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\$93E 12/18/2012 4 34 PM

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2011 Open to Public

Inter	nal Reven	The organization may have to use a copy of this return to sa		<u> </u>	ements	Inspectio	n
<u>A</u>	For th		<u>6/30/1</u>	.2			
В	Check if a	pplicable C Name of organization			D Employ	er identification number	•
	Address o	change ALASKA CHARR EDUCATION FUND INC	c				
	Name cha	Doing Business As		_	06-	1663010	
\exists		Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telepho	ne number	
닏	Initial retu	1503 W. 31ST AVE		202	907	-274-8133	
	Terminate	City or town, state or country, and ZIP + 4				-	
	Amended	return ANCHORAGE AK 99503			G Gross recei	ints \$ 157	,220
\exists		F Name and address of principal officer	•	1	0 0,000,000		
L	Applicatio	CHIP DUGGAN		H(a) is this a g	roup return for a	ffiliates? Yes	X No
		120 W. BUNNELL		H(b) Are all aff	filiates included?	yes	No
		HOMER AK 99603				(see instructions)	
_	Tay-ever		527	1			
÷	Website		321	·			
<u>. </u>				H(c) Group ex	202		AK
	Part I	organization X Corporation Trust Association Other ► Summary] L Y	ear of formation 2	003	M State of legal domicile	
<u> </u>			_		•		
	' '	Bnefly describe the organization's mission or most significant activities					
9		See Schedule O					
Jan	İ						
ē							
Governance	2 (Check this box ▶ ☐ if the organization discontinued its operations or disposed of more	than 25%	of its net assets	s , ,		
∖ •ಶ	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	7	
Activities	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4	7	
ξΞ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5	9	
ğ	6	Total number of volunteers (estimate if necessary)			6	0	
Ď -	7a -	Total unrelated business revenue from Part VIII, column (C), line 12 EIV			7a	28,	263
) 	bl	Net unrelated business taxable income from Form 990-it, line 34			7b		0
		B JAN 3 1 2013 장[Prior Yea		Current Year	
ō	8 (Contributions and grants (Part VIII, line 1h)		4:	8,081	93,	264
Revenue	9 1	Program service revenue (Part VIII, line 2g)			1,380	2,	269
ě	10 1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) GDEN, UT			301		160
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9:	2,695	15,	663
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,457	111,	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			3,155		000
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0		0
10	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u> </u>		0	18,	<u> </u>
nses		Professional fundraising fees (Part IX, column (A), line 11e)	 		0		0
Sen	.ou.	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	, ⊢				
Expe	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	′ ⊦	6	9,218	16	901
	'' \		-				801
	1	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	-		2,373		219
	19 1	Revenue less expenses Subtract line 18 from line 12		Beginning of Cur	0,084		137
Net Assets or	20 1	Total assets (Part X, line 16)	-		8,602	End of Year 191,	010
Asse	24	Total liabilities (Part X, line 16)		10	627		
) E	27	• • •		10			307
		Net assets or fund balances Subtract line 21 from line 20		. 19	7,975	191 <i>,</i>	612
	Part II	Signature Block					
tri	naer per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and sect, and complete peclaration of preparer (other than officer) is based on all information of which pre	statements, a	and to the best of	my knowled	ge and belief, it is	
		to, and so proceed because of properly (unit man officer) is based on an information of which pre	eparer nas ar	iy knowledge			
٠.		Well (Chip) Surpey		<u>-</u>			
Sig		Signature of officer			Date	مرارمان	
He	re		PRESID	ENT		1/21/13	
		Type or pnnt name and title					
	_	Print/Type preparer's name Preparer's signature	O DO	Date	Check	If PTIN	
Pai		Wayne Blank Waynelston Will Mul	CPT	12/18	/12 self-emp	loyed P00034765	<u> </u>
	parer	Firm's name Blank & Smith CPA's		F	ım's EIN	92-01232	91
Use	Only	2600 Denali St Ste 410					
_		Firm's address Anchorage, AK 99503-2746		P	hone no	907-562-7	170
May	the IR	S discuss this return with the preparer shown above? (see instructions)		<u></u>		X Yes	No
For	Paper	work Reduction Act Notice, see the separate instructions.				Form 99(
DAA		•		017	- 10	. 3 30	- (2011)

917-18

orm 990 (2	011) ALASKA CHARR EDUC		-1663010	Page 2
Part III	Statement of Program Serv	•		
4 D===0		s a response to any question in this Pa	art III	X
	describe the organization's mission Schedule O			
	benedute o			
2 Did th	e organization undertake any significant p	rogram services during the year which were not	listed on the	
	Form 990 or 990-EZ?			Yes X No
lf "Ye	s," describe these new services on Sched	ule O		
	-	significant changes in how it conducts, any pro	gram	
servi				Yes X No
	s," describe these changes on Schedule C			
		complishments for each of its three largest prog		
		inizations and section 4947(a)(1) trusts are requises, and revenue, if any, for each program serv		
grant	s and anocations to others, the total expen	ses, and revenue, it any, for each program serv	ice reported	
4a (Code	e)(Expenses \$ 1	.02,127 including grants of \$	42,000) (Revenue \$	
		TRAINING OPPORTUNITIES		,
	ITALITY INDUSTRY STU			
4b (Code	e) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code	e) (Expenses \$	including grants of \$) (Revenue \$	
(()	, (<u></u> ,	moderning grante or \$, (Neverible &	,
	program services (Describe in Schedule	•		
		uding grants of \$	(Revenue \$)
4e Total	program service expenses ▶	102,127		

Part IV Checklist of Required Schedules

	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	candidates for public office? If "Yes," complete Schedule C, Part I	-		
*	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	Ì	x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	ŀ	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		\rightarrow	
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
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		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	Ì	1	
	complete Schedule D, Part VI	11a	x	
b	 			
		11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	Ī		
	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		İ	
	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 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	ŀ		
	to individuals 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	Ī	I	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ŀ		
	If "Yes," complete Schedule G, Part III	19	X	
	• • • • • • • • • • • • • • • • • • • •	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	,		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ł		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ł	77
		35b		<u> </u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
	IV, and V, line 1	34		_ <u>x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	sections 301 7701-2 and 301 7701-3? 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			
	complete Schedule N, Part II	32		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	İ		
	Part I	31	}	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	conservation contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		$\neg \uparrow$	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
-		28c	ŀ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		-41
b		28b		x
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	-	<u> </u>
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yee," complete Schedule I. Bort IV	20-		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	_		₹.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	-	25b		<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ŀ		
		25a		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	ا ء	j	7.7
	· · · · · · · · · · · · · · · · · ·	24d		
		24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		j	
b		24b		
	r i de la companya de la companya de la companya de la companya de la companya de la companya de la companya d	24a		<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	l		
	employees? If "Yes," complete Schedule J	23		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		j	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
-•	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
			Yes	No

Form 990 (2011)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 9 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 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 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country b See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) 'ALASKA CHARR EDUCATION FUND INC. 06-1663010 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 7 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safequard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

organization >

20

DAA

and financial statements available to the public during the tax year

ALASKA CHARR

State the name, physical address, and telephone number of the person who possesses the books and records of the

1503 W. 31ST AVE. #202

AK 99503

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	bo off	x, unle ficer a	Pos check ess pe nd a d	rson (: irectoi	than on s both a	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(1) CHIP DUGGAN										
PRESIDENT	0.25	X		X				0	0	0
(2) GLENN BRADY				•						
DIRECTOR	0.20	X						0	0	0
(3) DICK ELLSWORTH								•		•
DIRECTOR (4) JODI BONACCI	0.20	X				\vdash		0	0	0
DIRECTOR	0.20	$ \mathbf{x} $						0	o	0
(5) CAROL HARTMAN	0.20	^		l				0	0	
TREASURER	0.20	x		x				0	o	0
(6) STAN SELMAN		 				1 1		<u>_</u>		
DIRECTOR	0.20	X						0	0	0
(7) GRETCHEN KENNEY					-					
EXECUTIVE DIRECTOR	0.20	X						0	0	0
(8)										
(9)										
(10)										
(11)										<u> </u>
(12)				_						
(13)		 								-
(14)						$\mid \cdot \mid$				

	(A) Name and title	(B) Average hours per week (describe hours for	bo	x, unle	Pos check ess pe nd a c	rson ı	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount of other ompensa from the	of tion	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organizati and relati rganizatio	on ed	
(15)														
(16)														
(17)														
(18)														
(19)		-	-											
(20)														
(21)												<u> </u>		
(22)														
(23)				-										
(24)														
(25)														
1b c	Sub-total Total from continuation shee	ets to Part VII, S	ectio	on A	<u>L</u>	1	<u>i</u>	>						
d 2	Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not lim	nited	to th	ose	listed	d abo	▶ ve)	who received more than \$1	00,000 in	1			
	reportable compensation from	the organization	<u> </u>	0									Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch i	ndıv	idual					3		х
4	For any individual listed on line organization and related organization									m the				x
5	Individual Did any person listed on line 1a for services rendered to the organization.									dividual		5		X
Sec 1	tion B. Independent Contract Complete this table for your five	ors								n \$100,000 of	<u>-</u>			
<u>.</u>	compensation from the organiz	zation Report cor (A) business address	nper	satio	on fo	r the	cale	ndar	r year ending with or within	the organization's tax year (B) otion of services	Г		(C) pensati	
	Name and	business address					_		Descrip	otion of services	+	Com	pensati	on
			_											
										-		-		
									 .	· <u> </u>				
								-						
2	Total number of independent c	ontractors (includ	ling t	out n	ot lın	nited	to th	ose	listed above) who					
DAA	received more than \$100,000 c	of compensation	from	the o	orgai	nızat	on 🕨			0			990	1,000

<u>Pa</u>	<u>rt V</u>	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Ŋω	12	Federated campaigns	1a				Tevende		312, 313, 01 314
nt au	h	Membership dues	1b						
وَّقِ		Fundraising events	1c		13,650				
ξţ	ر م	-	1d		13,030				
وَ≅	<u> </u>	Related organizations							
Siri	e	Government grants (contributions)	1e						
Program Service Revenue Contributions, Gifts, Grants landsram Service Revenue	Ţ	All other contributions, gifts, grants, and similar amounts not included above	1f		79,614				
털	g	Noncash contributions included in lines 1a-	1f	\$					
<u>ರ</u> ಿಕ	h	Total. Add lines 1a-1f			>	93,264			
e					Busn Code				
들	2a	RETAIL SALES				2,269			2,269
Ş.	b								······································
<u>.</u> 8	C								
<u> </u>	d						-		
S	-				 	-			
ᆵ	e	All sheet states							
ξ̈́	T	All other program service rever	iue		L	0.000			_ _
					•	2,269			
	3	Investment income (including d	ividend	ds, interes					
		and other similar amounts)			▶	160			160
ĺ	4	Income from investment of tax-	exemp	t bond pro	oceeds 🕨 📙				
	5	Royalties			•				<u> </u>
1		(ı) Real		(u) I	Personal				
	6a	Gross rents							
	b	Less rental exps			1				
	С	Rental inc or (loss)							
	d	Net rental income or (loss)							
		Gross amount from (i) Secunties		(ui) Other				
		sales of assets			<u></u>				
		other than inventory		1					
	D	Less cost or other							
		basis & sales exps		ļ					
		Gain or (loss)		<u> </u>					
		Net gain or (loss)	1		>				
<u>o</u>	8a	Gross income from fundraising ever							
Other Revenue		(not including \$ 13,	650		•				
ě		of contributions reported on line 1c)							
7.		See Part IV, line 18	а		11,440				
ţ	b	Less direct expenses	b		23,635				
0	С	Net income or (loss) from fundi	aising	events	•	-12,195		446	-12,641
		Gross income from gaming activities	- 1						
		See Part IV, line 19	а		50,046				
	b	Less direct expenses	ь		22,229				
		Net income or (loss) from gami	na acti	vities	▶	27,817		27,817	
		Gross sales of inventory, less	9 200						
		returns and allowances	а						
	h	Less cost of goods sold	b						
			-,			Ī			
	C	Net income or (loss) from sales	OT INV	entory	- P				
	4.4	Miscellaneous Revenue			Busn Code				ē =
	11a	MISCELLANEOUS			 	41			41
	b				<u> </u>				
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d			▶ [41			
	12	Total revenue. See instruction	s		>	111,356	0	28,263	-10,171

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)

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	_ (D)
	,,, with the off the fill.	I	expenses	general expenses	Fundraising expenses
•	Grants and other assistance to governments and		CAPCINGS	general expenses	
	organizations in the U.S. See Part IV, line 21	20,000	20,000		
2	Grants and other assistance to individuals in	· · ·	,		
	the U.S. See Part IV, line 22	22,000	22,000		
3	Grants and other assistance to governments,		,		
	organizations, and individuals outside the				
	U.S. 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	16,476	16,476		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				·
9	Other employee benefits				
10	Payroll taxes	1,942	1,942		
11	Fees for services (non-employees)				
а	Management				
b		0.005		0 005	
C	Accounting	2,985		2,985	
d	, ,				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	822	822		
g	Other	622	022		
12	Advertising and promotion Office expenses	971	*	971	
13 14	Information technology			3,1	
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	1,095	859	236	
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	PROSTART NATIONAL EVENT	17,711	17,711		
b	PROSTART COMPETITION EXP	15,959	15,959		
С	PROSTART PROMOTION/SUPPLY	4,719	4,719		
d	EDUCATOR ASSISTANCE	1,607	1,607		
е	· • • • • • • • • • • • • • • • • • • •	932	32	900	
25		107,219	102,127	5,092	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)				

				(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			169,482	1	172,094
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			16,635	4	16,931
5	Receivables from current and former officers, director	rs, trustees, key	Γ			
	employees, and highest compensated employees. Co	omplete Part II of				
	Schedule L				5	
6	Receivables from other disqualified persons (as defin	ed under section	Γ			
	4958(f)(1)), persons described in section 4958(c)(3)(8	B), and contributing				
	employers and sponsoring organizations of section 50					
ပ္	employees' beneficiary organizations (see instructions	s)			6	
Assets	Notes and loans receivable, net	,			7	
8 کھ	Inventories for sale or use	8	1,603			
9	Prepaid expenses and deferred charges				9	
10	Land, buildings, and equipment cost or	-				
	other basis Complete Part VI of Schedule D	2,877				
l t	Less accumulated depreciation	10b	1,586	882	10c	1,291
11	Investments—publicly traded securities	<u> </u>			11	
12	Investments—other securities See Part IV, line 11		Γ		12	•
13	Investments—program-related See Part IV, line 11			13		
14	Intangible assets		•	14		
15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line	e 34)		188,602	16	191,919
17	Accounts payable and accrued expenses		627	17	307	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV	/ of Schedule D			21	
က္က 22	Payables to current and former officers, directors, true					
Liabilities	employees, highest compensated employees, and dis	squalified persons				
ā	Complete Part II of Schedule L				22	
23 ا	Secured mortgages and notes payable to unrelated the	nird parties			23	
24	Unsecured notes and loans payable to unrelated third				24	
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-2	4) Complete Part X				
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			627	26	307
	Organizations that follow SFAS 117, check here I	► X and complete				
န္	lines 27 through 29, and lines 33 and 34.	_				
E 27	Unrestricted net assets			187,975	27	191,612
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets				29	
Net Assets of Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check	k here ▶ 🔲 and	Γ			
<u>ة</u>	complete lines 30 through 34.		ļ			
8 30 8 30	Capital stock or trust principal, or current funds		İ		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipm	ent fund			31	
32	Retained earnings, endowment, accumulated income	, or other funds			32	
⁻ 33	Total net assets or fund balances			187,975	33	191,612
34	Total liabilities and net assets/fund balances			188,602	34	191,919

Form **990** (2011)

ge 12			1 990 (2011 1rt XJ
X			
356	111,	1	Total reve
	107,	2	Total expe
137		3	Revenue
	187,	4	Net asset
500		5	Other cha
			Net asset
612	191,	6	column (E
			rt XII
No_	Yes		
			Accountin
			If the orga
			Schedule
X	2a		Were the
X	2b		Were the
	1		If "Yes" to
	2c		of the au
	1 1		If the orga
			Schedule
			If "Yes" to
			issued on
			Sepa
			As a resu
X	3a		the Single
			If "Yes," d
	3b Form 99		required a

SCHEDULE A (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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALASKA CHARR EDUCATION FUND INC.

Employer identification number 06-1663010

Pa	art I	Reas	on for Public Charity	Status (All organizations i	must co	mplete t	his pa	rt) Se	e instr	uction	s			
The	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)					- ,			
1		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).							
2	П	A school desi	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П			e organization described in secti	on 170(b)(1)(A)(iii)								
4	\sqcap	•	· · · · · · · · · · · · · · · · · · ·	in conjunction with a hospital de	•	, , ,)(A)(iii).	Enter th	ne hoso	ıtal's name	<u>.</u>		
		city, and state	= -					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-,		
5				a college or university owned or	onerated	hy a gove	rnmenta	al unit de	scribed	ın				
•	ш	_	b)(1)(A)(iv) (Complete Part I	•	opo.utou	J, 4 9010			001.504					
6				· , vernmental unit described in sec	tion 170/	6\/4\/ 6 \/ ₂	()							
7	H		•	ubstantial part of its support from			•	n the ge	neral ni	blic				
•	ш	-	section 170(b)(1)(A)(vi). (Co	, , , , , , , , , , , , , , , , , , , ,	a govern	mentar un	01 11 011	i tile ge	iciai po	iblic				
8	\Box			'0(b)(1)(A)(vi). (Complete Part II	1.									
9	X	-		more than 33 1/3% of its support	•	atribi itiana	mamb	arabın fa	00 0md	~				
J	32	_								_				
			•	ot functions—subject to certain e	•	` '				its				
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
40		•	_		•	•								
10	H	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	Ш	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section												
				=						tion				
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III-Functionally integrated d Type III-Other													
_		a Type	, ,,	··	, ,		d							
е	Ш			nization is not controlled directly										
		or section 509	=	than one or more publicly support	nteu organ	nzadons (escribe	u in seci	1011 509	(a)(1)				
				mination from the IRS that it is a	Tuno I Tu	no II or T	مالا مصن		~					
f			check this box	illiation from the IRS that it is a	Type I, Ty	pe 11, 01 1	ype iii s	upportiri	g					
_				an accorded any off or contribute	on from a	ou of the								
g		_	-	on accepted any gift or contributi	on nom a	ly of the								
		following per					J . () .					r		Г
				itrols, either alone or together wi	iii person	s describe	a iri (ii) a	ino					Yes	No
			v, the governing body of the s	• •								1g(ı)		
		• •	member of a person describe	**								1g(II)		
		• •	ontrolled entity of a person de	,, ,,							[1]	1g(III)		l
<u>h</u>			ollowing information about the		[0.31. 0.		6401		I	1				
(e of supported panization	(II) EIN	(iii) Type of organization (described on lines 1–9	1	organization sted in your		ou notify	organizat	s the ion in col	(VI) Amou Suppo		
		,		above or IRC section		document?	col (i)	of your	(ı) organı	zed in the		опрро		
				(see instructions))	<u>.</u>	г		port?		S?				
Α.\					Yes	No	Yes	No	Yes	No				
(A)					1									
(B)		-			 									
υ,														
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(D)					1	<u> </u>					-			
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Tota	1													
			<u> </u>	<u></u>	J	I .	∟	1	l .	ı				

06-1663010

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	tion A. Public Support						
Caler	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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		ļ				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned 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				<u> </u>		
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here		 				•
	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					
14	Public support percentage for 2011 (line 6,		-	(f))		14	%
15	Public support percentage from 2010 Sche						%_
16a	33 1/3% support test—2011. If the organi				1/3% or more, che	CK this	. .
b	box and stop here . The organization qualift 33 1/3% support test—2010. If the organic	• •	• •		10 22 1/20/ or more		
J	check this box and stop here . The organiz				15 33 1/3% OF HIGHE	1	▶ □
17a	10%-facts-and-circumstances test—201			_	a or 16h and line 1	1 ie	
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac				= =		
	organization	no and on cametain	oco toot The organ	meation qualifies a	o a pablicly support	ou .	▶ [
b	10%-facts-and-circumstances test—201	0. If the organization	on did not check a l	box on line 13 16a	a 16b or 17a and l	ine	, L
_	15 is 10% or more, and if the organization i						
	Explain in Part IV how the organization med					civ	
	supported organization			I gamzanon	assumed as a public	··· /	▶ [
18	Private foundation. If the organization did	not check a box or	n line 13, 16a. 16b.	17a, or 17b, check	k this box and see		
	instructions		,,,	, , , , , , , , , , , , , , , , , , , ,			▶ □

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

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·		low, please col	,		
	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	(a) 2007	(b) 2000	(6) 2009	(4) 2010	(e) 2011	(i) iotai
•	fees received (Do not include any "unusual grants")	69,677	56,228	51,646	48,081	93,264	318,896
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		7,629	6,365	1,380		15,374
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	69,677	63,857	58,011	49,461	93,264	334,270
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		2,629	1,365			3,994
C	Add lines 7a and 7b		2,629	1,365			3,994
8	Public support (Subtract line 7c from line 6)						222 276
Sec	etion B. Total Support	l				<u> </u>	330,276
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	69,677	63,857	58,011	49,461	93,264	334,270
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	189	1,849	113	301	160	2,612
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	109	1,049	113	301	160	2,612
С	Add lines 10a and 10b	189	1,849	113	301	160	2,612
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12)	69,866	65,706	58,124	49,762	93,424	336,882
14	First five years. If the Form 990 is for the	•	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	3)	
_	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su		-			1 1	
15	Public support percentage for 2011 (line 8,	•	•))		15	98.04%
16	Public support percentage from 2010 Sche					16	97.33%_
	tion D. Computation of Investme						
17	Investment income percentage for 2011 (lin	* * *	-	lumn (t))		17	1 %
18	Investment income percentage from 2010 :				45 22 4/20/ -	18	1 %
19a	33 1/3% support tests—2011. If the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the organization of the support tests—2011, if the supp						► X
b	33 1/3% support tests—2010. If the organ		-	•	•		- 4
	line 18 is not more than 33 1/3%, check this			·		,	▶ □
20	Private foundation. If the organization did	-	-	•	• .,		▶

instructions)

Schedule A (Form 990 or 990-EZ) 2011 ALASKA CHARR EDUCATION FUND INC. 06-1663010 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ALASKA CHARR EDUCATION FUND INC. 06-1663010 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2011

ALASKA CHARR EDUCATION FUND INC.

06-1663010

Page 3

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

che	dule D (Form 990) 2011 ALASKA CHARR EDUCATION FUND I	NC.	06-1663010	0	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Stateme	nts	
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 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Retu	ırn	
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				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d		- 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3_	· ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b		Ĺ	4c	
5				5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Expenses per Re	eturn	
1	Total expenses and losses per audited financial statements		<u> </u>	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c	···	- 1	
d	Other (Describe in Part XIV)	2d		1	
е	Add lines 2a through 2d			2e	· · · · · · · · · · · · · · · · · · ·
3	Subtract line 2e from line 1	, ,	<u> </u>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			İ	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV

Supplemental Information

Schedule D (Form 990) 2011 ALASKA CHARR EDUCATION FUND INC.

06-1663010

Page 5

Part XIV Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

	ALASKA CHARR EDUCA					06-1663	
Pa	rt I Fundraising Activities. Complete in Form 990-EZ filers are not required				ed "Yes" to Form	990, Part IV, line	17
1	Indicate whether the organization raised funds through a	any of the following a	ctivitie	s Ch	eck all that apply		
а	Mail solicitations	e Solicitation	of nor	-gove	ernment grants		
b	Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
С	Phone solicitations	g Special fun	draisir	ng eve	ents		
d	In-person solicitations			•			
2a	Did the organization have a written or oral agreement wi	th any individual (ind	luding	office	ers, directors, trustees		
b	or key employees listed in Form 990, Part VII) or entity in If "Yes," list the ten highest paid individuals or entities (fucompensated at least \$5,000 by the organization					indraiser is to be	Yes No
			(III) Did	d fund- have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custo	dy or	(IV) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1							
-							
2							
3							
4					"		
			<u> </u>				
5							
			ļ		······	<u> </u>	
6							
			<u> </u>				
7							
8							-
			ļ				
9							
			<u> </u>				-
10						i i	
Total		<u>.</u>	Ь				
3	List all states in which the organization is registered or lierogistration or licensing	censed to solicit con	tributio	ons or	has been notified it is	exempt from	•

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundaising event contributions and gross income on Form 990-F7, lines 1 and 6b. List

		oss receipts greater than \$5,0		OH FORM 930-LZ, MIE	s I and ob List
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	None (total number)	(add col (a) through col (c))
une		((creating)	(((((((((((((((((((((((((((((((((((((((
Revenue	1 Gross receipts	24,490			24,490
œ	2 Less Charitable	12.650			10.550
	contributions 3 Gross income (line 1 minus	13,650			13,650
	line 2)	10,840			10,840
	4 Cash prizes				
	5 Noncash prizes				
ses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	750			750
Irect	8 Entertainment				
				·	
	9 Other direct expenses	22,731			22,731
	10 Direct expense summary	Add lines 4 through 9 in column (d)		•	23,481
		mbine line 3, column (d), and line 10		<u> </u>	23,481)
Р		olete if the organization answ	ered "Yes" to Form 990, Pa	rt IV, line 19, or reporte	ed more
	than \$15,000 c	on Form 990-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Reve					
	1 Gross revenue		50,046		50,046
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
Δ	5 Other direct expenses		22,229		22,229
	Other direct expenses	Yes %	Yes %	Yes %	22,223
	6 Volunteer labor	X No	X No	X No	
	7 Direct expense summary	Add lines 2 through 5 in column (d)		•	22,229
	8 Net gaming income summ	ary Combine line 1, column d, and l	ine 7	•	27,817
	1	y a amount of a south of a file of			27,017
9		organization operates gaming activit			
		operate gaming activities in each of	these states?		9a 🛚 Yes 🗌 No
D	If "No," explain				
	Were any of the organization's If "Yes," explain	gaming licenses revoked, suspende	ed or terminated during the tax year	?	10a Yes X No

Sche	dule G (Form 990 o	or 990-EZ) 2011	ALASKA	CHARR EDU	CATION FUND	INC.	_06-166	3010 Page 3
11	Does the organiza	ation operate gam	ning activities with no	nmembers?	•		,	X Yes No
12	Is the organization	n a grantor, benef	ficiary or trustee of a	trust or a member of	a partnership or other e	entity		
	formed to adminis	ster chantable gar	ming?					Yes X No
13	•		activity operated in					
а	The organization's						-	13a %
b	An outside facility						L	13b 100.00 %
14	records	and address of the	person wno prepare	es the organization's (jaming/special events b	oooks and		
	Name ▶ AI	LASKA CHARI	R					
	15	503 W. 31s	T AVE. #202					
	Address > A	NCHORAGE					AK 99503	3
15a	=	ation have a conti	ract with a third party	from whom the orga	nization receives gamin	g		
ь	revenue?	amount of gamin	a rovonuo rocowod l	by the organization ▶	œ		l tha	Yes X No
U		=	d by the third party ▶	•	\$	and	I the	
С	If "Yes," enter nar		· · ·	•				
	Name ▶							
	Address ▶							
16	Gaming manager	r information						
	Name ▶							
	Gaming manager	r compensation >	\$					
	Description of ser	rvices provided >						
	Director/offic	cer	Employee	Independent	contractor			
17	Mandatory distrib	outions						
а	Is the organization	n required under	state law to make ch	antable distributions f	rom the gaming procee	ds to		
	retain the state ga	-						X Yes No
b					other exempt organiza			
Par				the tax year ▶ \$	28,2 ovide the explanat		hy Dort L line	- 2h
ı aı					o, 15c, 16, and 17t			
				ation (see instruc		o, do applicab	7 (130 00/11	piete tillo
Sc					stributions	per Stat	e Law	
	S	tate		istributio		-		
Al	aska			\$ 21	3,263			

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SCHEDULE I (Form 990)

SCHEDULE I (Form 990)		Grants a	nd Oth	Grants and Other Assistance to Organizations,	to Organizati	ons,		OMB NO	OMB No. 1545-0047
Department of the Treasury		Complete if the o	rganizatior	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	orm 990, Part IV, line	or 21 or 22.		Open t	Open to Public
	MOTHEROTION CONTRACTOR		Į v			Employer id	Employer identification number		
Part General	tion on G	Assistance	TINC:			01-00	07000		
1 Does the organization the selection criteria us	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ne amount of the grace?	rants or ass	Istance, the grantees' on the United States	eligibility for the grant	s or assistance, and		, Yes	o X
art =	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 recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed	vernments an ecipient that re space is neede	d Organi ceived m	zations in the Un ore than \$5,000 C	ited States. Com heck this box if n	plete if the orga io one recipient	inization answereceived more	ered "Yes" than \$5,000	A
1 (a) Name and a or g	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant e
(1) CHARLIE H. SELMAN 1503 W. 31ST AVE. ANCHORAGE	SELMAN TRAINING CTR T AVE. AK 99503	23-7314558	ဖ	20,000				TRAINING CENTER	स
(2)									
(3)									
(4)									
(5)									
(9)									
(2)									
(8)			-						
(6)									
2 Enter total number of s	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	organizations listed	in the line	1 table					

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

(a) Type of grant or assistance CASH SCHOLARSHIPS 3	Type of grant or assistance Type of grant or	(c) Amount of cash grant	(d) Amount of non-cash assistance	(c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other) 22,000	(f) Description of non-cash assistance
5 6 7 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	nplete this part to prov	ide the information r	equired in Part I, line	and any other additiona	information

Schedule I (Form 990) (2011)

SCHEQULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

ALASKA CHARR EDUCATION FUND INC.

Employer identification number 06–1663010

Form 990 - Organization's Mission or Most Significant Activities
TO ENCOURAGE AND ASSIST QUALIFIED PERSONS IN DEVELOPING A
CAREER IN THE ALASKA HOSPITALITY INDUSTRY THOUGH FINANCIAL
ASSISTANCE, CONTINUING EDUCATION, ON THE JOB TRAINING,
MENTORING AND JOB PLACEMENT

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The form 990 is distributed to any board member if it is requested.

Form 990, Part VI, Line 15a - Compensation Process for Top Official There are no compensated management or key employees.

Form 990, Part VI, Line 15b - Compensation Process for Officers
There are no compensated officers or key employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All public documents are made available as stated in the bylaws, and in accordance with Alaska Statute 10.20.131.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation PRIOR PERIOD ADJUSTMENT

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

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

179

Name(s) shown on return ALASKA	CHARR EDUC	ATION FUND	INC.				1	ing num 166	ber 3010
Busine	ss or activity to which this form relates									
	ndirect Depreciati	lon								
	rt I Election To Expen		erty Under Section	n 179		•				
	Note: If you have a	· · · · · · · · · · · · · · · · · · ·				omple	ete Part I			
1	Maximum amount (see instructions		, <u>complete</u> , <u>cit v c</u>	70.0.0	7000	,,,,p,,,	<u> </u>		1	500,000
2	Total cost of section 179 property p	•	instructions)						2	
3	Threshold cost of section 179 prop	•	•	ions)					3	2,000,000
4	Reduction in limitation Subtract line	•	•	.01.07					4	
5	Dollar limitation for tax year Subtract lin		·	ına sena	rately se	ınetrii	ctions		5	
6	(a) Description				ess use on			lected cost		
			····			<u></u>	``			
						_				
7	Listed property Enter the amount f	rom line 29			<u> </u>	7				
8	Total elected cost of section 179 pr		in column (c) lines 6 an	d 7		<u>'</u>			8	
9	Tentative deduction Enter the sma	• •	in column (c), inles o an	u /					9	
10	Carryover of disallowed deduction		010 Form 4562						10	
11	Business income limitation Enter ti			*ara\ ar	rluno E (o	00 100	tructions)		-	
12	Section 179 expense deduction Ad				ine 5 (s	ee ins	tructions)		11	
	,	,		ine i i		40	Γ.		12	
13 Note	Carryover of disallowed deduction: Do not use Part II or Part III below					13				-
				4:	(Da ===	4	مرام المام	4	4\ /6	
	art II Special Depreciati						ude listed	ı propei	ty) (8	see instructions)
14	Special depreciation allowance for		ner than listed property) p	olaced i	in service	9				750
	during the tax year (see instruction	•							14	752
15	Property subject to section 168(f)(1								15	
16	Other depreciation (including ACRS					_			16	236
<u> </u>	rt III MACRS Depreciat	ion (Do not inclu		_	ınstruc	tions	<u> </u>			
			Section A							
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning before 20	11					17	0
18	If you are electing to group any assets placed						 -			
	Section B—	· · · · · · · · · · · · · · · · · · ·	rvice During 2011 Tax	Year U	sing the	Gene	eral Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)		Recovery period	(e) (Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property		,							
b	5-year property						1			
С	7-year property	1	75	52	7.0		HY	200	DB	107
	10-year property	1								
	15-year property									·-
f	20-year property	-			_					
g	25-year property			٠,	25 yrs			S/L		
	Residential rental				7 5 yrs		MM	S/L		
••	property				7 5 yrs		MM			
	Nonresidential real						MM	S/L		
•	property			 '	39 yrs		MM	S/L S/L		
	<u> </u>	sets Placed in Sen	rice During 2011 Tax Y	oar Hei	ing the	Altorn			System	
20a	Class life	The state of the s	During 2011 14x 1	1	ing the /		ative Depi		ysten	·
		†		+	2			S/L		
	12-year	-			2 yrs	-		S/L		
	40-year art IV Summary (See ins	truotions \	L	1 4	10 yrs	<u> </u>	MM	S/L		
						-	<u> </u>			
21	Listed property Enter amount from		40 105						21	
22	Total. Add amounts from line 12, li	-				Enter	here			1 005
	and on the appropriate lines of you		•	e instru	ictions	<u> </u>		_	22	1,095
23	For assets shown above and place	-	e current year, enter the			_				
	portion of the basis attributable to s	ection 263A costs				23	L			 -

683E ALASKA CHARR EDUCATION FUND INC. 06-1663010 Federal Asset Report

12/18/2012 4:34 PM

Form 990, Page 1

FYE: 6/30/2012

Asset Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
7-year GDS Property: 3 COMPETITION TABLES	1/30/12 _	1,504 1,504	x _ =	752 752	7 HY 200DB	0	859 859
Other Depreciation: 1 HP 6735 LAPTOP COMPUTER 2 SCAN OFFICE DESK AND FILE Total Other Depreciation	5/27/09 5/27/09	690 683 1,373	<u>-</u>	690 683 1,373	5 MO S/L 7 MO S/L	288 203 491	138 98 236
Total ACRS and Other Dep	reciation =	1,373	=	1,373		491	236
Grand Totals Less: Dispositions and Tran Less: Start-up/Org Expense Net Grand Totals		2,877 0 0 2,877	_	2,125 0 0 2,125		491 0 0 491	1,095 0 0 1,095