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Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

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

Open to Public Inspection

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

FEB 1, 2011

and ending JAN 31, 2012

В	Check i	C Name of organization		D Employer identifi	cation number			
_		1						
누]chan Nam	ge CHUGIAN-EAGLE RIVER FOUNDATION, INC.		02.0	152780			
누	chan	ge Doing Business As	D	···				
F	retur	,	Room/suite		r 694–4702			
⊢	—lated ∏Ame		72,862.					
F	iretur Appl	G Gross receipts \$						
Application pending F Name and address of principal officer:BRAD GAMBLE H(a) Is this a group return for affiliates?								
		SAME AS C ABOVE		H(b) Are all affiliates inc	Yes X No			
<u> </u>	Taylor	xempt status: X 501(c)(3)	or 527	⊣ •• • • • • • • • • • • • • • • • • •	list. (see instructions)			
		ite: WWW.CERFOUNDATION.ORG	<u> </u>	H(c) Group exemptio				
		of organization X Corporation	L Year		A State of legal domicile AK			
	art I	Summary		<u> </u>	- Ctato of logal dollars			
ستنيحا	1	Briefly describe the organization's mission or most significant activities: TO IN	MPROVI	E QUALITY OF	LIFE IN			
Activities & Governance		THE CHUGIAK AND EAGLE RIVER COMMUNITIES.						
r.	2	Check this box ▶ ☐ if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	ssets.			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
<u>ග</u> න	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12			
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0			
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	1			
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	<u> </u>	Net unrelated business taxable income from Form 990, Line, 34,		7b	0.			
		RECEIVED		Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		13,875.	3,700.			
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) JUN 2 0 2012		0.	0.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4.	8,580.			
Œ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c) and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,879.	12,280.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,200.	19,100.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
×	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		***************************************			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,712.	8,214.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,912.	27,314.			
	19	Revenue less expenses. Subtract line 18 from line 12		-5,033.	-15,034.			
Net Assets or	3		B	eginning of Current Year	End of Year			
Set	20	Total assets (Part X, line 16)		600,520.	567,952.			
¥ E	21	Total liabilities (Part X, line 26)		0.	0.			
T		Net assets or fund balances. Subtract line 21 from line 20		600,520.	567,952.			
	art [''' 		 				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
ţrue	, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of wh	nch prepare					
		Signature of officer			2			
Sig		1'		Date				
He	re	BRAD GAMBLE, PRESIDENT Type or print name and title						
				Date Check	PTIN			
n_,		Print/Type preparer's name Preparer's signature)ca					
Pai		KIM C. AASAND	/		P00049755			
	parer	Firm's name AASAND & GLORE, LLC Firm's address 1400 W. BENSON BLVD., SUITE 100		Firm's EIN	90-0192309			
USE	Only	Firm's address 1400 W. BENSON BLVD., SUITE 100 ANCHORAGE, AK 99503		, n	907) 279-9430			
		<u> </u>		Phone no (
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2011)			
1320	001 01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	バ15 .		COIII 334 (2011)			

		Form 990 (2011)
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 19,411.		
4d	Other program services (Describe in Schedule O.))	
			
			
	/ / /cxheirses 4 including grants of \$ / / /cxheirses 4		
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$		
4b	(Code) (Expenses \$)
			
-	GRANTS AND SCHOLARSHIPS FOR THE CHUGIAK AND EAGLE RIVER COMMUN	NITIES.	
	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$19,411. including grants of \$1,000.) (Revenue \$		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	y expenses.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X	J No
_	If "Yes," describe these new services on Schedule O.		٦
-	the prior Form 990 or 990-EZ?	Yes X	No
2	Did the organization undertake any significant program services during the year which were not listed on		
	TO IMPROVE QUALITY OF LIFE IN THE CHUGIAK AND EAGLE RIVER COMM	TUNITIES	•
1	Briefly describe the organization's mission:		
1 (2)	Check if Schedule O contains a response to any question in this Part III		
	rt III Statement of Program Service Accomplishments	2780 Pa	age 2

132003 01-23-12

Part IV Checklist of Required Schedules

			res	MO
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_	X	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u> _
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
	during the tax year? If "Yes," complete Schedule C, Part II	_4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	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	_ <u></u> -		
	Schedule D, Part III	8		Х
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		X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
þ	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	11b	<u> </u>	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	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	44.4		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	}	X
ь	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	 ^
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
. •	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2011)

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	Note. All Form 990 filers are required to complete Schedule O	<u> </u>	000 /	(0044)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	х	
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			J
	If "Yes," complete Schedule R, Part V, line 2	36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			J.
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			J.
		35a		Х
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	├—	X
34	Was the organization related to any tax-exempt or taxable entity?			\ v
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	<u> </u>	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-	1	X
	Schedule N, Part II	32		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
00	If "Yes," complete Schedule N, Part I	31		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
24	contributions? If "Yes," complete Schedule M	30	-	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-28	-	1
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
_	Instructions for applicable filing thresholds, conditions, and exceptions):	282		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
26	of any of these persons? If "Yes," complete Schedule L, Part III	21		<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	^-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	20		X
26	·	200		 ^
	Schedule L, Part I	25b		x
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	<u> </u>		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
•	any tax-exempt bonds?	24c		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25	24a		x
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			-
	Schedule J	23		x
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	[
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22	X	
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	<u> </u>
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	04	х	
04	Did the executation was at more than \$5,000 of exects and other constitution to any operation to a property of the		Yes	No

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132005 01-23-12 Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
		1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7.9			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u>o</u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portable gaming			
	(gambling) winnings to prize winners?	1	1c		
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	2a	0	•	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If 'Yes,' enter the name of the foreign country:			1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b	_	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			Х
	any contributions that were not tax deductible?		_6a	-	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or giπs	6		
_	were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	woos provided to the payor	7 7a		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ae required	10	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	as required	7c		X
_	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u> </u>	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Ì
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution		7f	İ	
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	<u> </u>	
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di			1	
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8]
9	Sponsoring organizations maintaining donor advised funds.			1	
	Did the organization make any taxable distributions under section 4966?		9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_]		
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	╛		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	ļ
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ <u>-</u>	ļ
	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 which the	1 1	ł		
	organization is licensed to issue qualified health plans	13b	_		
C	Enter the amount of reserves on hand	13c			<u> </u>
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If IV I had defined a Form 700 to repeat these properties if IIAIs II avoide as evaluation in Schodul	• 0	14h	1	1

Form **990** (2011)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See I	instructions.				
	Check if Schedule O contains a response to any question in this Part VI						X
CI	ion A. Governing Body and Management					Yes	No
a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	12			
_	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						
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		12			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other				
	officer, director, trustee, or key employee?		•		2		X
	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct 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 9	90 wa	as filed?		4		X
	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5_		X
	Did the organization have members or stockholders?				6		X
а	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or				
	persons other than the governing body?				7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	ar by th	ne following				
а	The governing body?				8a_	Х	
þ	Each committee with authority to act on behalf of the governing body?				8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
cl	ion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)				
						Yes	No
1	Did the organization have local chapters, branches, or affiliates?				10a		X
)	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
3	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing the f	orm?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						.,
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	lescribe				
	in Schedule O how this was done				12c		v
	Did the organization have a written whistleblower policy?				13		X
	Did the organization have a written document retention and destruction policy?				14		Х
	Did the process for determining compensation of the following persons include a review and approve	-	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						v
	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
а	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a		40-		х
	taxable entity during the year?				16a		_^
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the state of						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on s		406	•	
_	exempt status with respect to such arrangements?		·· -		16b	L	Ь
CI	ion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed AK Section 6104 required on expensivation to make to Forms 1023 (or 1024 if applicable), 990, and 990.	T /S^~	tion 501/a)/3)	e onka	wailah		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Sec	uon 30 r(c)(3)	o omy) a	valiat	″ ∪	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request		of interest	diov. oc	d fina	ocial	
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	Untilict	or interest po	лсу, an	u nnai	icial	
	statements available to the public during the tax year.	5d rs -	aarda af tha -	raan===	tion. Þ	•	
	State the name, physical address, and telephone number of the person who possesses the books a KATHERINE KOCH - 907-694-4702 11401 OLD GLENN HWY., SUITE 105, EAGLE RIVER, AK	995		ı yanıza			

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⊢orm	990	(2011)	

CHUGIAK-EAGLE RIVER FOUNDATION, INC.

92-0152780

Page 7

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 employees."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN SIMS	1 00								0	•
BOARD MEMBER	1.00	X		ļ		<u> </u>		0.	0.	0.
(2) BILL LIERMAN	1 00	v	l				l	0.	0.	0.
BOARD MEMBER	1.00	X	<u> </u>	ļ	-	-		0.	0.	
(3) MERRY BRAHAM	1.00	х						0.	0.	0.
BOARD MEMBER (4) DEBBIE RINCKEY	1.00	^	-		-	 -	-			
BOARD MEMBER	1.00	Х						0.	0.	0.
(5) JIM GORSKI	1.00		-		_	 	-			
BOARD MEMBER	1.00	X						0.	0.	0.
(6) DENNIS JOHNSON	 				 	\vdash				
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) LEE JORDAN										
BOARD MEMBER	1.00	X						0.	0.	0.
(8) JANET BRAND		ļ							_	_
EMERITUS	1.00	X	<u> </u>			<u> </u>	Ļ	0.	0.	0.
(9) LINDA LANDERS										
BOARD MEMBER	1.00	X	ļ _	<u> </u>	_	├ —		0.	0.	0.
(10) BRAD GAMBLE	- 00			,,					0.	_
PRESIDENT	5.00	_		X		├	├-	0.		0.
(11) KATE KOCH	5.00			X				0.	0.	0.
TREASURER (12) JOHN RODDA	3.00	-	-	^	-	╁╌	-			
VICE PREIDENT	5.00		İ	X				0.	0.	0.
(13) LYNN SWANSON	1 3.00	-		-	-		╁			
SECRETARY	5.00	1	ĺ	X	ļ	Ì	ĺ	0.	0.	0.
	1					I^-				
		L	L_			L_				
			_		<u> </u>	<u> </u>	L			
		<u> </u>	<u> </u>		_	<u> </u>		ļ		
	J	J	l	J	J	1	J	J		J

	(A) Name and title	(B) Average hours per week (describe	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount o other	of
		hours for related organizations in Schedule O)	trustee or direc		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
												<u>-</u> -		
	· · · · · · · · · · · · · · · · · · ·													
											1	i 		
1b	Sub-total					_			0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but in			liste	ed a	bove	e) wh	no re	0. 0. ecceived more than \$100	.000 of reportable	0.	<u> </u>		0.
	compensation from the organization								·	<u> </u>			Yes	No.
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," complete Schedule J for	such individual			•	·						3		Х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	-		-						the organization		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or ındıv	idual for services		5		Х
Sect 1	tion B. Independent Contractors Complete this table for your five highest co	ompensated in	dep	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation 1	from	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir	the organization's tax (B)	year.				
	Name and business	address	N	INC	<u> </u>			-	Description of s	services	<u> </u>		nsatio	n
			_		-									
					_									
			_											
2	Total number of independent contractors \$100,000 of compensation from the organ	-	ot l	mite	d to	tho	se li:	sted	above) who received n	nore than				

	(431	Statement of Reven	iue .	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats s	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
S, C	c	Fundraising events	1c					
<u> </u>	d	Related organizations	1d					
S.E	е	Government grants (contributi						
음등	f	All other contributions, gifts, grant		2 700				
<u> </u>		similar amounts not included above	ve 1f	3,700.				
Contributions, Giffs, Grants and Other Similar Amounts	9	Noncash contributions included in lines	1a-1f \$		3,700.			
<u> </u>	h	Total. Add lines 1a-1f	 	D O	3,700.			***************************************
	_			Business Code		1	1	
<u> </u>	2 a							
E g	Ь		-			<u> </u>		
E S	c				· · · · · · · · · · · · · · · · · · ·			
E'S	d				· · · · · · · · · · · · · · · · · · ·			
Program Service Revenue	e	All able and an area and a service						
_	-	All other program service reve Total. Add lines 2a-2f	mue					
-+	<u>9</u>	Investment income (including	dividends inter					
	3	other similar amounts)	arviderids, inter	b	13,337.			13,337.
	4	Income from investment of ta	x-exempt bond	nroceeds •			"	•
	5	Royalties	A exempt bend	>				
	9	noyames	(ı) Real	(ii) Personal				
	6 a	Gross rents	(1) 11001	(ii) i croonar				
	b		-					
	c	D 11: (1:)						
		Net rental income or (loss)		<u> </u>	:			
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	55,825					
	ь							
	_	and sales expenses	60,582					
	С	Gain or (loss)	-4,757	•				
		Net gain or (loss)		•	-4,757.	,		-4,757.
.		Gross income from fundraisin	g events (not					
Š		including \$	of					
Other Revenu		contributions reported on line	1c). See					
£		Part IV, line 18						
姜	b	Less: direct expenses	t	.				
١	c	Net income or (loss) from fund	draising events					
-	9 a	Gross income from gaming ad	ctivities. See					
1		Part IV, line 19	ŧ	•				
	b	Less: direct expenses	t	·				
	c	Net income or (loss) from gan	ning activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
Ì		and allowances	6	•				
	b	Less: cost of goods sold	ı	o[•			
Ļ	С	Net income or (loss) from sale	s of inventory	<u> </u>				
L		Miscellaneous Revenu	16	Business Code	Į			
	11 a					-		ļ
	b							
	C					ļ		
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	10 000		 	0 500
132009 01-23-	12	Total revenue. See instructions	—		12,280	0.	0.	8,580 . Form 990 (2011)

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 response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States See Part IV, line 21	9,000.	9,000.		{}						
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	10,100.	10,100.	++++++++++++++++++++++++++++++++++++++							
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16				·····						
4	Benefits paid to or for members										
5	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				· · · · · · · · · · · · · · · · · · ·						
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):	55.		55.							
a	Management										
b	Legal Legal	1,325.		1,325.							
c d	Lobbying	1,0231			· · · · · · · · · · · · · · · · · · ·						
e	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
9	Other										
12	Advertising and promotion	311.	311.								
13	Office expenses	140.		140.							
14	Information technology										
15	Royalties										
16	Occupancy			_							
17	Travel										
18	Payments of travel or entertainment 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										
23	Insurance										
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)										
а	INVESTMENT FEES	5,629.		5,629.							
b	MEMBERSHIPS	540.		540.							
С	COMMUNICATIONS	180.		180.							
d	BANK FEES	34.		34.							
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	27,314.	19,411.	7,903.	0.						
26	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)				<u> </u>						

Part X Balance Sheet (A) End of year Beginning of year 4,363. 11,508. 1 Cash - non-interest-bearing 488,528. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 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 6 employees' beneficiary organizations (see instructions) Assets 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 investments · other securities. See Part IV, line 11 100,484. 563,589. 13 13 Investments · program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 567,952. 600,520. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D -iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 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. **Net Assets or Fund Balances** 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 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 600,520. 567,952. 33 33 Total net assets or fund balances 567,952. 600,520. Total liabilities and net assets/fund balances 34

Form **990** (2011)

Forn	990 (2011) CHUGIAK-EAGLE RIVER FOUNDATION, INC.	92.	-0152780	Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		X	
1	Total revenue (must equal Part VIII, column (A), line 12)			80.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		27,314		
3	Revenue less expenses. Subtract line 2 from line 1	3		-15,034		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			20.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5_			34.	
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	56	7,9	<u>52.</u>	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				ᆜ	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
b	Were the organization's financial statements audited by an independent accountant?		_2b		X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.		.,,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	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 the Sil	ngle Au	ıdıt			
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization

CHUGIAK-EAGLE RIVER FOUNDATION, INC.

Employer identification number 92-0152780

Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	st comple	te this part	t.) See ins	tructions.			_
The organ	nization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				_
1 🔲			es, or association of chur								
2 🔲			70(b)(1)(A)(ii). (Attach Sc								
з 🔲			ortal service organization			170(b)(1)	A)(iii).				
4	*		operated in conjunction					(b)(1){A)(i	ii). Enter th	ne hospital's name.	
. —	city, and stat		operates in conjunction		p.1.0 4 4 4 4 4		••••	(-)(-)(-)(-	,		
5 🗀	•		benefit of a college or ur	olvereity o	wood or or	perated by	2 COVERN	mental un	t describe	d In	-
5		•	_	ilvorsity O	Wiled Oi Of	belated by	a govern	nemai un	it describe	Q III	
• 🗀		(b)(1)(A)(iv). (Comp	·	A . I		- 4700-1/4	11/41/64				
· 🚽		· ·	nent or governmental unr								
7 X			ceives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic described in	
. —		b)(1)(A)(vi). (Comple									
8			section 170(b)(1)(A)(vi).								
9	An organizati	on that normally red	ceives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, n	nembersh	ip fees, and	d gross receipts from)
	activities rela	ted to its exempt fu	inctions - subject to certa	an excepti	ons, and (2	2) no more	than 33 1	/3% of its	s support f	rom gross investmen	t
	income and i	inrelated business	taxable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 30, 1975.	
	See section	509(a)(2) . (Complet	e Part III.)								
10 🖳	An organizati	on organized and o	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	I).			
11 📖	An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes of one or	
	more publicly	supported organiz	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	?). See se c	tion 509	(a)(3). Che	ck the box that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.					
	a Type I	. b □	☐ Type ii c	; 🔲 Тур	e III - Fund	tionally int	egrated		a 🗀	Type III - Other	
е 🗀	By checking	this box, I certify th	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons other than	
	foundation m	anagers and other	than one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 50	9(a)(1) or s	ection 509(a)(2).	
f		-	itten determination from t								
		rganization, check t				, , , , , , , , ,	.,,				٦
g		_	organization accepted ar	ny aift or co	ontribution	from any	of the follo	owina per	sons?		
9	-		directly controls, either al			-				Yes No	<u> </u>
		•	supported organization?	ono or tog	JJ. 177.11	porouno e		(,	(, 20.011)	11g(i)	_
	-	• •	on described in (i) above?	ı						11g(ii)	_
	•	•	• •		2					1	-
L		•	a person described in (i) o							11g(iii)	-
h	Provide the it	ollowing information	n about the supported or	ganization	(5).						
			(iii) Type of	(1-3 to 45 o o		(-) D.d.		(vi) i:	the		
• •	of supported	(ii) EIN	organization		organization sted in your	(v) Did you organizat		lorganizáti	on in col	(vii) Amount of	
org	anization		(described on lines 1-9		document?			(i) organiz U S	red in the	support	
			above or IRC section		. —		,	 			
			(see instructions))	Yes	No	Yes	No	Yes	No		
								1			
				<u> </u>		<u> </u>	ļ		 -		
					1						
		-	 					ļ	 		
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					<u> </u>		<u> </u>	ļ	 		
					<u> </u>			<u> </u>	<u> </u>		
				1							•
Total			1	1	1			1			

Schedule A (Form 990 or 990-EZ) 2011 CHUGIAK-EAGLE RIVER FOUNDATION, INC. 92-0152780 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,680.	2,620.	6,478.	13,875.	3,700.	29,353.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	2,680.	2,620.	6,478.	13,875.	3,700.	29,353.
	The portion of total contributions	Ò					
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			l			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			1			
	column (f)						
6	Public support. Subtract line 5 from line 4	***************************************	11				29,353.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total 29, 353.
	Amounts from line 4	2,680.	2,620.	6,478.	13,875.	3,700.	29,353.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	21.		14,882.	4.	8,581.	23,488.
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				·····		52,841.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	<u></u>
13	· · · · · · · · · · · · · · · · · · ·			d. fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor			,			▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (olumn (f))		14	55.55 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	75.84 %
	33 1/3% support test - 2011. If the o			n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies						ightharpoons X
t	33 1/3% support test - 2010. If the				line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes				13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
Ł	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						ightharpoons
18							s >
						edule A (Form 990	

Schedule A (Form 990 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

Section A. Public Support	Ow, piease com	piete i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		†· 				
are not an unrelated trade or bus-		}		}	1	}
iness under section 513						
4 Tax revenues levied for the organ-				 		
ization's benefit and either paid to		1				
· 1			ļ			
or expended on its behalf						 -
5 The value of services or facilities		ł	}			
furnished by a governmental unit to						
the organization without charge				 		
6 Total. Add lines 1 through 5						<u> </u>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ		
b Amounts included on lines 2 and 3 received			}	}		1
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		<u> </u>				
c Add lines 7a and 7b						<u> </u>
8 Public support (Subtract line 7c from line 6)					<u> </u>	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income				<u> </u>		
(less section 511 taxes) from businesses						
acquired after June 30, 1975				1		
c Add lines 10a and 10b					<u> </u>	
11 Net income from unrelated business	 	 	<u> </u>		 	
activities not included in line 10b,						
whether or not the business is				1		
regularly carried on		 				
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)			<u></u>	 		
13 Total support (Add lines 9, 10c, 11, and 12)				1		<u> </u>
14 First five years. If the Form 990 is for t	he organization	's first, second, the	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organ	ization,
check this box and stop here				·		
Section C. Computation of Public						
15 Public support percentage for 2011 (lir	· · · · · · · · · · · · · · · · · · ·	-	column (f))		15	9
16 Public support percentage from 2010					16	9
Section D. Computation of Inves	tment Incon	ne Percentage				
17 Investment income percentage for 201			ne 13, column (f))		17	
18 Investment income percentage from 26					18	
19a 33 1/3% support tests - 2011. If the o	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	
more than 33 1/3%, check this box and	d stop here . Th	e organization qua	lifies as a publicly	supported organ	ization	▶□
b 33 1/3% support tests - 2010. If the c	organization did	not check a box o	n line 14 or line 19	a, and line 16 is r	more than 33 1/3%	, and
line 18 is not more than 33 1/3%, chec	k this box and	stop here. The org	anization qualifies	as a publicly sup	ported organization	n
20 Private foundation. If the organization	did not check a	a box on line 14, 19	a, or 19b, check t	this box and see	instructions	▶

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2011 Open to Public Inspection

Name of the organization

CHUGIAK-EAGLE RIVER FOUNDATION, INC.

Employer identification number 92-0152780

D	* I Organizations Maintaining Donor Advised		s or Accounts Complete if the
Par			S Of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
_	<u>_</u> .,	(a) Dollor advised fullds	(b) I dilas and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		151
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's e		L Yes L No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
	Impermissible private benefit?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		. A
	Preservation of land for public use (e.g., recreation or ed	· —	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the Fad of the Tay Vacu
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
Þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	··	2c
đ	Number of conservation easements included in (c) acquired a	fter 8/1 //06, and not on a historic struct	1 1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
_	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	satisty the requirements of section 170	U(n)(4)(B)(l) Yes No
_	and section 170(h)(4)(B)(ii)?		. — —
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for
Ďa.	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Transuras or C	Ther Similar Assets
rai	Complete if the organization answered "Yes" to Form 9		The office Addition
4.0	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art
10	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		and of public dorvido, provido, in tractity
.	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed		
		deation, or research in furtherance of pr	Boild Colfice, profiled the following aniounts
	relating to these items:		> \$
	(i) Revenues included in Form 990, Part VIII, line 1		. > \$
	(ii) Assets included in Form 990, Part X	source or other cimilar assets for financi	
2	If the organization received or held works of art, historical treat the following amounts required to be reported under SFAS 11		ai gairi, provide
_		to (ASC 330) relating to triese items.	> \$
a	Revenues included in Form 990, Part VIII, line 1		•
D	Assets included in Form 990, Part X		Ψ

Sche		-EAGLE RIV								Page 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tre	asures	, or Othe	r Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following 1	that are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	· \	_oan or excl	hange pro	grams				
b	Scholarly research	е	, 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIV.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or o	other similar	assets		-	
	to be sold to raise funds rather than to be ma								_ Yes	No_
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	n answere	ed "Yes" to	Form 990), Part IV,	line 9, or	
	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contribution	s or other	assets not	ıncluded		_	
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing t	able:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d_			
е	Distributions during the year						1e_			
f	Ending balance						1f	L	1	
	Did the organization include an amount on Fo		21?						_ Yes	∟ No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If "Yes," explain the arrangement in Part XIV.					. 0.4.1				
Par	t V Endowment Funds. Complete if								4 > 5	bask
		(a) Current year	(b) P	rior year	(c) 1wo	ears back	(d) Inree	years back	(e) Four	years back
1a	Beginning of year balance								 	
Ь	Contributions		<u> </u>							
C	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·							 	***************************************
d	Grants or scholarships								 	
е	Other expenditures for facilities				İ					
_	and programs				-					
T	Administrative expenses								 	***************************************
9	End of year balance		l)\ bold oo	l			<u> I</u>	
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1) %	g, column (a	a)) neid as	•				
a	Board designated or quasi-endowment Permanent endowment	%	70							
0	Temporarily restricted endowment	% %								
C	The percentages in lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses		ration tha	at are held a	nd admin	stered for t	he organi	zation		
Ja		331011 OF CHO OFGATHE	-ation the	at and more a			no organi			Yes No
	by: (i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?			•		3b	
4	Describe in Part XIV the intended uses of the									
***************************************	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			or other	(c) A	ccumulat	ed	(d) Book	value
		basis (invest		basis	(other)	de	preciation	າ		
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
е	Other								_	
T-4-1	Add lines to through to (Column (d) must o	avel Form 000 Por	+ Y colur	no (B) line	10(01)			▶		0.

(b) Book value

(b) Book value

95,114.

93,835.

87,783.

68,976.

100,964.

116,917.

563,589.

(b) Book value

(a) Description

(a) Description of security or category

(including name of security)

Total. (Col (b) must equal Form 990, Part X, col (B) line 12)

(a) Description of investment type

INTERNATIONAL EQUITIES

INTERMEDIATE TERM BONDS

(1) LARGE CAP GROWTH

TCW FUNDS INC

LARGE CAP VALUE

NEUBERGER & BERMAN

Total. (Col (b) must equal Form 990, Part X, col (B) line 13)

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25.

(1) Federal income taxes

(a) Description of liability

Other Assets. See Form 990, Part X, line 15.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(1) Financial derivatives (2) Closely-held equity interests

> Other (A) (B) (C) (D) (E) (F) (G) (H) (1)

(3)

(7)(8) (9) (10)

> (1)(2) (3) (4) (5) (6)(7) (8) (9)

(2)(3) (4) (5)(6)(7) (8)(9) (10)(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	>
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's fine FIN 48 (ASC 740)	ncial statements that reports the organization's liability for uncertain tax positions under
132053 01-23-12	Schedule D (Form 8

	dule D (Form 990) 2011 CHUGIAK-EAGLE RIVER FOUNDA					-0152780	Page 4
h	1 XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial S	tateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		·	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5		 	
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10			
	XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Kevei	nue p			
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	1				
_	Net unrealized gains on investments .	2a					
Ь	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c					
	Other (Describe in Part XIV.)	2d				-	
_	Add lines 2a through 2d				20		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			-		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)	4b					
_	Add lines 4a and 4b				40		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 XIII Reconciliation of Expenses per Audited Financial Statem	onto V	With Eyns	ncoc	por Po		
		BIILS V	VIIII EXPE	111363	per ne		
1 2	Total expenses and losses per audited financial statements				<u> </u>		
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			-		
b	Prior year adjustments	2b					
c	Other losses	2c	· · · · · · · · · · · · · · · · · · ·				
d	Other (Describe in Part XIV.)	2d				1	
	Add lines 2a through 2d	20					
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				ļ <u></u>	·	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	Ì				
	Other (Describe in Part XIV.)	4b					
	Add lines 4a and 4b	42			40	.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
-	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines	1a and 4: Pa	art IV. II	nes 1b ar	nd 2b; Part V, line	e 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						.,
•	, , , , , , , , , , , , , , , , , , , ,				•		
							_
							
							
		_					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service
Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization CHI	CHUGIAK-EAGLE RIVER	GLE RIVE	R FOUNDATION.	N. INC.			_	Employer identification number 92-0152780
Part I General Information on Grants and Assistance	on Grants and	Assistance		1				
1 Does the organization maintain records to substantiate the amount of	itain records to s	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	rants or assista	псе?	• .					X Yes No
깕	anization's proce	dures for monite	oring the use of grant	funds in the Unite	d States.			
Part # Grants and Other A:	ssistance to Go	vernments and	Organizations in the	e United States. C	Complete if the organs	anization answered "Y	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000. Part II can be displicated if additional space is needed	IV, line 21, for any ► X
1 (a) Name and address of organization or government	rganization	(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)	or government or government or government or graphicable cash grant or government or g	(h) Purpose of grant or assistance
								,
	on 501(c)(3) and	government or	ganizations listed in the	ne line 1 table				
3 Enter total number of other organizations listed in the line 1 table HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	r organizations li	sted in the line ' ee the Instructi	table ons for Form 990.					Schedule I (Form 990) (2011)
LHA For Paperwork Reduction	n Act Notice, s	ee the Instructi	ons for Form 990.					Schedu

Page 2

92-0152780

Schedule I (Form 990) (2011) CHUGIAK—EAGLE RIVER FOUNDATION, INC.

Part III 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.

rait III can de duplicateu II additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION AWARDS ARE MADE TO EDUCATORS IN THE	,	,	•		
CHUGIAR-EAGLE RIVER SCHOOLS.		1,100.	0		
SCHOLARSHIPS ARE AWARDED TO RESIDENTS OF		-			
CHUGIAK-EAGLE RIVER, THE SCHOLARSHIPS ARE FOR					
COLLEGE OR VOCATIONAL SCHOOL TUITION AND THEY ARE					
PAID TO THE INSTITUTION ON BEHALF OF THE STUDENT.	10	9,000.	0		
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	lne 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: A REPORT IS	L.	ED WITH C	FILED WITH CHUGIAK EAGLE RIVER	LE RIVER	
FOUNDATION TELLING HOW THE GRANT FUNDS		EXPENDED	WERE EXPENDED WITH A FINANCIAL	NANCIAL	
REPORT AND COPIES OF THE RECEIPTS.					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury
Internal Bergelus Service

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

CHUGIAK-EAGLE RIVER FOUNDATION, INC.

CHUGIAK-EAGLE RIVER FOUNDATION, INC.

Employer identification number 92-0152780

FORM 990, PART VI, SECTION B, LINE 11: NO PROCESS IS IN PLACE TO REVIEW

THE 990 BEFORE BEING FILED.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL **STATEMENTS** ARE NOT AVAILABLE TO THE PUBLIC. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: -17,534.NET UNREALIZED LOSSES ON INVESTMENTS: