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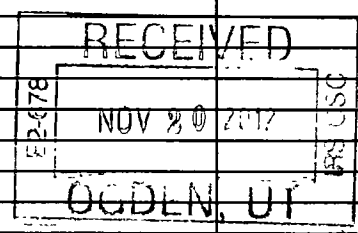
**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

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

For calendar year 2011 or tax year beginning , and ending

Name of foundation UIC Foundation, Inc.		A Employer identification number 92-0157584
Number and street (or P O box number if mail is not delivered to street address) 3201 C Street	Room/suite 801	B Telephone number (see instructions) (907) 852-4460
City or town, state, and ZIP code Anchorage AK 99503		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 22,676	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	128,383			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	0	0		
4 Dividends and interest from securities	0	0		
5 a Gross rents				
b Net rental income or (loss)	0			
6 a Net gain or (loss) from sale of assets not on line 10	0			
b Gross sales price for all assets on line 6a	0			
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10 a Gross sales less returns and allowances	0			
b Less Cost of goods sold	0			
c Gross profit or (loss) (attach schedule)	0			
11 Other income (attach schedule)	0	0	0	
12 Total. Add lines 1 through 11	128,383	0	0	
13 Compensation of officers, directors, trustees, etc	0			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16 a Legal fees (attach schedule)	0	0	0	0
b Accounting fees (attach schedule)	0	0	0	0
c Other professional fees (attach schedule)	0	0	0	0
17 Interest				
18 Taxes (attach schedule) (see instructions)	0	0	0	0
19 Depreciation (attach schedule) and depletion	0	0	0	
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) ATCH 1	77	0	0	77
24 Total operating and administrative expenses. Add lines 13 through 23	77	0	0	77
25 Contributions, gifts, grants paid	115,125			115,125
26 Total expenses and disbursements. Add lines 24 and 25	115,202	0	0	115,202
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	13,181			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)			0	



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	11,567	22,676	22,676
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶	0		
	Less allowance for doubtful accounts ▶	0	0	0
	4 Pledges receivable ▶	0		
	Less allowance for doubtful accounts ▶	0	0	0
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule) ▶	0		
	Less allowance for doubtful accounts ▶	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10 a Investments—U S and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	0	0	0
	c Investments—corporate bonds (attach schedule)	0	0	0
	11 Investments—land, buildings, and equipment basis ▶	0		
Less accumulated depreciation (attach schedule) ▶	0	0	0	
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	0	0	0	
14 Land, buildings, and equipment basis ▶	0			
Less accumulated depreciation (attach schedule) ▶	0	0	0	
15 Other assets (describe ▶)	0	0	0	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	11,567	22,676	22,676	
Liabilities	17 Accounts payable and accrued expenses	2,150	77	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe ▶)	0	0	
	23 Total liabilities (add lines 17 through 22)	2,150	77	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted	9,417	22,599	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds		0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	9,417	22,599		
31 Total liabilities and net assets/fund balances (see instructions)	11,567	22,676		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	9,417
2 Enter amount from Part I, line 27a	2	13,181
3 Other increases not included in line 2 (itemize) ▶ Rounding	3	1
4 Add lines 1, 2, and 3	4	22,599
5 Decreases not included in line 2 (itemize) ▶	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	22,599

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

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

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	124,915	66,525	1.877715
2009	178,787	65,756	2.718946
2008	211,344	56,643	3.731158
2007	147,450	23,168	6.364382
2006	151,203	9,926	15.233024
2 Total of line 1, column (d)			29.925225
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			5.985045
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			11,333
5 Multiply line 4 by line 3			67,829
6 Enter 1% of net investment income (1% of Part I, line 27b)			0
7 Add lines 5 and 6			67,829
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			115,202

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)				
1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0		
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0		
3 Add lines 1 and 2	3	0		
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	0		
6 Credits/Payments				
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	0		
b Exempt foreign organizations—tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c	0		
d Backup withholding erroneously withheld	6d			
7 Total credits and payments Add lines 6a through 6d	7	0		
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0		
11 Enter the amount of line 10 to be Credited to 2012 estimated tax 0 Refunded	11	0		

Part VII-A Statements Regarding Activities					
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b				X
c Did the foundation file Form 1120-POL for this year?	1c				X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____					
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2				X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3				X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a				X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5				X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X			
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	X			
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ AK					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	X			
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9				X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10				X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>www.ukpik.com/ShareholderProgramsAndServices.htm</u>	X		
14	The books are in care of ▶ <u>Matilda Adams</u> Telephone no ▶ <u>(907) 852-7429</u> Located at ▶ <u>P.O. Box 890 Barrow AK</u> ZIP+4 ▶ <u>99723</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u>			<input type="checkbox"/>
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶		Yes	No X

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

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

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

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

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

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

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

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

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
Organizations relying on a current notice regarding disaster assistance check here

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

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

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

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

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

	5b	X
	6b	X
	7b	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement 2	.00	0	0	0
.....	.00	0	0	0
.....	.00	0	0	0
.....	.00	0	0	0
.....	.00	0	0	0

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

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

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

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

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	11,506
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	11,506
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	11,506
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	173
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,333
6	Minimum investment return. Enter 5% of line 5	6	567

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

1	Minimum investment return from Part X, line 6	1	567
2a	Tax on investment income for 2011 from Part VI, line 5	2a	0
b	Income tax for 2011 (This does not include the tax from Part VI)	2b	0
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	567
4	Recoveries of amounts treated as qualifying distributions	4	1,950
5	Add lines 3 and 4	5	2,517
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	2,517

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	115,202
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	115,202
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	115,202

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				2,517
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2011				
a From 2006	150,868			
b From 2007	146,292			
c From 2008	192,458			
d From 2009	156,112			
e From 2010	112,166			
f Total of lines 3a through e	757,896			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 115,202				
a Applied to 2010, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2011 distributable amount				2,517
e Remaining amount distributed out of corpus	112,685			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	870,581			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	150,868			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	719,713			
10 Analysis of line 9				
a Excess from 2007	146,292			
b Excess from 2008	192,458			
c Excess from 2009	156,112			
d Excess from 2010	112,166			
e Excess from 2011	112,685			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

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

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

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

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

Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	
0				0
b 85% of line 2a	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	0			0
d Amounts included in line 2c not used directly for active conduct of exempt activities				0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0
3 Complete 3a, b, or c for the alternative test relied upon				
a "Assets" alternative test—enter				
(1) Value of all assets				0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0			0
c "Support" alternative test—enter				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				0
(3) Largest amount of support from an exempt organization				0
(4) Gross investment income				0

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

Matilda Adams P.O. Box 890 Barrow AK 99723 (907) 852-7429

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

See Attachment 3

c Any submission deadlines

March 1 Spring Term, May 1: Summer Term; August 1 Fall Term; December 1 Winter Term

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

Scholarships are awarded to UIC Shareholders and their Children

Part XV Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Attachment 4				115,125
Total			▶ 3a	115,125
b <i>Approved for future payment</i>				
Total			▶ 3b	0

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

Employer identification number

UIC Foundation, Inc

92-0157584

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UIC Foundation, Inc	Employer identification number 92-0157584
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ukpeagvik Inupiat Corporation 3201 C Street, Suite 801 Anchorage AK 99503 Foreign State or Province _____ Foreign Country _____	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990PF, PART I - OTHER EXPENSES

ATTACHMENT 1

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
REGISTRATION / MEMBERSHIPS	77	77
TOTALS	<u>77</u>	<u>77</u>

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

ATTACHMENT 2

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

**UIC Foundation, Inc.
Scholarship Application**

DATE OF APPLICATION:

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

Personal Information

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

School Information

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

School Previously attended:

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

For Renewal Students	Yes No Will send	Name of School:
Past Semester Grades:		

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

Year: Freshman Sophomore Junior Senior

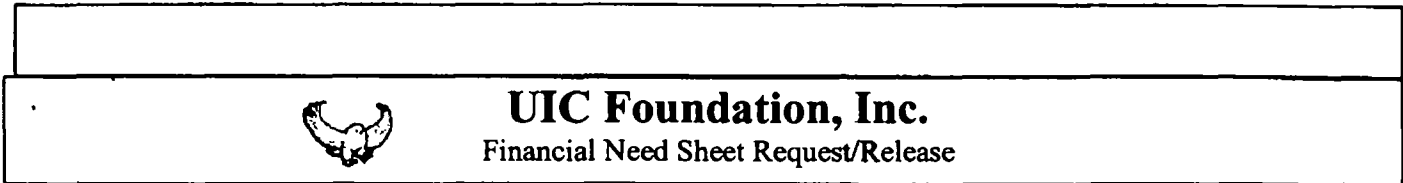
Living Arrangements: Dorm Parents Apartment

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

Signature: _____ Date: _____

Approved Amount: _____ Signature: _____ (UICF Administrator)

--



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

Student's Name: _____ SSN: _____

University: _____

Student's Marital Status: Single Married Divorced

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

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

Student Signature: _____ Date: _____

Student Address: _____ Telephone: _____

TO BE COMPLETED BY SCHOOL FINANCIAL AID OFFICE ONLY

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

BUDGET FORECAST	
Tuition	\$
Fees	\$
Books	\$
Room	\$
Board	\$
Other	\$
TOTAL	\$

Financial Resources: 20____ 20____ 20____

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

- () Full Time
- () Part Time

School calendar:

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

Need cannot be determined because:

School/University: _____

Address: _____

Financial Aid Officer Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

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



**UIC Foundation, Inc.
Scholarship Program**

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

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

Limitations of the Scholarship Program funds are as follows:

Apartment rent is limited to 30% of agreement not to exceed any tuition of \$1,500 each term and must turn in Lease Agreement.

Food allowance is limited to \$150.00/month for Full Time students Only.

Room & board is only available for students living away from home and Full Time.

Transportation to and from school is not available.

Application deadlines are as follows:

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

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

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

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

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

Last Name	First Name	Relationship to any Foundation		Scholarship Amount
		Manager or Substantial Contributor	Foundation Status	
Abad	Colleen	None	None	600 00
Ahgeak	Ernestine	None	None	1,650 00
Ahgeak	Mattie Jo	None	None	275.00
Ahkiviana	Forrest	None	None	650 00
Ahkiviana	Linda	None	None	650 00
Ahngasak	Bernice	None	None	650.00
Akootchook	Lucinda	None	None	875 00
Akpik	Theresa	None	None	275 00
Akpik	Alison	None	None	1,000 00
Akpik	Danielle	None	None	1,000 00
Albright	Julie	None	None	1,650.00
Anderson	Georgiann	None	None	650 00
Atos	Allyson	None	None	1,000 00
Bankston	Alison	None	None	600 00
Bordeaux	Michelle J	None	None	1,000 00
Broste	Ian	None	None	1,650 00
Broste	Spencer	None	None	2,300 00
Brower	Terza	None	None	650.00
Brower	Brittnee	None	None	1,000 00
Brower	Kyle	None	None	1,000 00
Burnell	Delores	None	None	650.00
Cain	Kristina	None	None	650.00
Campbell	Sean	None	None	650 00
Campbell	Kelsey	None	None	1,250 00
Carroll	Quinton	None	None	275 00
Christiansen	Jamie	None	None	1,375 00
Corwin	Nicole	None	None	650 00
Crosby	Deanna	None	None	875 00
Danner	Erik Darian	None	None	1,000 00
Davis	Vasha	None	None	1,000 00
Dejesus	Sadia	None	None	650 00
Delia	Lorissa	None	None	650.00
Delia	Milissa	None	None	275.00
Dingman	Heather	None	None	1,650.00
Donath	Krista Frantz	None	None	650.00
Edwardsen	Helium	None	None	650.00
Edwardsen	Gwenolyn D.	None	None	650 00
Edwardsen	Monica	None	None	1,650.00
Edwardson	Krystle M	None	None	275 00
Edwardson	Susan	None	None	650 00
Edwardson	Isabel	None	None	925 00
Edwardson	Anna	None	None	1,650 00
Edwardson	Eric	None	None	1,000 00
Evans	Nicole	None	None	875.00
Ferreras	Alicia M	None	None	600 00
Fischer	Bernadette	None	None	1,900.00
Fulford	Heather	None	None	1,000 00
Glenn	Alice	None	None	1,000 00
Gordon	Heather	None	None	650 00
Greene	Kitty	None	None	1,650.00
Gueco	Rebekah	None	None	1,650 00
Heath	Tupaaq	None	None	275.00
Hopson	Joanna	None	None	650.00
Hopson	Rebecca	None	None	2,675 00

Last Name	First Name	Relationship to any Foundation		Scholarship Amount
		Manager or Substantial Contributor	Foundation Status	
Hopson	Sandy	None	None	650 00
Hopson	Stephanie	None	None	1,000 00
Judkins	Tennessee	None	None	1,250 00
Kahn	Selma	None	None	1,000.00
Kaleak	Mabel	None	None	275.00
Kaleak	Lillian	None	None	875 00
Kanayurak	Nicole	None	None	1,300 00
Kayotuk	Felicia	None	None	1,000 00
Keller	Leilan	None	None	600 00
Khan	Selma	None	None	650 00
Kignak	Jasmine	None	None	275.00
Kippi	Phoebe	None	None	600 00
Knowles	Thadra Lynn	None	None	650 00
Leavitt	Ellen J.	None	None	600 00
Leavitt	Rebecca	None	None	875.00
Leavitt	Rochelle	None	None	1,000 00
Leavitt	Valerie	None	None	2,300 00
Leavitt	Wesley	None	None	1,650 00
Lemen Abad	Dezrae	None	None	275 00
Litchard	Qituvituaq	None	None	1,650 00
Long	Donna	None	None	650.00
Long	Florence	None	None	1,000 00
Lowery	Jaime	None	None	650 00
Mazonna	Aldrich	None	None	650 00
McAllister	Jacqueline	None	None	600 00
McNiel	Rena	None	None	1,000 00
Mendel	Jessica	None	None	1,650 00
Mendel	Kyle	None	None	1,275 00
Miller	Taktuk	None	None	1,275 00
Moe	Roxanna	None	None	275.00
Mongoyak	Claudia	None	None	600 00
Morales	Veronica	None	None	275.00
Morry	Clyde	None	None	600 00
Mukupik	Joy	None	None	1,000 00
Mumford	Catherine D.	None	None	1,000 00
Nageak	Eva	None	None	275 00
Nageak	Roy E Jr.	None	None	600.00
Nashaknik	Lorena	None	None	600 00
Nashaknik	Lorraine	None	None	600 00
Nay	Isabel	None	None	600 00
Nayakik	Jacquelyn	None	None	275.00
Nelson	Ned	None	None	1,650 00
Ningeok	Jonas	None	None	275 00
Nukapigak	Alesha	None	None	600 00
Nungasak	Kivvaq	None	None	600.00
Okakok	Kristin	None	None	275 00
Oyagak	Bernice	None	None	1,650 00
Panningona	Clarissa	None	None	275.00
Pikok	Joseph	None	None	275.00
Rexford	Annie	None	None	600 00
Rexford	Marianne	None	None	1,650 00
Rexford Brown	William	None	None	650 00
Rice	Patricia	None	None	1,275.00
Rock	Amy	None	None	650 00
Roddy	Qnugan	None	None	650 00
Roseberry	Katie	None	None	650 00
Roseberry	Mark	None	None	1,650.00

Last Name	First Name	Relationship to any Foundation		Scholarship Amount
		Manager or Substantial Contributor	Foundation Status	
Russell	Albert L.	None	None	2,300.00
Sakeagak	Darlene	None	None	1,250.00
Salmon	Abbey	None	None	650.00
Sielak	Gergianna	None	None	2,300.00
Simmonds	Danielle	None	None	275.00
Simmonds	Vera L	None	None	1,000.00
Snyder	Rex	None	None	650.00
Solomon	Pamela	None	None	275.00
Suvlu	Carol	None	None	600.00
Suvlu-Hopson	Abel	None	None	600.00
Thomas	Daniel	None	None	1,000.00
Tomrdle	Heidi	None	None	600.00
Tuckfield	Josie	None	None	1,000.00
Turner	Katelyn E	None	None	1,650.00
Weber	Heather	None	None	600.00
Weber	Whitney	None	None	1,000.00
Williams	Serena	None	None	1,275.00
Wong	Stephanie	None	None	1,000.00

117,075.00

REFUNDED SCHOLARSHIPS

(1,950.00)

TOTAL GRANTS PAID DURING THE YEAR

115,125.00

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. UIC Foundation Inc.	<small>Employer identification number (EIN) or</small> <input checked="" type="checkbox"/> 92-0157584
	Number, street, and room or suite no. If a P O. box, see instructions. 3201 C Street, Suite 801	<small>Social security number (SSN)</small> <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Anchorage, AK 99503	
	<small>Enter filer's identifying number, see instructions</small>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Matilda Adams
- Telephone No. ▶ (907) 852-7429 FAX No. ▶ (907) 852-7429
- If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2011 or

▶ tax year beginning _____, and ending _____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$		none
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		none
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$		0

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization UIC Foundation Inc.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 92-0157584
	Number, street, and room or suite no. If a P.O. box, see instructions. 3201 C Street, Suite 801	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Anchorage, AK 99503	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Matilda Adams**
Telephone No. **(907) 852-7429** FAX No. **(907) 852-4459**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/15/2012**
- For calendar year **2011**, or other tax year beginning, and ending
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension. **Information necessary to prepare a complete and accurate return is not yet available.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Justin Thomas** Title **Treasurer & VP** Date **8/15/12**
Form **8868** (Rev 1-2012)