7 0000				
FURNITURE	1998-04-22	1,450	1,450	S/L	7 0000				
COMPUTERS	1998-05-28	2,500	2,500	S/L	5 0000				
FURNITURE	1998-07-15	823	823	S/L	7 0000				
ARTWORK	1999-04-14	32							
BROCHURE RACK	1999-04-14	413	413	S/L	7 0000				
ARTWORK	1999-04-30	59							
ARTWORK	2000-05-22	138							
STORAGE SHELF	2001-03-07	100	100	S/L	7 0000				
OFFICE REFREGERATOR	2001-03-07	130	130	S/L	7 0000				
TV STAND	2001-04-27	109	109	S/L	7 0000				
ART WORK	2002-04-15	125							
ARCTIC OFFICE PRODUCTS	2002-07-15	267	267	S/L	5 0000				
COMPUTER SERVER/INSTALLATION	2005-05-26	7,684	7,242	200DB	5 0000	442			
TOSHIBA LAPTOP	2006-08-11	935	789	200DB	5 0000	106			
NETWORKING COMPUTER	2006-08-24	225	190	200DB	5 0000	25			
DESK	2006-09-15	397	278	200DB	7 0000	35			
CHAIRS	2006-09-15	198	139	200DB	7 0000	17			
FILE CABINET	2006-09-15	220	154	200DB	7 0000	20			
PHONE	2006-09-15	138	116	200DB	5 0000	16			
TWO HARD DRIVES	2006-11-03	324	265	200DB	5 0000	36			
COMPUTER UPGRADE	2006-12-15	25	20	200DB	5 0000	3			
COPIER	2007-01-11	4,700	3,736	200DB	5 0000	514			
APPLE MAC DESKTOP	2007-08-15	1,554	1,106	200DB	5 0000	179			
CHAT HEADPHONES	2007-08-15	248	176	200DB	5 0000	29			
DESK	2007-09-13	414	233	200DB	7 0000	51			
FILE CABINET	2008-05-01	600	416	200DB	7 0000	53			
DIGITAL CAMERA & MEMORY	2008-05-05	247	188	200DB	5 0000	23			
HP 530 NOTEBOOK	2008-10-15	741	563	200DB	5 0000	71			
INTEL DESKTOP PC & MONITOR	2008-10-30	839	638	200DB	5 0000	80			
IPHONE	2008-11-30	398	354	200DB	3 0000	29			
DELL LAPTOP COMPUTERS(2)	2009-12-01	3,300	1,980	200DB	5 0000	528			
SERVER	2009-07-20	7,284	4,370	200DB	5 0000	1,165			
PROJECTOR	2010-03-17	793	159	200DB	5 0000	253			
OFFICE FURNITURE	2010-01-22	1,330	190	200DB	7 0000	326			
COMPUTER MONITORS (2)	2009-12-12	1,350	810	200DB	5 0000	216			
E4300-DELL COMPUTER	2009-09-02	1,337	802	200DB	5 0000	214			
ROUTER	2009-06-01	905	543	200DB	5 0000	145			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2010 Gain/Loss from Sale of Other Assets Schedule

**Name:** KONIAG EDUCATION FOUNDATION

**EIN:** 92-0145017

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
RAYMOND JAMES		PURCHASE			881,968	780,977			100,991	

**TY 2010 Land, Etc. Schedule****Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	43,671	37,169	6,502	

## TY 2010 Other Assets Schedule

**Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ENDOWMENT INVESTMENTS	5,231,976	5,700,925	5,700,925

## TY 2010 Other Expenses Schedule

**Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ADVERTISING AND MARKETING	37,681			53,393
BANK AND PROCESSING FEES	347			347
DEVELOPMENT	22,929			24,264
DIRECTORS FEES AND EXPENSES	4,278			4,278
STUDENT RESOURCES AND BOOKS	8,187			12,937
DUES AND SUBSCRIPTIONS	415			415
EDUCATION	2,962			2,962
EQUIPMENT AND MAINTENANCE	2,407			2,407
INSURANCE	4,252			4,498
OFFICE SUPPLIES	1,950			1,950
STRATEGIC PLANNING	1,980			1,980
POSTAGE	2,701			2,578
RECOGNITION AND AWARDS	145			145
TELEPHONE	7,454			7,336
GRANT WRITING AND EVALUATION	5,725			3,113
COMPUTER SERVICES	21,768			21,768

## TY 2010 Other Income Schedule

**Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
WORLDCOM CLASS ACTION REC	5,481		5,481

**TY 2010 Other Increases Schedule****Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Description	Amount
UNREALIZED HOLDING GAINS ON INVESTMENTS	416,904

## TY 2010 Other Liabilities Schedule

**Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Description	Beginning of Year - Book Value	End of Year - Book Value
EXCISE TAX PAYABLE		344
PAYROLL TAX PAYABLE	4,154	7,790

## TY 2010 Other Professional Fees Schedule

**Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	18,762	18,762		

## TY 2010 Taxes Schedule

**Name:** KONIAG EDUCATION FOUNDATION**EIN:** 92-0145017

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	1,802			