

# 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



## Form **990-EZ** Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 5 12(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the pend of the year may use this form

■ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

Internal Revenue Service For the 2010 calendar year, or tax year beginning 2010 and ending JUN 30, 2011 JIII. Check if applicable C Name of organization D Employer identification number UNIVERSITY OF ALASKA FAIRBANKS ALUMNI Address change 92-0116506 ASSOCIATION Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 201 CONSTITUTION HALL (907) 474-7081 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return **FAIRBANKS** AK 99775-0126 Number > Application pending Cash X Accrual H Check X if the organization is not Accounting Method: Other (specify) Website: ► N/A required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( 527 ) **◄**(insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). K Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 169,702. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  $\mathbf{X}$ Check if the organization used Schedule O to respond to any question in this Part I 3,961. Contributions, gifts, grants, and similar amounts received 1 50,401. 2 Program service revenue including government fees and contracts 2 45,145. Membership dues and assessments 3 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 70,195 SEE SCHEDULE O Other revenue (describe in Schedule O) 8 169,702. q Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 q 10 Grants and similar amounts paid (list in Schedule 0) 10 RECEIVED Benefits paid to or for members 11 11  $27, \overline{272}$ Salaries, other compensation, and employee benefits | S |
Professional fees and other payments to independent contractors | 2 4 2012 RS-OS 12 12 4,709. 13 13 E2 673. Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 11,987. 15 81,341. SCHEDULE O Other expenses (describe in Schedule O) 16 125,982. Total expenses. Add lines 10 through 16 17 43,720. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) <u>373,778.</u> 19 SEE SCHEDULE O -58,037. Other changes in net assets or fund balances (explain in Schedule 0) 20

Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions

359,461

Form **990-EZ** (2010)

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Pi	art II	Balance Sheets. (see the instructions for Part II.)						
		Check if the organization used Schedule O to respond to any question	in this Part II					X
			(	A) Beginning of year		(B) Er	nd of year	
22	Cash,	, savings, and investments		65,199.	22		15,39	₹8.
23		and buildings		26,989.				0.
24		assets (describe in Schedule 0) SEE SCHEDULE O	)	292,206.			345,50	
25		assets	·	384,394.			360,90	
26		liabilities (describe in Schedule 0) SEE SCHEDULE O	\ <u> </u>	10,616.			$\frac{300,30}{1,44}$	
27		ssets or fund balances (line 27 of column (B) must agree with line 21)	' <del> </del>	373,778.			359,46	
	art III		nts (see the instructions for		21			<u>, , , </u>
<u> </u>	21 L 111		•	· .	x	(Required	penses for section	
14/15	- A Alb a	Check if the organization used Schedule 0 to respond to any question	<del></del>	<u> </u>	<u> </u>	501(c)(3) a	and 501(c)(4	<b>1</b> )
		organization's primary exempt purpose? SEE SCHEDULE O					ons and secti trusts; optic	
		hat was achieved in carrying out the organization's exempt pur			е	for others.		Jilai
_		es provided, the number of persons benefited, and other relevan	it information for each pro	gram title		<del>                                     </del>		
28	SEE	SCHEDULE O						
		——————————————————————————————————————		<del></del>				
	(Grants	s \$ ) If this amount includes foreign of	rants, check here	<u> </u>		28a		
29								
	(Grants	s \$ ) If this amount includes foreign o	grants, check here	<b>&gt;</b>		29a		
30					_			
					_			
	(Grants	s \$ ) If this amount includes foreign o	rants, check here	▶ [		30a		
31	Other	program services (describe in Schedule O)						
	(Grants		arants, check here	▶		31a		
32	Total	program service expenses (add lines 28a through 31a)			┢	32		0.
P	art IV	List of Officers, Directors, Trustees, and Key E	mployees. List each one	even if not compensated (s	ee the		or Part IV )	
		Check if the organization used Schedule O to respond to any question		·				$\mathbf{x}$
_		, , , , , , , , , , , , , , , , , , , ,	(b) Title and average hours	(c) Compensation	(d) c	Contributions	(e) Expen	
		(a) Name and address	per week devoted to	(If not paid, enter	to	employee efit plans &	account a	
		(a) Marile and address	position	(-0)	(	deferred	other allowa	ances
$\overline{G}$	TT.	PHILLIPS, 1231 W. NORTHERN	SEAT 2, SOUT	CENTERAL	CON	npensation		
		S BLVD #906, ANCHORAGE, AK	4.00	275.		0.		Λ
		AYES	EXECUTIVE DI	<del></del>		0.		0.
						0		^
		X 750126, FAIRBANKS, AK 99775	40.00	275.		0.		0.
		L FLODIN	VICE PRESIDE			_		_
		X 672543, CHUGIAK, AK 99567	4.00	275.		0.		0.
		IXON	SEAT 9					_
		CHINOOK DR, FAIRBANKS, AK 99709	4.00	275.		0.		0.
		NA_YORK	SECRETARY	1				
		INGRA ST, ANCHORAGE, AK 99508	4.00	275.		0.		0.
		CARLSON, 1440 PICKERING DRIVE,	SEAT 8					
F/	AIRB.	ANKS, AK 99709	4.00	275.		0.		0.
DI	EREK	MILLER	SEAT 5					
P	) BO	X 70502, FAIRBANKS, AK 99707	4.00	275.		0.		0.
R.	ANDY	PITNEY	PRESIDENT					
		X 80530, FAIRBANKS, AK 99708	4.00	275.		0.		0.
		POOLE	VICE CHANCEL					
		X 757510, FAIRBANKS, AK 99775	4.00	275.		0.		0.
_		A WIDENER	SEAT 6	1 2/3				
		ENATE DR, FAIRBANKS, AK 99712	4.00	275.		0.		Λ
			SEAT 7	4/3.			<del> </del>	0.
		E WASSERMAN	-1	375		^	1	^
		X 22971, JUNEAU, AK 99802	4.00	275.		0.		0.
		A WASSILLIE	SEAT 1			^	1	_
032	172	X 58, WHITE MTN, AK 99784	4.00	275.		<u> </u>	000 ==	0.
02-0	02-11					Form	990-EZ (	2010)

Form 990-EZ (2010)

ASSOCIATION

92-0116506

Page 3

Chack if the organization sends Schedule O to respond to any question in this Part V  Vers No  130 Indit the organization engage in any activity not previously reported to the IRSP II Yes, provide a detailed description of each activity in Schedule O  340 Wers any significant changes made to the organization of growing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization stame. Otherwise, poplan the change on Schedule O (see instructions) is 11 the organization and increase the change on the organization of not report the income on Fior 1990-1, (anong others), but not respected on From 890-1, ceptian in Schedule O (why the organization of not report the income on Fior 1990-1.  1 but the organization brain without the own of St.000 or more on ask in section 50(15), or 501(16)S (organization subject to section 603(3)) endoce, reporting, and proxy tax requirements?  1 If Yes, is an field as tax return in Fiorm 890-1 for this yea?  135 Dot the organization undergoe a liquidation, dissolution, termination, or significant disposition of net assets during the yea? If Yes, complete applicable parts of Schedule PLO. It this yea?  136 Dot the organization before Year, or make any bias to, any officer, director, frustee, or key employee or were any such boars made in a prince year and sill outstanding at the end of the lax year crewned by this return?  137 List and the organization borrow from, or make any boars to, any officer, director, frustee, or key employee or were any such boars made in a prince year and sill outstanding at the end of the lax year crewned by this return?  138 Dot the organization boars with return and the standing of the organization during the year under section 1911 the Organization schedule or lives a such control of the year of the organization during the year interest the section 1912 of the organization during the year under section 510((3) and 5010((4) organizations. Eiter amount of tax miposed on organization managers or disqualme	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
Solution of the organization engage in any activety not previously reported to the IRSP II "Yes," provide a detailed description of each activity in Schodule 0  Schodule 0  Were any spiticant changes made to the organization of governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization of an organization of an organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not report of inches or my 990-T, explain in Schodule 0 (yes enstructions)  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported in Prom 990-T, explain in Schodule 0 (yes enstructions)  If the organization had income from 590-T (but they such as a scholar organization and the organization organization organization organization organization or organization or organization organization organization organization or organization organ					$\mathbf{x}$
Schedule 0  Were any symphotant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization is name. Otherwise, explain the change on Schedule 0 (see instructions)  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not report to more more more 90-1, explain in Schedule 0 why the organization and not report the income of norm 990-1.  If they remove were the discussion 603(s) (entire organization of the organiz				Yes	No
34 Were any significant changes made to the organization of powering documents? If Yes, attach a conformatic copy of the amended documents if they reflect a change to the organization in amended documents if they reflect a change to the organization in amended to the reflect of the power to the organization in the common to the subsets activities, such as those reported on lines 2,6s, and 7s (among others), but not reported on form 990-1, explain in Schedule 0 why the organization did not report the income on Form 990-1.  350 If the organization have unrebled business gross income of \$1,000 or mote or was in a section 50 (E)(4), 50 (E)(5), or 501(E)(5), or 501(E)(6) organization subject to section 500(32) indice, reporting, and proxy fix requirements?  350 If the organization business pross income of \$1,000 or mote or was in a section 50 (E)(4), 50 (E)(5), or 501(E)(5), or 501(E)(6) organization subject to section 90(32) indice, reporting, and proxy fix requirements?  360 If the organization subject to section 90(32) indice, reporting, and proxy fix requirements?  371 Enter amount of political expenditures, direct or indirect, a described in the instructions.  372 If the organization the form 1150-PDO for this year?  373 Enter amount of political expenditures, direct or indirect, a described in the instructions.  374 If the organization terms and still unitstanding at the end of the xiv year covered by this return?  375 If the organization terms and still unitstanding at the end of the xiv year covered by this return?  376 If Yes, complete Schedule I, Part II and enter the total amount involved  377 In instance of the properties of the organization and the organization during the year under:  388 If Y In instance or the properties of the organization of the organization during the year under:  389 In Y/A  399 I	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see mistractions)  If the organization had nome from them business activities, such as those reported on lines (3, ap. at 7 a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the moome on Form 990-T.  If the organization had nome from several properties of \$0.00 or more or was it a section \$0.1(c)(4), 501(c)(5), or \$0.1(c)(5), or \$0.1(c)(5), or \$0.1(c)(6), or \$0.		Schedule 0	33		X
35 If the organization had income from business activities, such as those reported on inter 2, 6a, and 7 a famong others), but net reported on from 990-1. It is not should be only the organization do not report the income on Form 990-1. It is not before 900-1, 1000 in the organization and on the post that experiments?  50 Icl the organization should be undersooned in the specific organization in the part of the first activation for form 990-1 for the year?  50 Icl the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  51 If "ass," has the field a tax return or form 990-1 for the year?  51 If "ass," has the organization in form 11 120-900, for the year organization, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  51 If "ass," complete applicable parts of Schedule N  52 In If "ass," complete specific problems," director indirect, as described in the instructions.  53 In If "ass," complete specific problems, and the organization of the problems of the organization before in 120-900, for the year organization and the organization of the problems of the organization of the problems of the problems of the organization of the problems of the problem	34	• •			
reported on Form 990-T. Applain in Schedule O why the organization did not report the mecome on Form 990-T.  a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$501(c)(4), \$01(c)(5), or \$501(c)(6) or ganization subject to section \$603(c) anote, reporting, and proxy tax requirements?  b If "Yes," has it filed a lax return on Form 990-T for the year?  350 In the organization undergo a laquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  371			34		<u> </u>
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), or \$01(c)(6) or granization subject to section \$603(c) notice, reporting, and prory tax requirements?  50 Did the organization undergo a legulation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete soglicible parts of Schediel N  73 a. First armount of political expenditures, direct or indirect, as described in the instructions.  ▶ 137 a. □ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35				
551(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  572 If Yes, 'has it filed a tax return on Form 990-T for this year?  573 Oil the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule N  574 Enter amount of political expenditures, direct or indirect, as described in the instructions.  575 Jan 2 O.  576 Did the organization for form 1120-POL for this year?  578 a Did the organization before from 1120-POL for this year?  579 Section 501(c)(7) organization, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  580 If Yes, 'complete Schedule I, Part II and enter the total amount involved?  580 Section 501(c)(7) organizations. Enter:  581 In Intaliation fees and capital contributions included on line 9  582 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did tengage in an excess benefit transaction during the year under:  582 section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did tengage in an excess benefit transaction during the year under section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and section of the year of the part of the year					
b If Yes, has it field a tax return on Form 990-T for this year?  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-POL for this year?  By Did the organization file Form 1120-POL for this year?  If Yes, complete Schedule L, Part II and enter the total amount involved in a prior year and still outstanding at the end of the tax year covered by this return?  If Yes, complete Schedule L, Part II and enter the total amount involved in the year year. If Yes, the second 501(c)(7) organizations. Enter:  Inhibition fees and capital continuous file and on the 19 group bulbs use of club facilities.  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4915 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualled persons during the year under sections 4912, 4955, and 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualled persons during the year under sections 4912, 4955, and 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualled persons during the year under sections 4912, 4955, and 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualled persons during the year? If Yes, form 900 the formation of the foreign tourity; If Yes, formation the foreign country; If Yes, the foreign tourity; If Yes, the file manual of the foreign country; If Yes, the file manual of the foreign country; If Yes, the file manual of the foreign country; If Yes, the file manual of the foreign country; If Yes, the file manual of the foreign country; If Y	а			47	1
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b this divergenization of the form 1120-PCL for the year?  37b X  37b X  37c 3  37b X					<del> </del>
as complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.  b Did the organization beform 1120-POL for this year?  38 a Did the organization beform 1120-POL for this year?  38 a Did the organization beform 1120-POL for this year?  38 b Did the organization beform 1120-POL for this year?  39 b Did the organization beform 1120-POL for this year?  40 b If Yes, complete Schedule L, Part II and enter the total amount involved  40 b If Yes, complete Schedule L, Part II and enter the total amount involved  41 section 501(c)(7) organizations. Enter  42 initiation fless and capital contributions included on line 9  43 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under:  43 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4915 ▶ 0.  44 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4915 excess benefit transaction during the year, or did it engage in an excess benefit transaction or a prior year, that has not been reported on any of it is prior Forms 990 or 990-€2?  45 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  46 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c remibursed by the organization and the properties of the section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c remibursed by the organization and the properties of the section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c remibursed by the organization and the properties of the sections 501(c)(4) organizations. Enter amount of tax on line 40c remibursed by the organization sections 4912.  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c remibursed by the organization sections 888-1.		· · · · · · · · · · · · · · · · · · ·	350		<del> </del>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  □ Did the organization file Form 1120-POL for this year?  □ Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  □ If Yeas, Complete Schedule I, Part II and enter the total amount involved  □ If Yeas, Complete Schedule I, Part II and enter the total amount anyolved  □ Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  □ Initiation fees and capital contributions included on line 9  □ Gross recepts, included on line 9, for public use of club facilities  □ Bection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  □ section 4911 ► □ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?  □ 11 Yeas, Complete Schedule I, Part I □ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  □ Call organizations and the sections 4912 organizations. Enter amount of tax imposed on organization managers  or disqualified persons during the year under sections 4912, 4955, and 4958  □ Call organizations and the form 886-T □ All uses the states with which a copy of this return is tifled. ► NONE  □ NONE  □ NONE □	30		26		v
b Did the organization the Form 1120-PDL for this year?  37b X 37b 2 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule I., Part II and enter the total amount involved 38b N/A 38a X  X  5 Exclusion 401 Feet (C)(7) organizations. Enter a linitation fees and capted on line 9, for public use of club facilities  6 Gross recepts, included on line 9, for public use of club facilities  8 Section 301 (C)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. section 4912 ► 0. section 4912 ► 0. section 4915 ► 0. Section 301 (C)(3) and 501 (C)(4) organizations to the forganization engage in any section 4955 benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2?  If "Yes," complete Schedule I., Part I Section 301 (C)(3) and 501 (C)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  C Section 301 (C)(3) and 501 (C)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 888-T.  40e X  1 List the states with which a copy of this return is filed. ► NONE  1 Teorganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 888-T.  1 List the states with which a copy of this return is filed. ► NONE  2 The organizations books are not are offer offer 302 HAYES  Telephone no. ► 907 - 474 - 70.81  Licitated at ► 201 CONSTITUTION HALL P.O. BOX 750126, FAIRBAN  2 The Yes No.  42e X  If "Yes," enter the name of the foreign country. ►  See the instructi	37 a				- <u>~</u> -
38a D the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If Yes, Complete Schedule L, Part II and enter the total amount involved  38b N/A  39c Section 501(c)(7) organizations. Enter:  a initiation fess and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities section 4911 ► 0.; section 4911 ► 0.; section 4915 ► 0.  b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4916 × 0.  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, Complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualided persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the vary of this return is fled. ► NONE  11 List the states with which a copy of this return is fled. ► NONE  12 The organization's books are in care of ► JOE HAYES  Telephone no. ► 907-474-7081  Located at ► 201 CONSTITUTION HALL P.O. BOX 750126, FATRBAN ZIP+4 ► 99775  b Alary time during the calendar year, did the organization have interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts or exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts  11 Yes, enter the name of the foreign country: ►  23 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and			~1		x
an a priori year and still outstanding at the end of the tax year covered by this return?  If Yes, complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Occupant of the section 4911		•			<del>                                     </del>
b If Yes,* complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911			38a		x
a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A 39b N/A 39b N/A 39b N/A 39b N/A 39b N/A 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disciplating the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations have an interest in or a signature or other authority over a financial account in a foreign country. ►  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ►  see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  17'es," enter the name of the foreign country. ►  Section 4917(3)(1) nonexemptic charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Office organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of F	b				
b Gross recepts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Einter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 2 is section 4912 ▶ 0 3. (section 4955 ▶ 0 3.) b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. ► NONE  11 List the states with which a copy of this return is filed. ► NONE  12 The organization's books are in care of ► JOE HAYES  13 Telephone no. ► 907-474-7081  14 Located at ► 201 CONSTITUTION HALL F.O. BOX 750126, FAIRBAN  16 Zill the organization transaction organization was an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts or exceptions and filling requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts  17 Yes, enter the name of the foreign country; ►  28 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  18 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be co	39	Section 501(c)(7) organizations. Enter:			
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transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  Telephone no.   907-474-7081  Located at   201 CONSTITUTION HALL P.O. BOX 750126, FAIRBAN ZIP+4   997-5  At any time during the calendar year, did the organization have an interest in or a signature or other financial account; or a financial account; or a financial account; or a financial account in a foreign country;   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain any office outside of the U.S.?  If "Yes," enter the name of the foreign country:    At any time during the calendar year, did the organization form 1041- Check here    And enter the amount of tax-exempt interest received or accrued during the tax year   Yes No  Yes No  To the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  C Did the organization operate	e				
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b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial    Yes   No account ?	42 a	The organization's books are in care of ▶ JOE HAYES Telephone no. ▶ 907-4	74-7	081	
over a financial account in a foreign country (such as a bank account, securities account, or other financial  account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d		Located at ▶ 201 CONSTITUTION HALL P.O. BOX 750126, FAIRBAN ZIP+4 ▶	9977	5	
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Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		43	IV/ A	<u> </u>	
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				Yes	No
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  44d  44d	44 a	Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be completed instead of		1.00	1
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  44d	–	· · · · · · · · · · · · · · · · · · ·	44a		x
of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44b X  44c X	b			<b> </b>	T-
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44c X			44b		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d	C	Did the organization receive any payments for indoor tanning services during the year?			
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
Form <b>990-EZ</b> (2010)	_	ın Schedule O	44d		<u> </u>
			Form 9	90-EZ	(2010)

UNIVERSITY OF ALASKA FAIRBANKS ALUMNI Form-990-EZ (2010) ASSOCIATION 92-0116506 Page 4 Yes No Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? X 45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ X 45a Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 X Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes No Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 X is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more 50 than \$100,000 of compensation from the organization. If there is none, enter "None," (b) Title and average hours (c) Compensation (d) Contributions (e) Expense to employee benefit plans & per week devoted to (a) Name and address of each employee paid more account and position than \$100,000 other allowances deferred NONE Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the NONE organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt 52 charitable trusts must attach a completed Schedule A X Yes Under penalties of penury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here JOE HAYES DIRECTOR Print/Type preparer's name Date Check **PTIN** Preparet's signature **Paid** self- employed Preparer ROCKNE S. WILSON Use Only Firm's name ► WILSON & WILSON **CPAS** Firm's EIN Firm's address ► 344 MINNIE STREET 907 456 8115 Phone no. FAIRBANKS. AK 99701 May the IRS discuss this return with the preparer shown above? See instructions X Yes

1

Form 990-EZ (2010)

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

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2010** 

Open to Public Inspection

Nan	ne of t	he organizati	on UNIVERS	ITY OF ALASK	A FAI	RBANK	S ALU	MNI	Eı	nployer ic	dentification	on nui	mber
			ASSOCIA	TION						92	-0116	<u>506</u>	
Pε	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	) See inst	ructions				
The	organ	ization is not a	private foundation	because it is. (For lines 1	1 through	11, check d	only one b	ox)					
1		A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3		A hospital or	a cooperative hospi	tal service organization of	described	ın section	170(b)(1)(	A)(iii).					
4		A medical res	search organization of	operated in conjunction	with a hos	prtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	s nam	e,
		city, and state	e:										
5	$\mathbf{x}$	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a governr	nental uni	describe	d in		
			(b)(1)(A)(iv). (Comple					-					
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	γαγν.					
7				eives a substantial part					r from the	general p	ublic desci	ribed ii	n
			b)(1)(A)(vi). (Comple				<b>3</b>			<b>9</b>			
8				ection 170(b)(1)(A)(vi).	(Complete	Part II )							
9	$\Box$			eives (1) more than 33			om contri	butions m	embershii	n fees and	d aross rea	eints:	from
				nctions - subject to certa									
				axable income (less sect							_		
			<b>509(a)(2).</b> (Complete			,	J	oquii ou b	, the orga	····Lation a	itor ourio o	0, 10,	0.
10				perated exclusively to te	st for publ	ic safety S	ee sectio	n 509(a)(4	η.				
11	一			perated exclusively for th					-	out the r	nurnoses o	f one (	nr .
				ations described in secti									
				organization and compl				, 555 550		- <b>/(</b> -/,			
		a Type I		-, -		e III - Func		egrated		dП	Type III · C	Other	
e				it the organization is not					more disc				n
				han one or more publicly									
f				ten determination from t						,(α)(1) Οί Ο	0000011000	(4)(2)	
-			rganization, check th			ao u . ,	po 1, 1 <b>, po</b>	, от турс	,				
g			-	organization accepted ar	ny aift or c	ontribution	from any	of the follo	nwing ner	one?			
2		_		rectly controls, either al			•		٠.			Yes	No
				upported organization?	or tog	,04101 11141	po/00/10 0		ii (ii) aii a	, bolow,	11g(i)	103	140
		_		n described in (i) above?	)						11g(ii)		
			•	person described in (i)		۵?					11g(iii)		
r		• •	•	about the supported or	• •				•		rig(iii)		
•		T TOTAL LITE II	onowing information	about the supported of	garnzation	(3).							
<i>'</i> :	Nome	of aupported	(::) FIN	(iii) Type of	(iv) Is the	organization	(v) Did voi	i notify the	(vi) Is	the			
Ų.		of supported anization	(ii) EIN	organization	in col. (i) li	sted in your	organizat	on in col.	organizatio	on in col. l	(vii) Am gup		ı
	o. g.			(described on lines 1-9 above or IRC section		document?			(i) organız U.S	.?	Supp	puit	
				(see instructions))	Yes	No	Yes	No	Yes	No			
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Tot	al												

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

### UNIVERSITY OF ALASKA FAIRBANKS ALUMNI

92-0116506 Page 2

Schedule A (Form 990 or 990-EZ) 2010 ASSOCIATION

Part II | Support Schedule for Organizations E Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
	Gifts, grants, contributions, and	10, -55	127	(5, _555	(4) = 000	(5) 2515	W. Star		
	membership fees received (Do not								
	include any "unusual grants ")	46,489.		49,894.	24,229.	44,145.	164,757.		
2	Tax revenues levied for the organ-			23/0320	21/2250		2027.574		
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities			1					
_	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	46,489.		49,894.	24,229.	44,145.	164,757.		
	The portion of total contributions	20,2050	<del></del>	1370311	<u> </u>	44,145.	104,7576		
Ū	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4	_	<del></del>		· · ·		164,757.		
	etion B. Total Support		<del></del>		<del></del>		104,757.		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	#A Total		
	Amounts from line 4	46,489.	(b) 2007	49,894.	24,229.	44,145.	(f) Total 164,757.		
	Gross income from interest,			13,031.	<u> </u>	44,143.	101,131.		
	dividends, payments received on					,			
	securities loans, rents, royalties								
	and income from similar sources					56,616.	56,616.		
٩	Net income from unrelated business					30,010.	30,010.		
J	activities, whether or not the								
	business is regularly carried on	-565.					-565.		
10	Other income Do not include gain	303.							
	or loss from the sale of capital					İ			
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10	-					220,808.		
	Gross receipts from related activities,	etc (see instruction	nel		-	12	220,000.		
	First five years. If the Form 990 is for	•	•	rd fourth or fifth tax	vear as a sectio				
	organization, check this box and stor	here			t your do d oootio	00 1(0)(0)			
Sec	ction C. Computation of Publ	ic Support Per	rcentage	-					
	Public support percentage for 2010 (			column (f))		14	74.62 %		
	Public support percentage from 2009					15	74.77 %		
16a	33 1/3% support test - 2010.If the o	rganization did not	check the box o	n line 13, and line 14	1 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies						$\triangleright \mathbf{X}$		
b	33 1/3% support test - 2009. If the o	rganization did not	check a box on	line 13 or 16a, and li	ne 15 is 33 1/3%	or more, check th			
	and stop here. The organization qual					•	ightharpoons		
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	inization did not	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances"			•	•	<b></b>			
b	10% -facts-and-circumstances tes				-	7a, and line 15 is 1	10% or		
	more, and if the organization meets the								
	organization meets the "facts-and-circ				•				
18	Private foundation. If the organization						s 🕨 🗔		
	<del></del>					edule A (Form 990			

# Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be Section A. Public Support	Now, please comp	plete Part II )			-	
		(h) 0007	(*) 0000	(4) 0000	(=) CO10	40 Tet-1
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")					-	
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-					ļ	
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to					1	
or expended on its behalf						
·	<del></del>					
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				1	1	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received	<del></del> _					
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1				
c Add lines 7a and 7b				<del> </del>	1	
				<del>                                     </del>	<del>                                     </del>	-
8 Public support (Subtract line 7c from line 6)   Section B. Total Support		1	I	<u> </u>		
· · · · · · · · · · · · · · · · · · ·	/-> 0000	(k) 0007	443.0000	/ n 0000	(1) 0010	/0.T-1-1
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6			<del></del>			
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income			1			
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business				1		
activities not included in line 10b,			1			
whether or not the business is			1		1	
regularly carried on			_	ļ		
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) org	janization,
check this box and stop here		<i>.</i>		-		•
Section C. Computation of Publi	ic Support Pe	ercentage				
15 Public support percentage for 2010 (I			column (fl)		15	9/
16 Public support percentage from 2009		•			16	9/
Section D. Computation of Inves					110	
					147	
17 Investment income percentage for 20	•	•	ne 13, column (f))		17	
18 Investment income percentage from 2					[18 ]	9
19a 33 1/3% support tests - 2010. If the	•		•		•	ne 17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organi	ızatıon	<b>&gt;</b> L
b 33 1/3% support tests - 2009. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3	ß, and
line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anızatıon qualıfies	as a publicly sup	ported organiza	tion 🕨 🗀
20 Private foundation. If the organization	n did not check a	<u> box on line</u> 14, 19	a, or 19b, check t	this box and see ii	nstructions	▶□
022022 12-21-10				· · · · · · · · · · · · · · · · · · ·		n 990 or 990-E7) 201

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

UNIVERSITY OF ALASKA FAIRBANKS ALUMNI ASSOCIATION

Employer identification number 92-0116506

ASSOCIATION	92-0116506
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	59,463.
ADVERTISING INCOME	550.
MERCHANDISE	2,379.
MISCELLANEOUS	7,803.
TOTAL TO FORM 990-EZ, LINE 8	70,195.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADMINISTRATION EXPENSES	25,045.
INSURANCE	3,545.
OFFICE SUPPLIES	2,789.
ADVERTISING	5,050.
ALUMNI AWARDS	163.
FUNDRAISING AND GAMING EXPENSES	3,304.
MERCHANDISE	868.
MEMBERSHIP EXPENSES	27,375.
EVENTS	13,202.
TOTAL TO FORM 990-EZ, LINE 16	81,341.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
PRIOR PERIOD MISSTATEMENT	-58,037.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Inspection

Name of the organization

UNIVERSITY OF ALASKA FAIRBANKS ALUMNI

**Employer identification number** 

ASSOCIATION ANADRA PAIRBANK		0116506
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT ACCOUNTS	290,974.	309,572.
INVENTORY	155.	8,690.
OTHER CURRENT ASSETS	1,077.	254.
OTHER DEPRECIABLE ASSETS	0.	26,989.
TOTAL TO FORM 990-EZ, LINE 24	292,206.	345,505.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITI		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE - FBKS CHAPTER	400.	-525.
MBNA - JOE'S CARD	1,824.	1,967.
DESIGNATED FUNDS: BENEFACTOR FUND	8,392.	0.
TOTAL TO FORM 990-EZ, LINE 26	10,616.	1,442.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE	- THE ASSOCIATION	N FURTHERS
ITS EXEPMT PURPOSE THROUGH VARIOUS SPECIAL EVE		
ACTIVITIES SUCH AS ALUMNI MENTORS, ALUMNI RECE	•	
ALUMNI LEGISLATIVE ACTIVITIES. ALL ARE PROGRAM	IS TARGETED TOWAR	DS THE
ACHEIVEMENT OF THE ASSOCIATIONS GOALS.		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE	CE ACCOMPLISHMENT	rs:
THE ASSOCIATION FURTHERS ITS EXEPMT PURPOSE TH	HROUGH	
VARIOUS SPECIAL EVENTS AND PROMOTIONAL ACTIVIT	TIES SUCH AS	
ALUMNI MENTORS, ALUMNI RECRUITERS, JOB SHADOWI	ING AND	
ALUMNI LEGISLATIVE ACTIVITIES. ALL ARE PROGRAM	IS TARGETED TOWAR	RDS THE
ACHEIVEMENT OF THE ASSOCIATIONS GOALS.		

Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

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

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service UNIVERSITY OF ALASKA FAIRBANKS ALUMNI Name of the organization

Employer identification number 92-0116506

ASSOCIATION	92-011	<u> 5506</u>
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL	RENEETT CONTR	<b>МСТС</b> •
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE A	NY FUNDS, DIR	ECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT	CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY	PREMIUMS, DIR	ECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		
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Name of the organization UNIVERSITY OF ALASKA ASSOCIATION					mployer identific	06
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List ea	sch one ev	ven if not comp	ensated	(see the instructions f	or Part IV )
(a) Name and address	(b) Title and average per week devoted position	hours	(c) Comper (If not paid -0)	sation , enter	(d) Contributions	(e) Expense account and other allowances
ELAINE WOODRUFF	SEAT 6				Compensation	
813 MEADOW RUN, GOLDEN, CO 80403	4.00		2	275	. 0.	0.
	SEAT 10					<u>y</u> -
2802 CLAY ST, SAN FRANCISCO, CA 94115			2	275	. 0.	0.
	SEAT 11		•	<u>., .</u>	•	
PO BOX 83827, FAIRBANKS, AK 99708	4.00			275	. o.	0.
	PRESIDENT	HOC		IAP'		
1181 NENANA ST, FAIRBANKS, AK 99709	4.00	1100		275		
1101 NEWAWA 51, PAIRDANKS, AK 33703	4.00			2/3	• •	0.
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032471 11-09-10			Sc	hedul	e O (Form 990 o	990-EZ) (2010)