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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 private foundation)

OMB No 1545-0047 2011

Open to Public

Department of the Treasury

unter	nal Revenue Service	The organization may have to use a copy of this return to so	usiy state repor	ung requiren	iciiu			
<u>A</u>	For the 2011 calen	dar year, or tax year beginning January 1,20	11, and endir	ng Dec	ember :	31 ,	2011	
В	Check if applicable	C Name of organization The Alaska Children's Tr	ust		D Employ	er Identi	fication Number	,
	Address change	Doing Business As			91-1	L765:	129	
	X Name change	Number and street (or P O box if mail is not delivered to street addr)	Room	/suite	E Telepho	ne numb	er	
	Initial return	PO Box 92155	ſ		(907	7) 24	18-7676	
	Terminated		ite ZIP code +	4	1 100			
	Amended return	Anchorage A	K 99509		G Cross ra		753,444	1
	\vdash		<u> </u>	H(a) Is this	a group return			
	Application pending		NT 00516	1	affiliates inch		Yes	_
-			AK 99516		attach a list		ructions)	□,,,,
<u> </u>	Tax-exempt status	x 501(c)(3) 501(c) () (insert no) 4947(a)(1)	or 527	-				
<u>J</u>		w.friendsofact.org			exemption nu			
K	Form of organization		L Year of Forma	tion 1981	B Ms	tate of le	gal domicile AK	
Pa	rt I Summar							
		be the organization's mission or most significant activities:						
ø	by gener	ating funds and committing resources	to elim	i <u>nate</u> <u>c</u>	hild_a	buse	and neg	lect.
Activities & Governance								
Ē		<u></u>						
Š		$oldsymbol{x} lacksquare igsqcup I$ if the organization discontinued its operations or dis	posed of mo	re than 25°	% of its ne	t asset	ts	
≪ ব		ting members of the governing body (Part VI, line 1a)				3		13
es		dependent voting members of the governing body (Part VI, Iin				4		13
ž.		of individuals employed in calendar year 2011 (Part V, line 2	a)			5		0
cti		of volunteers (estimate if necessary)			}	6		15 0.
		ed business revenue from Part VIII, column (C), line 12			}	7a 7b		<u> </u>
	b Net unrelated	business taxable income from Form 990-T, line 34				- / B		
	0 0	and south (Dark VIII Loss 11)		P	rior Year	-+	Current Y	
ō		and grants (Part VIII, line 1h)		<u> </u>	64,2	34.		<u>,693.</u>
e L		rice revenue (Part VIII, line 2g)						,656.
Revenue		come (Part VIII, column (A), lines 3, 4, and 7d)						69.
_		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	. 12)		64 2	34	730	315.
		e – add lines 8 through 11 (must equal Part VIII, column (A),	12)	 -	64,2			<u>,733.</u>
		imilar amounts paid (Ractux column (A), lines 1-3)		<u> </u>	16,9	33.	201	<u>,596.</u>
		to or for members (Part IX, column (A), line 4)				\dashv		
ø		er compensation, empløyee benefits ((Pårt IX, column (A), line	s 5-10)			\rightarrow	36	<u>,059.</u>
use	16a Professional	fundraising fees (Part IX, column (A), line 1						
Expenses	b Total fundras	sing expenses (Part IX, column (D), line 25)	0.					
a	17 Other expens	es (Part IX, column (A) lines 11a 11d, 11f 24e)			24,0	97.	95	,924.
		es. Add lines 13-17 (must equal Part IX, column (A), line 25)			41,0			,579.
	-	expenses. Subtract line 18 from line 12		<u> </u>	23,2			,154.
* 8	10 11010100	- coperiodal educate line to work line to		Beginnin	ng of Current		End of Ye	
Assessor	20 Total assets	(Part X, line 16)		Degiiiii	147,8			,178.
	21 Total liabilitie	s (Part X, line 26)			77,1			,177.
r= 3 5		fund balances. Subtract line 21 from line 20			70,7	\neg		,001.
Pa	22 Net assets or				70,7	44.		,001.
		· · · · · · · · · · · · · · · · · · ·						
Synder Sym	er penalties of perjury, I do blete Declaration of prepa	eclare that I have examined this return, including accompanying schedules and st arer (other than office n) is pased on all information of which preparer has any kno	atements, and to wledge	the best of m	iy knowledge	and belie	et, it is true, correc	t, and
				- 				
	Signatu	ire of offices		Da	ite			
3310	in Salar	Trovar Storrs Executive Dice	/-				1-11	
	Tyne o	r print name and title	CION			oct	aci L	
	Dr. at Time :		Date		05.0	1, 1	PTIN	
<u>(v)</u>				/10	Check X	ม "		
Pa	Id Karen	M Foster CPH	09/10	/ 12	self-employe	o 1	P01436085	<u></u>
	parer Firm's nam							
US	e Only Firm's addr				Firm's EIN		4508941	
			<u> 587-2194</u>		Phone no	(907		
Ma	the IRS discuss th	is return with the preparer shown above? (see instructions)					X Yes	No

orm 990 (2011) The Alaska Children's Trust	91-:	L76512	9	Page
Part III Statement of Program Service Accomplishments	_ 			_
Check if Schedule O contains a response to any question in this Part III				
1 Briefly describe the organization's mission:				
To improve the status of children in Alaska			<u>-</u> -	
by generating funds and committing resources to eliminate	child_abus	e and	negled	<u>:</u>
2 Did the organization undertake any significant program services during the year which were not lis	sted on the prior			
Form 990 or 990·EZ?	sted on the prior	\Box	Yes X	No
If 'Yes,' describe these new services on Schedule O			103 21	,,,
3 Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services?	Г	Yes X	No
If 'Yes,' describe these changes on Schedule O.	ann 30, 11000	Ш		•••
Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report others, the total expenses, and revenue, if any, for each program service reported.	m services, as m the amount of g	easured rants and	by expens d allocation	es is to
Describing of shift above and soul set	6. (Revenue			83.
Prevention of child abuse and neglect.				
		-		
		- -		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
b (Code) (Expenses \$including grants of \$	) (Revenue	\$		
		~		
c (Code) (Expenses \$including grants of \$	) (Revenue	\$		
			<b>-</b> -	
			- <i></i>	
4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Reve	nue \$		``	
(Expenses \$ including grants of \$ ) (Reverse Total program service expenses ► 648,195.	nuc ş			
A TEEA0102 07/05/11	<del></del>		Form 99	0 (201

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	WOANG 2 1.4.	x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	<u>x</u>	
ı	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	_	х
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	x	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII  .	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del></del>	Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .	18	x	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	<u>x</u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	L

Form 990 (2011) The Alaska Children's Trust
Part IV | Checklist of Required Schedules (continued)

			163	140
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes</i> ,' <i>complete Schedule J</i>	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			~
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u> </u>
30	contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
t	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,' complete Schedule R, Part V, line 2	35b		x
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	(2011)

Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 1 b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X 3 a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3Ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X **4** a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a x 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? x 5 b 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a X services provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X Form 8282 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 a as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C7 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 92 a Did the organization make any taxable distributions under section 4966? 9b **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans. 13c c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? ... b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1b 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8Ы Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10 a Did the organization have local chapters, branches, or affiliates? Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a X 15b X **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Anchorage AK (907) 743-1200 161 Klevin St, Ste 101 TEEA0106 01/23/12

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if neither the organization	nor any r	elated	org	anız	atio	n com	pen	sated any current offic	cer, director, or trusted	e
(A)	(B) Average hours per week	(C)  Position (do not check more than one box,					hav	(D)	(E)	(F)
Name and litle		unles	s per	direc	s both	an offi uslee)	cer	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi el frascee or director	institutional foistee	Offir e	Key emphyee	Highest coincensoled employee	Furne	organ and i		from the organization and related organizations
(1) Carley Lawrence Chair	1.00	x		x				0.	0.	0.
(2) Tlisa Northcutt	1.00		├─	4	Н				<u></u> -	<del></del>
Secretary	1.00	х		x				0.	0.	0.
(3) William J. Streur Treasurer	1.00	х		x				0.	0.	0
	1.00		├─	Α.				0.		0.
(4) Diane Kaplan Vice Chair	1.00	х		x				0.	. 0.	0.
(5) Michael Hanley										
Member	1.00	Х	<del> </del> —					0,	0.	0.
(6) Mike Lesmann Member	1.00	x						0.	o . l	0.
(7) Virginia "Ginger" Baim Member	1.00							0.	0.	0.
(8) Sammye Pokryfki	1.00		├		$\vdash$		├-			<del>`</del>
Member	1.00	х				<u>.</u>		0.	0.	0.
(9) Margo McCabe Member	1.00	x						0.	0.	0.
(10) Ivy Spohnholz Member	1.00	x						0.	0.	0.
(11) Susan Anderson Member	1.00							0.	0.	_ 0.
(12) Ramona Reeves Member	1.00					-		0.	0.	0.
(13) Margaret Volz										
Member	1.00	X	-		<del>                                     </del>		├-	0.	0.	0.
(14) Panu Lucier Executive Director	1.00	х		x				0.	0.	57,704.

(A) Name and title	(B) Average			Pos heck		than		an Reportable Reportable		<b>(F)</b> Estimated
ivalile and title	hours	offic	er an	d a d Officer	lirecto	or/trus	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
	week (describ e hours for related organi- zations	idual trust rector	Institutional trustee	er	Key employee	Highest compensated employee	स			and related organizations
	zations in Sch O)	ee	ıstee			insated				
<u>(15)</u>										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section A	ν						<b>•</b> •	0.	0.	57,704.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not limited from the organization</li> </ul>	to thos	se lis	ted	abov	ve) v	who	rece	0. eived more than \$1	0.00,000 of reportable	57,704. e compensation
										Yes No
3 Did the organization list any <b>former</b> officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such inc</i>	dividua	/	•					•		3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$15	com 0,00	ipen 0? <i>li</i>	sation f'Ye	on a	ina o ompi	itner lete	Schedule J for .	om	4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens <i>mplete</i>	atior Sch	froi nedu	m ar <i>le J</i>	ny u for s	nrela s <i>uch</i>	ated <i>per</i>	organization or in	dıvıdual	5 X
1 Complete this table for your five highest compensate compensation from the organization Report compen	d indep	ende	ent d	contr	racto	ors ti	hat i	received more that	n \$100,000 of	ax vear
(A) Name and business address		<u> </u>				,	0	(B) Description of		(C) Compensation
				_						
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	ut not	limite	ed to	tho	se I	ıstec	abo	ove) who received	more than	

Pai	t VIII   Statement of Revenue	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above  1 a 1 b 1 c 7 , 181.  1 d 7 6 , 192.				
AND	g Noncash contributions included in Ins 1a-1f. \$ h Total. Add lines 1a-1f	714,693.			
<u></u>	Business Code	/14,055.			
E REVENU	2a Program income 900099	24,656.	24,656.	0.	0.
AM SERVIC	c d e				
ROGR	f All other program service revenue	24 656			t.
ā	3 Investment income (including dividends, interest and other similar amounts)	24,656. 69.	0.	0.	69.
ļ	4 Income from investment of tax-exempt bond proceeds			<del></del>	
	5 Royalties (i) Real (ii) Personal				:
i	6a Gross rents				1
	<b>b</b> Less rental expenses	j			
	c Rental income or (loss)				,
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
]	c Gain or (loss)				
<u>u</u>	8a Gross income from fundraising events				
OTHER REVENU	of contributions reported on line 1c)				1
F.	See Part IV, line 18 a13,711.				
뿔	b Less direct expenses b 13,711.		1		
٥	c Net income or (loss) from fundraising events	0.		0.	0.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				-
}	C Net income or (loss) from garning activities			<del></del>	
	10a Gross sales of inventory, less returns and allowances				
j	c Net income or (loss) from sales of inventory	315.	315.	0.	ō.
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				ļ
	d All other revenue				
	e Total. Add lines 11a-11d	726 726	4 4-5		ļ
	12 Total revenue. See instructions	739,733.	24,971.	0.	69.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	in this Part IX		
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	and organizations in the United States See Part IV, line 21	561,596.	561,596.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36,059.	24,059.	12,000.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	48,728.	48,607.	121.	0.
ł	Legal .	2,300.	2,300.	0.	0.
(	Accounting	506.	0.	506.	0.
(	Lobbying				
	Professional fundraising services See Part IV, line 17				<del></del>
	Investment management fees				
	Other	24,647.	0.	24,647.	0.
-	Advertising and promotion				
	Office expenses .	8,840.	5,096.	3,744.	0.
	Information technology				<del></del>
	Royalties				
	Occupancy	1,342.	757.	585.	0.
	Travel	6,366.	4,570.	1,796.	0.
	Payments of travel or entertainment	0,500.	2/3/0.	1,,50.	
10	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<del> </del>
	Insurance	799.	0.	799.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
ā	Licenses and subscriptions	2,296.	1,210.	1,086.	0.
t	Gift certificates	100.	0.	100.	0.
(	;				
(	J				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	693,579.	648,195.	45,384.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet (B)** End of year (A) Beginning of year 235 1 0. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 147,612. 319,428. 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,821 **b** Less accumulated depreciation 10b 4,821 0 10 c 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 750. Total assets. Add lines 1 through 15 (must equal line 34) 147,847. 16 320,178. 16 17 52,369. 17 Accounts payable and accrued expenses 18 18 Grants payable 73,808. 19 Deferred revenue 77,105 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 126,177. 77,105 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 70,742. 27 157,160. Unrestricted net assets 28 36,841. Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances 70,742 33 194,001. 320,178. Total liabilities and net assets/fund balances 147,847. 34 34

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Form 990 (2011)

Form 990 (2011) The Alaska Children's Trust	91-1765129	P	age 12
Part XI Reconciliation of Net Assets			_
<ul> <li>Check if Schedule O contains a response to any question in this Part XI</li> </ul>			X
1 Total revenue (must equal Part VIII, column (A), line 12)	1	739,	<u>733.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	693,	<u>579.</u>
3 Revenue less expenses Subtract line 2 from line 1	3		<u> 154.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		742.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	77,	105.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	194,	001.
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response to any question in this Part XII		<del></del>	Щ
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	!		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	<u> </u>
<b>b</b> Were the organization's financial statements audited by an independent accountant? .		2b X	<u> </u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c X	<u> </u>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			1
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b	
BAA		Form <b>990</b>	(2011)

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

**(E)** 

Total

**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

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number The Alaska Children's Trust 91-1765129 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  $|\mathbf{x}|$ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Other Type I Type II Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? . 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify (vi) Is the (vii) Amount of support (i) Name of supported (ii) EIN (iii) Type of organization (IV) Is the organization (described on lines 1-9 above or IRC section (see instructions)) organization in column (i) listed in your governing document? the organization in column (i) of your support? organization in column (i) organized in the US? Yes Yes No Yes No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2011

### 91-1765129 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

	4.5.11.0			· · ·				<del></del>
	tion A. Public Support	<del></del>		<del></del> -1		T	-	
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge		· <u></u>					
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			The state of the s	355	. ,	.3	
6	Public support. Subtract line 5 from line 4	, vi.					š	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011		(f) Total
7	Amounts from line 4						-	·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	#3	,	* * * * * * * * * * * * * * * * * * * *	**	*		
12	Gross receipts from related activ	ities, etc (see inst	ructions)			Ĺ	12	
	First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, or	fifth tax year as a	section 501	(c)(3)	▶
	tion C. Computation of Pu			<u> </u>		<del></del>		
	Public support percentage for 20				• • •	}	14	<u>%</u> %
	Public support percentage from 2				•	L		
16 a	a 33-1/3% support test — 2011. If and stop here. The organization	the organization di qualifies as a pub	id not check the b licly supported or	oox on line 13, and rganization	I the line 14 is 33	-1/3% or mor	e, ched	k this box
ŀ	and stop here. The organization	the organization d qualifies as a pub	id not check a bo. licly supported or	x on line 13 or 16a ganization	a, and line 15 is 3 	3-1/3% or mo	ore, cho	eck this box ►
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a s-and-circumstance	nd-circumstances es' test. The orga	s' test, check this t inization qualifies a	oox and <b>stop nere</b> as a publicly supp	e, Explain in F oorted organiz	ation	now ► □
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	nd-circumstances test. The organiza	s' test, check this tation qualifies as a	publicly supporte	ed organization	n	► □
18	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check this	s box and see	instru	Cuons
BAA	<b>\</b>				S	cneaule A (F	orm 95	90 or 990-EZ) 2011

#### 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 below, please complete Part II)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')	57,493.	53,082.	51,448.	64,234.	713,943.	940,200.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose Gross receipts from activities	2,385.	1,921.	250.	<u>0.</u>	24,971.	29,527.
	that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			3			
6	Total. Add lines 1 through 5	59,878.	55,003.	51,698.	64,234.	738,914.	969,727.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	24,456.	24,456.
-	Add lines 7a and 7b	0.	0.	0.	0.	24,456.	24,456.
	Public support (Subtract line 7c from line 6)					(	945,271.
	tion B. Total Support	(-) 0007 T	412 0000	(-) 0000	(4) 0010	(-) 0011 T	40 T-1-1
	dar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2007 59,878.	(b) 2008 55,003.	(c) 2009 51, 698.	(d) 2010 64,234.	(e) 2011 738,914.	(f) Total 969,727.
10 a	of Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,221.	697.	243.	0.	69.	2,230.
	: Add lines 10a and 10b	1,221.	697.	243.	0.	69.	2,230.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	200.	100.	100.	0.	0.	400.
13	Total support. (Add Ins 9, 10c, 11, and 12)	61,299.	55,800.	52,041.	64,234.	738,983.	972,357.
	First five years. If the Form 990 organization, check this box and						<b>▶</b> □
	tion C. Computation of Pu						
15	Public support percentage for 20	11 (line 8, column	(f) divided by line	13, column (f))		15	97.21 %
	Public support percentage from 2			<u>-</u>	<u> </u>	16	45.00 %
	tion D. Computation of Inv			<del></del>			
	Investment income percentage for				ı (f))	17	0.23 %
18	•				limo 1E io secono III	. 18	0.01 %
	1 33-1/3% support tests — 2011. If 1s not more than 33-1/3%, check 1 33-1/3% support tests — 2010. If	this box and stop	<b>here.</b> The organiza	ation qualifies as a	a publicly supporte	ed organization	<b>X</b>
	line 18 is not more than 33-1/3%	, check this box an	d <b>stop here.</b> The d	organization qualif	ies as a publicly s	supported organizat	tion .
20	Private foundation. If the organiz	zation did not checl	k a box on line 14,	19a, or 19b, chec	ck this box and se	e instructions	<u>▶</u>

Schedule A (Form 990 of 990-E2) 2011 The Alaska Children's IIdst 91-1765129 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Other Income Part III, Line 12
Description: Merchandise Sales
2007: 200.
2008: 100.
2009: 100.
2010: 0.
2011: 0.
÷

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2011

Open to Public Inspection

Employer identification number The Alaska Children's Trust 91-1765129 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **>** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section  $170(h)(4)(B)(ii)^{2}$ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV. line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: >\$ Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items **-**\$ a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

4 Describe in Fait XIV the interlace eses of the	organization 3 chaominent	Tarrao		
Part VI Land, Buildings, and Equipmen	t. See Form 990, Par	t X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land b Buildings c Leasehold improvements				
d Equipment		4,821.	4,821.	0.
Total, Add lines 1a through 1e (Column (d) must ex	gual Form 990. Part X. col	umn (B), line 10(c) )		0.

BAA

Schedule **D** (Form 990) 2011

TEEA3302 01/16/12

	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total.	(Column (b) must equal Form 990, Part X, column (B), line 15)	<u> </u>	

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

(a) Description of liability	(b) Book value	1
(1) Federal income taxes		╛
(2)		
(3)		╛
(4)		_
(5)		_
(6)		╛
(7)		1
(8)		
(9)		╛
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. ▶	l

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011 The Alaska Children's Trust	91-1765129	Page 4
Part XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		739,733.
2 Total expenses (Form 990, Part IX, column (A), line 25)		693,579.
3 Excess or (deficit) for the year Subtract line 2 from line 1		46,154.
4 Net unrealized gains (losses) on investments	[	
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV )		750.
9 Total adjustments (net). Add lines 4 through 8		750.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		46,904.
Part XII. Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1 Total revenue, gains, and other support per audited financial statements	. 11	752,694.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	38.jv	
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	******	
	<del>,711.</del>	
e Add lines 2a through 2d	2e	13,711.
3 Subtract line 2e from line 1	3	738,983.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV ) . 4b		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	738,983.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	
1 Total expenses and losses per audited financial statements	1	707,290.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	*	
a Donated services and use of facilities . 2a		
b Prior year adjustments 2b	5 4	
c Other losses 2c	* *,	
d Other (Describe in Part XIV )	,711.	
e Add lines 2a through 2d	2 e	13 <u>,7</u> 11.
3 Subtract line 2e from line 1	3	693,579.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	1 1	
b Other (Describe in Part XIV )  4b	1, 4	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	693,579.
Part XIV   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also corany additional information  Pt X  Alaska Children's Trust is exempt from federal a	mplete this part to prov	vide
Pt X income taxes as a nonprofit corporation under Section	501(c)(3) of th	<u>e Internal</u>
Revenue Code. Alaska Children's Trust qualifies for th	e charitable co	ntribution
t x deduction under Section 170(b)(1)(A) and is classified	ed by the Intern	al Revenue
Et X Service as other than a private foundation. The Organiz	ation believes	that it has
et X appropriate support for any tax positions taken, and	as such does no	t have any
Pt X uncertain tax positions that are material to the	financial st	atements.
et XI Line 8 Temporarily Restricted Net Assets.		
BAA TEEA3304 05/25/11	Schedule D (f	Form 990) 2011

Schedule D (1 0111 990) 2011 The Alaska Children's Hust	91-1/03129	Fage
Part XIV   Supplemental Information (continued)		
Pt XII Line 2d Fundraising expense shown net against revenue.	·	
Pt XIII Line 2d _ Fundraising expense shown net against revenue	· <b></b> -	
		·
		· <del></del>
		· <del>-</del>
		. – – – –
		,
		·
		· <b>-</b> -

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

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Department of the Treasury Internal Revenue Service

March Albanian Neverlde Service					T= : : : : : : :	The state of the s
Name of the organization					Employer identific 91-176512	
The Alaska Children's Tr Fundraising Activities. Comp Form 990-EZ filers are not rec	ete if the organ	nization an	swered 'Ye	es' to Form 990, Part IV		<u> </u>
Indicate whether the organization r	aised funds thr	ough any c	of the follow e f g	Solicitation of non- Solicitation of gove	II that apply government grants rnment grants events	
Did the organization have a writter employees listed in Form 990, Par     b If 'Yes,' list the ten highest paid in	dividuals or enti					
compensated at least \$5,000 by th  (i) Name and address of individual or entity (fundraiser)	e organization (ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2		† <del></del>				
3						
4						
5						
6						
7						
8						
9						
10						
Total .						
List all states in which the organization or licensing	ation is register	ea or licen	sea to son	cit contributions or nas	been notified it is exem	pt from registration
					·	
			<u>-</u>			·
	<del>-</del>		 		·	·

tula	C (Form 990 or 990 F7) 2011 The Ala	agka Childrenia	. Transit	01_17	65120 Page 2
	Fundraising Events. Complete if more than \$15,000 of fundraising	the organization ar	nswered 'Yes' to Fo	rm 990, Part IV, Jir	ne 18. or reported
-	List events with gross receipts gre	(a) Event #1  Mush for Kids (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
1	Gross receipts	20,892.			20,892.
2	Less Charitable contributions .	7,181.	***		7,181.
3	Gross income (line 1 minus line 2)	13,711.			13,711.
4	Cash prizes .				
5	Noncash prizes				
6	Rent/facility costs .				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	13,711.			13,711.
11 	Net income summary Combine line 3, col Gaming. Complete if the organiza	lumn (d), and line 10	s' to Form 990, Par	t IV, line 19, or rep	13,711. 0. ported more than
-	\$13,000 on 1 onn 330-L2, line oa.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes		****		
4	Rent/facility costs	-			
5	Other direct expenses				
6	Volunteer labor	Yes%	Yes%	Yes%	
7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•	
	1 2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 6	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts growth gross receipts growth gross receipts growth gross income (line 1 minus line 2)  Cash prizes  Noncash prizes  Rent/facility costs  Food and beverages  Entertainment  Other direct expenses  Direct expense summary Add lines 4 through the properties of the organization on Form 990-EZ, line 6a.  Gross revenue  Cash prizes  Non-cash prizes  Non-cash prizes  Rent/facility costs  Cother direct expenses	Fundraising Events. Complete if the organization armore than \$15,000 of fundraising event contributions. List events with gross receipts greater than \$5,000.  (a) Event #1  Mush for Kids  (event type)  1 Gross receipts 20,892.  2 Less Charitable contributions 3 Gross income (line 1 minus line 2)  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 13,711.  10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10  IIII Gaming. Complete if the organization answered 'Yes \$15,000 on Form 990-EZ, line 6a.  (a) Bingo  1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	more than \$15,000 of fundraising event contributions and gross income List events with gross receipts greater than \$5,000.  (a) Event #1  Mush for Kids (event type)  1 Gross receipts 2 Less Charitable contributions 7 , 181.  3 Gross income (line 1 minus line 2) 13 , 711.  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo  1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses  (a) Food and beverages  (b) Pull tabs/instant bingo/progressive bingo  (b) Pull tabs/instant bingo/progressive bingo	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, Irr more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, List events with gross receipts greater than \$5,000.    (a) Event #1

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

SCIII	eddle G (1 offil 990 of 990-22) 2011 The Alaska Children's little	3T-T/0	2149	rage <b>3</b>
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	med to	Yes	No
13	Indicate the percentage of gaming activity operated in	1 1		
,	a The organization's facility	13a		ૠ
١	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	I records.		
	Name •			
	Address ►	· <del></del> -		
15	a Does the organization have a contact with a third party from whom the organization receives gaming revenue	7د	Yes	No
	b If 'Yes,' enter the amount of gaming revenue received by the organization > \$ and			
	of gaming revenue retained by the third party > \$			
(	c If 'Yes,' enter name and address of the third party:			
	Name ►			
	Address ►			i
16	Gaming manager information			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?	ain the	∏Yes	□No
1	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in th		_
_	organization's own exempt activities during the tax year 🕨 \$			
Pai	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appl this part to provide any additional information (see instructions).	ed by Pa icable. /	art 1, line 2 Also comp	2b, olete
	<del> </del>			
				<del></del>
		<del></del> -	<del></del>	<del></del>
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Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

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OMB No 1545-0047

Open to Public Inspection

Employer identification number 91-1765129 **ջ** □

X Yes

Part I General Information on Grants and Assistance The Alaska Children's Trust

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered 'Yes' to

Part II can be duplicated if additional space is needed	f additional space	e is needed					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Resource Center for Paren							
/20 20th Ave. Ste 2 Fairbanks AK 99701	92-0072568	501(c)(3)	116,205.				Child Maltreat
(2) Alaska Christian Ministri							
2440 E Tudor Rd, PMB #150							
Anchorage AK 99507	92-0112776	501(c)(3)	22,747.				Child Maltreat
(3) Thread							
ercial Dri							
	92-0113419	501(c)(3)	68,320.				Child Maltreat
(4) March of Dimes							
3209 Denali Street							
Anchorage AK 99503	13-1846366	501(c)(3)	17,250.				Child Maltreat
(5) Providence Alaska Medical							
3760_Piper_Street,_Ste_30							
Anchorage AK 99508	92-0016429	501(c)(3)	50,000.				Child Maltreat
(6) Alaska Family Literacy Pr		<u> </u>					
1345_Rudakof_Circle, Ste.				-			
Anchorage AK 99508	23-7451172	501(c)(3)	48,091.				Child Maltreat
7) Fairbanks Resource Agency.							
805 Airport Way							
Fairbanks AK 99701	92-0035250	501(c)(3)	46,895.				Child Maltreat
(8) AEYC-SEA							
Dr.							
Juneau AK 99801	92-0118896	501(c)(3)	47,013.				Child Maltreat
2 Enter total number of section 501(c)(3) and government organizations	3) and government or		isted in the line 1 table			<b>A</b>	
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table				•	

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

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

Continuation Sheet for Schedule I (Form 990)

2011

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

Child Maltreat Schedule I Cont (Form 990) 2011 Child Maltreat Child Maltreat Child Maltreat (h) Purpose of grant or assistance ŏ Continuation Page 1 Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 91-1765129 Randing Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 8,750. (d) Amount of cash grant 50,000 24,150 10,000 (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 92-0086838 92-0041461 92-0160698 92-0070127 (b) EIN The Alaska Children's Trust (a) Name and address of organization or government Juneau Family Health and 213 Third Street ----1601 Salmon Creek Lane Manillaq Association <u>PO_Box_256_____</u> Kotzebue AK 99752 Juneau AK 99801 Juneau AK 99801 Sitka AK 99835 Name of the organization REACH, Inc. 1 1

TEEA4001 08/25/11

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance Pariming Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. **股資訊的等** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 91-1765129 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant The Alaska Children's Trust (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) BAA ~ က 4 S 9

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

<u>The Alaska Childr</u>	cen's Trust	191-1/65129
Pt_VI, Line 4	_Friend's of AK Children's Trust merged with AK Children's	Trust. The bylaws and articles
Pt VI, Line 4	were updated to reflect the merger. Overall mission and intent	of the organizations did not change.
Pt_VI,_Line_11a	The 990 is reviewed by the Executive Director, an independent Cor	troller, and the Board Treasurer.
Pt_VI, Line_12c_	The Executive Director and an independent Controller	complete compliance reviews.
Pt_VI, Line_15	The Board used an independent search company to assist with the	e hire of the Executive Director.
Pt_VI, Line 15	The Board set compensation using data from the search	company and The Foraker Group.
Pt VI, Line 19	Available upon reguest.	
Pt_XI	Line 5. Temporarily Restricted Net Assets.	
Pt_XI	Prior period adjustment removing deferred reve	nue at 12/31/10
		<b></b> _

## **Supporting Statement of:**

## Form 990 p 9/Other amt. not included

Description	Amount
Individual Contributions	13,606.
Foundation Contributions	616,964.
	750.
Total	631.320.

3621054 1

DEC 23 2011

and Professional Licensing

Dec 25 2011

AK Entity #: 601770 Date Filed: 12/23/2011

#### ARTICLES OF AMENDMENT OF FRIENDS OF THE ALASKA CHILDREN'S TRUST (File No. 60177D)

Pursuant to the provisions of AS 10.20.171 of the Alaska Nonprofit Corporation Act, the undersigned Corporation adopts the following Articles of Amendment to its Articles of Incorporation.

FIRST: The name of the Corporation is Friends of the Alaska Children's Trust.

SECOND: Article I of the Articles of Incorporation is hereby amended to read in its entirety as follows:

#### Article I - Name

The name of this corporation is THE ALASKA CHILDREN'S TRUST (hereinafter referred to as the "corporation").

THIRD: The Corporation has no members. The foregoing amendment was adopted at a meeting of the Board of Directors held on October 10, 2011, upon receiving the vote of a majority of the Directors in office.

DATED: 12/14/2811

THE ALASKA CHILDREN'S TRUST An Alaska Nonprofit Corporation

Carley Wawrence, President & Director

Tlisa Northcutt, Secretary

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DWT 18645752v1 0094351-000001