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DLN: 93493120000364

Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047
2012

Open to Public
Inspection

A Fo	r the	2012 cal	endar year, or tax year beginning	07-01-2012 , 2012, and ending 06	-30-2013			
B Che	eck if a	applicable	C Name of organization UNIVERSITY OF ALASKA FOUNDATION	1		D Employ	yer ide	ntification number
☐ Add	ress c	hange				23-73	9462	0
Г Naı	me cha	ange	Doing Business As					
Init	ıal retu	ım		ıl ıs not delivered to street address) Room,	['] suite	E Telepho	ne num	ıber
Ter	mınate	ed	PO Box 755120			(907)	450-8	8122
☐ Am	ended	return	City or town, state or country, and Zi Fairbanks, AK 997755120	P + 4		(507)	750 0	
☐ App	olicatio	n pending	Fallbatiks, AK 997755120			G Gross re	eceipts :	\$ 113,618,498
			F Name and address of princ	cipal officer	H(a) I	s this a group	return	ı for
			Jim Lynch PO Box 755120		а	ffiliates?		┌ Yes 🗸 No
			Fairbanks, AK 997755120		H(b) ^	re all affiliates	s inclu	ıded? □ Yes □ No
								(see instructions)
		npt status		sert no) 4947(a)(1) or 527	H(c)	Group exempt	on nu	mber ►
J W	ebsit	e:► htt	p //www alaska edu/foundation					
			Corporation Trust Association	Other 🕨	L Year	of formation 19	74 M	State of legal domicile AK
Pa	rt I	Sum	ımary					
		The mis	escribe the organization's mission sion of the University of Alaska F ity of Alaska	n or most significant activities oundation is to seek, secure, and st	eward philar	nthropic suppo	ort to b	ouild excellence at the
2								
<u>=</u>								
Governance	2	Check th	his box দ if the organization dis	continued its operations or dispose	d of more th	an 25% of its	net as	sets
			·					ı
Activities &	l			ng body (Part VI, line 1a)			3	26
Ĕ	l			f the governing body (Part VI, line 1			4	22
ই	l			alendar year 2012 (Part V, line 2a)			5	0
q,	I		mber of volunteers (estimate if ne		6	31		
	l			rt VIII, column (C), line 12			7a 7b	-90,026
	-	Wet unite	stated business taxable income in	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	75	Current Year
	8	Contri	ibutions and grants (Part VIII lin	e 1h)		18,826,8	39	15,534,221
≘	9			e 2g)		647,7	-	615,865
Rayente	10	_		(A), lines 3, 4, and 7d)		4,051,1	-	14,921,463
걆	11		revenue (Part VIII, column (A), l			-4,3	-	-50,784
	12		_	must equal Part VIII, column (A), l	ıne			-1
	42					23,521,3	-	31,020,765
	13			X, column (A), lines 1-3)		13,719,8	310	15,750,047
	14		·	(, column (A), line 4) e benefits (Part IX, column (A), line:			-	0
8	15	5-10		e benefits (Part 1X, Column (A), ille:			0	0
Expenses	16a	Profes	ssional fundraising fees (Part IX, o	column (A), line 11e)			0	0
ਡੋ	Ь	Total fu	ındraısıng expenses (Part IX, column (D),	line 25) ► 405,375				
	17			nes 11a-11d, 11f-24e)		2,817,7	-	2,826,166
	18			t equal Part IX, column (A), line 25)	16,537,5	-	18,576,213
. 07	19	Reven	nue less expenses Subtract line 1	8 from line 12	Paris	6,983,8	-	12,444,552
Not Assets or Fund Balances					Begir	nning of Currer Year	"	End of Year
sse Jaka	20	Total	assets (Part X, line 16)			197,524,3	868	210,073,975
P. P	21	Total	liabilities (Part X, line 26)			3,721,0	62	3,784,924
	22		ssets or fund balances Subtract I	ine 21 from line 20		193,803,3	806	206,289,051
Pai	rt II	Sign	nature Block					
my kı	nowle	dge and		mined this return, including accomp plete Declaration of preparer (other		r) is based on		
c:		Siana	ature of officer			2014-04-30 Date		
Sign Here		'						
	-		Lynch Treasurer e or print name and title					
		F	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	t	-	Eumis nama 🕨			self-employed		
	- pare		Firm's name 🕨			Firm's EIN 🟲		
Use	•		Firm's address 🟲			Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

□Yes □No

Form	1990 (2012)				Page 2
Par			ice Accomplishments conse to any question in this Pai	rt III	
1		the organization's mission			<u>.</u>
	mission of the Un aska	niversity of Alaska Foundati	on is to seek, secure and stewa	rd philanthropic support to build ex	cellence at the University
2	the prior Form 9	990 or 990-EZ?	ant program services during the		
		be these new services on S			
3	services? .			it conducts, any program	
4	Describe the or expenses Sect	ion 501(c)(3) and 501(c)(4	e accomplishments for each of i	ts three largest program services, eport the amount of grants and allo	
4a	The Foundation p efforts for the UA addition, it manage ensuring private of	rovides strategic counsel, research system Private gifts to the Univer- ges the investable assets of UA's contributions are used in accordan	n, data, and technical assistance to carr ersity of Alaska system are entrusted to and Grant Trust Fund The Foundation ce with donor's wishes More than 1450	\$ 15,750,047) (Revenue \$ penefit students, programs and projects acropuses, helping to ensure coordinated and the Foundation which serves as the sole r is responsible for gift acceptance, investment of separate named and endowed funds are million which funded more than 1884 school.	efficient fund development nanager of those funds In ent and disbursement to UA, managed and invested for the
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$	s) (Revenue \$)
4d	(Expenses \$		luding grants of \$	0)(Revenue \$	0)
4e	Iotal program	service expenses 🕨	15,750,047		

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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		No
b	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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

261	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	.	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 12		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country •CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
C	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	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	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 and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	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			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
L3	·			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14h		INO
		LELFA !		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ıe Cod	
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	_		e.)
10a b	Did the organization have local chapters, branches, or affiliates?	evenu		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶AK
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶James Lynch 910 Yukon Drive Suite 206 Fairbanks, AK (907) 450-8030

Form	990	(2012)
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 MISC)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

											•			
	(A) Name and Tıtle	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W-2/1099-MISC) (E) Reportable compensation from related organizations (V-2/1099-MISC)								v-	(F) Estima amount o compens from t	ted f other ation he	
		for related organizations below dotted line)	Individual trustie or director	Former Highest compensated employee Key employee Officer Institutional Trustee			2/1099	-MISC)	2/1099-MISC) (organizati relate organiza	ed		
												_		
1b	Sub-Total		٠	٠.				 						
c	Total from continuation sheet	ts to Part VII, S	ection A	١.				F						
d	Total (add lines 1b and 1c) .							Þ		0	1,700,8	865		298,455
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	ed more th	an			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S							yee,	, or highes	t compen	sated employee			_
4	For any individual listed on line							n an	d other co	mneneatii	on from the	3		No
-	organization and related organ											4	Yes	
5	Did any person listed on line 1										or individual for			
	services rendered to the orgar	nızatıon? <i>If</i> "Yes	," compl	ete S	chea	lule 3	for su	ch pe	erson .			5		No
	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
		(A) lame and business	address							Des	(B) cription of services	T	(C Comper	
Unive	rsity of Alaska PO Box 756540 Fairban	ks AK 997756540								Procureme	•			,981,940

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 1-1

Part V		Statement of Revenue Check if Schedule O contains a respons	se to any question i	in thic Part VIII			_
		Check if Schedule o Contains a respons		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
s &	1a	Federated campaigns 1a					
ant	ь	Membership dues 1b	38,610				
<u> </u>	С	Fundraising events 1c	308,509				
ifts, ar A	d	Related organizations 1d	900,000				
n ∏:	e	Government grants (contributions) 1e	0				
ons Sir		All other contributions, gifts, grants, and 1f	14,287,102				
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts not included above Noncash contributions included in lines	137,250				
ont 1d (1a-1f \$ Total. Add lines 1a-1f		15,534,221			
ರ ಕ	h	Total. Add lines 1a-11	•	13,334,221			
an		· · · · · · · · · · · · · · · · · · ·	Business Code				
ven	2a	Associated/Entity Service Fee	523920	598,592	598,592	0	0
<u>æ</u>	b	Membership Revenue	900099	6,755	6,755	0	0
MCE	C	Student Investment Fund	523920	9,518	9,518	0	0
Ser	d	Museum Program Revenue	900099	1,000	1,000	0	0
Program Serwce Revenue	e f	All other program service revenue		0	0	0	0
ž	g	Total. Add lines 2a-2f		615,865			
	3	Investment income (including dividend		1,181,563	0	-90,653	1,272,216
	٨	and other similar amounts) Income from investment of tax-exempt bond pr		1,181,303	0	- 90,033	1,272,210
	4 5	Royalties	b l	97	0	0	97
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	С	Rental income 0	0				
	d	or (loss) Net rental income or (loss)					
		(i) Securities	(II) Other				
	7a	Gross amount from sales of 93,677,795 assets other	2,421,615				
	b	than inventory Less cost or other basis and sales expenses 82,359,510	0				
	С	Gain or (loss) 11,318,285	2,421,615				
	d	Net gain or (loss)	· · · · •	13,739,900	o	627	13,739,273
Other Revenue	8a	Gross income from fundraising events (not including \$308,509 of contributions reported on line 1c) See Part IV, line 18					
<u>∓</u>	L	a	187,138				
ĕ	b c	Less direct expenses b Net income or (loss) from fundraising expenses.	237,598 vents .	-50,460		0	-50,460
	9a	Gross income from gaming activities See Part IV, line 19	, onto 1 1 p	, ,			· · · · · · · · · · · · · · · · · · ·
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activi	ities				
	10a	Gross sales of inventory, less returns and allowances .	204				
	ь	Less cost of goods sold b	625				
		Net income or (loss) from sales of inver		-421	-421	0	0
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	0			
	12	Total revenue. See Instructions	· · · •	31,020,765	615,444	-90,026	14,961,126
	i		1	22,020,703	0.0,117	20,020	,

	550 (2012)				Page 10
	Statement of Functional Expenses			lata asluman (A.)	
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	15,710,047	15,710,047		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	40,000	40,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)				
а	Management	404,481	0	352,649	51,832
b	Legal	1,500	0	1,500	0
С	Accounting	560,834	0	560,834	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	361,757	0	361,757	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,059,781	0	815,813	243,968
12	Advertising and promotion	, ,		,	
13	Office expenses	84,365	0	48,416	35,949
14	Information technology	98,465	0	91,105	7,360
15	Royalties	5	0	5	0
16	Occupancy	74,860	0	58,732	16,128
17	Travel	96,309	0	90,002	6,307
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	0	0	0
19	Conferences, conventions, and meetings	29,202	0	22,476	6,726
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	6,606	0	6,606	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Tuition/Registration	7,214	0	6,364	850
b	Subscription/Books/Memberships	11,107	0	4,532	6,575
C	Special Event Expenses - indirect	29,206	0	0	29,206
d	Miscellaneous	474	0	0	474
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18,576,213	15,750,047	2,420,791	405,375
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)				

Part X Balance Sheet

Cash-non-interest-bearing Beginning (vear End of year	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this P	art X				
2 Savings and temporary cash investments 30,009,571 2 30,105,100								
3 Pledges and grants receivable, net 0,432,338 3 8,588,888 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule 1 0 5 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule 1 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 49 \$8(7(11)), persons described in section 49 \$8(7(18)) and contributing employees and sponsoring organizations of section 50 (1(29)) volunting employees beneficiary organizations (see instructions) Complete Part II of Schedule 1 0 6 0 7 Notes and loans receivable, net 1,912,618 7 2,356,100 8 Inventories for sale or use 38,377 8 37,792 9 Preparid expenses and deferred charges 10a 10b 100 100 10a Loand, buildings, and equipment cost or other basis Complete Part Vi of Schedule D 10b 100 1		1	Cash—non-interest-bearing		0	1	0	
1		2	Savings and temporary cash investments		30,936,571	2	30,185,103	
10 10 10 10 10 10 10 10		3	Pledges and grants receivable, net		8,432,336	3	8,588,885	
See the place of the place o		4	Accounts receivable, net		0	4	0	
1		5	key employees, and highest compensated employees Complete		0	E	0	
8	ts	6	section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$ employers and sponsoring organizations of section $501(c)(9)$ vol employees' beneficiary organizations (see instructions) Complete	, and contributing untary		3		
8	Se.							
9 Prepaid expenses and deferred charges 0 9 0 0	ď	7				7	2,356,100	
10a		8	Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·	-	37,752	
Part VI of Schedule D 10a 10b 10c		9			0	9	0	
11 Investments—publicity traded securities 108.374,955 11 118,224,388 12 Investments—other securities See Part IV, line 11 46,892,617 12 49,339,590 13 Investments—program-related See Part IV, line 11 632,407 13 638,933 638,933 14 Intangible assets 0 14 0 0 15 Other assets See Part IV, line 11 504,487 15 503,204 16 Total assets. Add lines 1 through 15 (must equal line 34) 197,524,388 16 210,073,975 18 Grants payable and accrued expenses 307,063 17 282,559 18 Grants payable 1847,397 18 1,967,584 19 Deferred revenue 257,127 19 233,108 20 Tax—exempt bond liabilities 0 20 0 0 0 21 0 0 0 21 0 0 0 0 0 0 0 0 0		10a		10a				
12 Investments—other securities See Part IV, line 11 46,682,617 12 49,339,500 13 Investments—program-related See Part IV, line 11 632,407 13 838,963 14 Intangible assets 0 14 0 0 15 Other assets See Part IV, line 11 504,487 15 503,204 16 Total assets. Add lines 1 through 15 (must equal line 34) 197,524,368 16 210,073,975 17 Accounts payable and accrued expenses 307,063 17 282,550 18 Grants payable 1,847,397 18 1,967,584 19 Deferred revenue 257,127 19 233,108 20 Tax—exempt bond liabilities 0 20 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 1,309,475 23 1,301,682 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities, Add lines 17 through 25 3,721,062 26 3,784,924 26 Total liabilities, Add lines 17 through 25 3,721,062 26 3,784,924 27 Unrestricted net assets 23,592,409 27 24,990,628 28 Temporarily restricted net assets 92,197,275 29 95,854,233 29 Permanently restricted net assets 92,197,275 29 95,854,233 29 Permanently restricted net assets 92,197,275 29 95,854,233 30 Capital stock or trust principal, or current funds 30 70,791,231 70,791,231 70,791,231 70,791,231 70,791,231 70,791,231 70,791,231 7		b	Less accumulated depreciation	10b		10c		
13		11	Investments—publicly traded securities		108,374,955	11	118,224,388	
14		12	Investments—other securities See Part IV, line 11		46,692,617	12	49,339,590	
15		13	Investments—program-related See Part IV, line 11		632,407	13	838,953	
16 Total assets. Add lines 1 through 15 (must equal line 34) 197.524,368 16 210,073,975		14	Intangible assets		0	14	0	
17 Accounts payable and accrued expenses 307,063 17 282,550 18 Grants payable		15	Other assets See Part IV, line 11		504,487	15	503,204	
18 Grants payable 1,847,397 18 1,967,584 19 Deferred revenue 257,127 19 233,108 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 1,309,475 23 1,301,682 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 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 Schedule D 0 25 0 26 Total liabilities Add lines 17 through 25 3,721,062 26 3,784,924 27 Unrestricted net assets 23,592,409 27 24,990,628 28 Temporarily restricted net assets 23,592,409 27 24,990,628 29 Permanently restricted net assets 92,197,275 29 95,854,253 30 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 193,803,306 33 206,289,616		16	Total assets. Add lines 1 through 15 (must equal line 34)		197,524,368	16	210,073,975	
19 Deferred revenue		17	Accounts payable and accrued expenses		307,063	17	282,550	
20 Tax-exempt bond liabilities		18	Grants payable					
Second or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue		257,127	19	233,108	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			·				0	
Unsecured notes and loans payable to unrelated third parties	9	21	Escrow or custodial account liability Complete Part IV of Schedu	ıle D	0	21	0	
24 Unsecured notes and loans payable to unrelated third parties	ilitie	22						
24 Unsecured notes and loans payable to unrelated third parties	ja k		persons Complete Part II of Schedule L		0	22	0	
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 Schedule D		23	Secured mortgages and notes payable to unrelated third parties		1,309,475	23	1,301,682	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties .		0	24	0	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part			25	0	
Organizations that follow SFAS 117 (ASC 958), check here ▶		26						
lines 27 through 29, and lines 33 and 34. 23,592,409 27 24,990,628 28		20			3,721,002	20	3,704,324	
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ě.		•	and complete				
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ar	27			23,592,409	27	24,990,628	
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> </u>	28	Temporarily restricted net assets		78,013,622	28	85,444,170	
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> </u>	29	Permanently restricted net assets		92,197,275	29	95,854,253	
30 Capital stock or trust principal, or current funds				e► ┌and				
31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 193,803,306 33 206,289,051	0	30				30		
33 Total net assets or fund balances	,et					31		
33 Total net assets or fund balances	AS:	32				32		
34 Total liabilities and net assets/fund balances		33			193,803,306	33	206,289,051	
	z	34	Total liabilities and net assets/fund balances		197,524,368	34	210,073,975	

Par	t XI Reconcilliation of Net Assets			<u> </u>	- 3
	Check if Schedule O contains a response to any question in this Part XI				<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,0	20,765
2	Total expenses (must equal Part IX, column (A), line 25)	2		18,5	576,213
3	Revenue less expenses Subtract line 2 from line 1	3		12,4	144,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		193,8	303,306
5	Net unrealized gains (losses) on investments	5		- 2	298,926
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		(
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3	340,119
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		206,2	289,051
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?)	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Software ID: 12000197 **Software Version:** v1.00

EIN: 23-7394620

Name: UNIVERSITY OF ALASKA FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Compensated Employees, and Indepen	Officers, Dir ident Contra	ectors	,Tru	ıste	ees,	Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an o dire	than pers office ctor/	not one on i r an trust	box s bot d a tee)	, th	.	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Leo Bustad Trustee	4 0	Х						0	0	0
Tom Case Trustee	4 60	Х						0	261,674	65,762
Fuller Cowell Trustee	4 0	Х						0	0	0
Theodore Fathauer Trustee	2 0	X						0	0	0
Pat Gamble Trustee	6 60	х						0	326,719	56,769
Gregory Gursey Trustee	9	х						0	0	0
John Hughes Trustee	0	х						0	0	0
Mary Hughes Trustee	7	х						0	0	0
Thomas Jensen Trustee	0	х						0	0	0
Scott Jepsen Trustee	5 0	х						0	0	0
Jim Johnsen Trustee	8	х						0	0	0
Betsy Lawer Trustee	2	х						0	0	0
Ann Parrish Trustee	5 0	х						0	0	0
Frank Paskvan Trustee	8	х						0	0	0
Karen Polley Trustee	2 1	х						0	0	0
John Pugh Trustee	6 50	х						0	218,854	20,603
Brian Rogers Trustee	6 60	x						0	316,220	41,616
Marilyn Romano Trustee	4 0	х						0	0	0
Grace Schaible Trustee	2	х						0	0	0
Melody Feniks Trustee	1 7 0	х						0	0	0
Loralı Sımon Trustee	5 0	х						0	0	0
Arliss Sturgulewski Trustee	7 0	х						0	0	0
Anand Vadapallı Trustee	4 0	х						0	0	0
Carolyne Wallace Trustee	5 3 0	х						0	0	0
Carla Beam President	17 39	х		х				0	202,072	27,491

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

45

15

David Woodley

Advancement Services Director

(A) Name and Title	(B) Average hours per week (list		than	not one son i er an	box s bo d a	,		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	l any	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated employee	Former			related organizations	
Eric Wohlforth Vice Chairman	9 3	х		х				0	0	0	
Jo Michalski Board Chairman	2 1	х		х				0	0	0	
Susan Anderson Secretary	9	х		х				0	0	0	
James Lynch Treasurer	10 40			х				0	125,386	34,853	
Tamera Weaver Chief Investment Officer	30			х				0	119,430	23,458	

130,510

27,903

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493120000364

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

UNIVERSITY OF ALASKA FOUNDATION

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

									23-7394		
Pai				blic Charity Sta						ınstructior	ns.
The o	rganı:			e foundation becaus			= -				
1	<u>_</u>		-	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (A1	ttach Sched	dule E)				
3		A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	ion 170(b)(1)(A)(iii).		
4	Γ			n organization opera	ted ın conjur	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii)	. Enter the
_	-			ty, and state	+ - 6 11						
5	<u>~</u>	_	•	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntai unit de	scribed in
_	_			A)(iv). (Complete P	•		1 1	470(1)	(4)(4)(
6	<u> </u>			local government or							
7	_	describ	oed in sect ic	at normally receives on 170(b)(1)(A)(vi).	(Complete F	Part II)		•	nental unit or	from the ge	neral public
8	<u>_</u>		-	described in section			-	-			
9		An org	anization th	at normally receives	(1) more th	nan 331/3%	of its suppor	t from contr	ibutions, me	mbership fe	es, and gross
				ities related to its e							
		ıts sup	port from gr	oss investment inco	me and unre	lated busin	ess taxable i	ncome (les	s section 51	1 tax) from	businesses
				janization after June							
10 An organization organized and operated exclusively to test for public safety. See section 50									on 509(a)(4)	•	
11	Γ	one or the box	more public that descr	ganized and operated ly supported organiz bes the type of supp b Type II c	ations descr or <u>ti</u> ng organ	ribed in sec lization and	tion 509(a)(complete lin	1) or sectio les 11e th <u>r</u> c	n 509(a)(2) ough 11h	See section	509(a)(3). Check
е	Γ	other t		ox, I certify that the on managers and ot							
f		If the c		received a written d	etermination	from the IF	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppo	rting organization,
g				2006, has the organ	ızatıon accei	pted any gif	t or contribu	tion from an	v of the		1
•		followir	ng persons?			, -			•		
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	ner alone or	together wit	h persons d	escribed in (Yes No
		and (III) below, the	governing body of th	ie supported	organizatio	n?				Lg(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	.g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)
h		Provide	e the follow	ng information about	the support	ed organıza	tion(s)				
(i) Nam suppor organiza		ted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see		ion in ted in erning	(v) Did yo the organ in col (i) suppo	nization of your	(vi) I: organiza col (i) or in the	ation in rganized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	
 Total											

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.)

	ection A. Public Support							
Care	endar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	31,195,455	16,834,492	16,672,350	18,826,839	15	5,534,221	99,063,357
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	47,780	54,980	54,980	58,287		49,503	265,530
4	Total. Add lines 1 through 3	31,243,235	16,889,472	16,727,330	18,885,126	15	,583,724	99,328,887
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	32/2 10/200	20,000, 112	25,727,7555	10,000,120		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19,607,336
	(f)							
6	Public support. Subtract line 5 from line 4							79,721,551
S	ection B. Total Support	•	•				•	
	endar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	112	(f) Total
	beginning in) 🟲							
7	A mounts from line 4	31,243,235	16,889,472	16,727,330	18,885,126	15	,583,724	99,328,887
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,269,150	2,114,529	2,597,466	1,969,288	1	,093,182	10,043,615
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-70,881	-117,527	73,441	-173,773		-90,026	-378,766
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0	0
11	Total support (Add lines 7							108,993,736
	through 10)							100,555,750
12	Gross receipts from related activit	, ,	•			12		3,993,788
13	First five years. If the Form 990 is this box and stop here							zatıon, check
	ection C. Computation of Pu							
14	Public support percentage for 201	2 (line 6, column i	(f) dıvıded by lıne	11, column (f))		14		73 143 %
15	Public support percentage for 201	1 Schedule A, Par	t II, line 14			15		64 978 %
	33 1/3% support test—2012. If the and stop here. The organization qu 33 1/3% support test—2011. If the	alıfıes as a publıc organızatıon dıd ı	ly supported orga not check a box o	inization on line 13 or 16a,				► ✓ ck this
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization me organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization Private foundation. If the organizationstructions	— 2012. If the organism meets the "facts and meets the "facts and "fact	anization did not acts-and-circums d-circumstances' anization did not e "facts-and-circ acts-and-circums	check a box on lir stances" test, che ' test The organiz check a box on lir umstances" test, stances" test The	eck this box and section qualifies as ne 13, 16a, 16b, o check this box a e organization qua	stop here s a public or 17a, a nd stop h alifies as	Explain ly suppoi nd line ere. a publicl	▶ □

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493120000364

23-7394620

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

UNIVERSITY OF ALASKA FOUNDATION

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number**

Part	II-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect polition	cal campaign act	ivities in Part IV	
2	Political expenditures			.	\$
3	Volunteer hours				
Dowl	TTTP Complete if the or		section FO1/	a)(2)	
		ganization is exempt under			
1	•	e tax incurred by the organization und			\$
2		e tax incurred by organization manag		n 4955 🕨	\$
3	_	section 4955 tax, did it file Form 472	'O for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV			-\	1(-)(2)
		ganization is exempt under			1(c)(3).
1		ended by the filing organization for se	•		\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ▶-	¢
_		Addings 4 and 2 Entertion	d F 443	0 DOL 1 - 17h	٧
3	i otal exempt function expend	tures Add lines 1 and 2 Enter here	and on Form 112	.U-POL, line 1/b 📭	\$
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments amount of political contributio	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

· · · · · · · · · · · · · · · · · · ·	***************************************	ı ag
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	(election
	under section 501(h)).	

Check	▶ □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and 1b	o)	0	
d	Other exempt purpose expenditures		18,576,212	
e	Total exempt purpose expenditures (add lines 1	18,576,212		
f	Lobbying nontaxable amount Enter the amount f	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1ı, did the organization file Form 4720	reporting	□ Ves □ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expe	nditures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount	949,025	970,616	976,876	1,000,000	3,896,517
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,844,776
c	Total lobbying expenditures	0	0	0	0	0
_d	Grassroots nontaxable amount	237,256	242,654	244,219	250,000	974,129
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,461,194
f	Grassroots lobbying expenditures	0	0	0	0	0

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	(6	a)		(b)	
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.					Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493120000364

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public

emai Re	venue Service P- Attach to For	m 990. F See separate instructions.		Inspection
	e of the organization RSITY OF ALASKA FOUNDATION			loyer identification number
Part	I Organizations Maintaining Donor Adv	vised Funds or Other Similar 5	_	7394620
Perru	organization answered "Yes" to Form 990		unus	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
. т	otal number at end of year			
. A	ggregate contributions to (during year)			
. A	ggregate grants from (during year)			
. А	ggregate value at end of year			
	old the organization inform all donors and donor adviso unds are the organization's property, subject to the or	<u> </u>	nor adv	sed Yes No
u	old the organization inform all grantees, donors, and dised only for charitable purposes and not for the benef			r purpose
	onferring impermissible private benefit?			☐ Yes ☐ No
art			to Forn	n 990, Part IV, line 7.
F	rurpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation	or education) Γ Preservation of a		ically important land area
<u>'</u>	Protection of natural habitat	Preservation of a	certifie	d historic structure
ı	Preservation of open space			
	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in	the form	n of a conservation
е	asement on the last day of the tax year			Hold at the Find of the Vern
a T	otal number of conservation easements		2a	Held at the End of the Year
	otal number of conservation easements otal acreage restricted by conservation easements		2a 2b	
	lumber of conservation easements on a certified histo	oric structure included in (a)		
_		, ,	2c	
h	lumber of conservation easements included in (c) acc istoric structure listed in the National Register		2d	
	lumber of conservation easements modified, transferr	red, released, extinguished, or terminat	ed by th	ne organization during
t	he tax year ▶			
N	lumber of states where property subject to conservat	ion easement is located ►		
	oes the organization have a written policy regarding tenders of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and Yes No
5	itaff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	during the year
•	<u> </u>			
	mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts durin	g the year
	oes each conservation easement reported on line 2(ond section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)
b	n Part XIII, describe how the organization reports col alance sheet, and include, if applicable, the text of th	e footnote to the organization's financia		
	he organization's accounting for conservation easeme			
art	Complete if the organization answered "Y	es" to Form 990, Part IV, line 8.		
v	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse ervice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	arch in furtherance of public
_ v	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse ervice, provide the following amounts relating to thes	ts held for public exhibition, education		
(i) Revenues included in Form 990, Part VIII, line 1			► \$
(ii) Assets included in Form 990, Part X			► \$
I	f the organization received or held works of art, histor ollowing amounts required to be reported under SFAS			
	Revenues included in Form 990, Part VIII, line 1	,		▶ \$
r	cevenues included in Fullii 330, Fail VIII, lille I			F P

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tre</u>	easure	es, or C	<u>)the</u>	<u>r Similar A</u>	sset	S (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck	any of th	e follov	ving that	are a	sıgnıfıcant u	se of i	ts	
а	Public exhibition		d	Γ	Loan o	rexcha	nge prog	rams				
b	Scholarly research e Other											
c	Preservation for future generations											
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	v the	y further	the org	janızatıor	ı's ex	empt purpos	e in		
5	During the year, did the organization solicit								ılar	_		_
B-	assets to be sold to raise funds rather than		•						!! t	<u> </u>		│ No
Ра	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ai						answere	a Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						other ass	ets r	ot		'es	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ving t	able		-					
							-		<u> </u>	mour	nt	
C	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							┌ ¥	'es	∏ No
ь	If "Yes," explain the arrangement in Part XI											<u> </u>
Pa	rt V Endowment Funds. Complete											
1.	Pagunung of year balance	(a)Current year 143,702,788	(b)F	rior y	ear b 210,370		years back 12,815,560		hree years back 92,958,43			ears back 6,479,674
1a L	Beginning of year balance	5,770,434			224,184		14,467,562	_	14,541,68			3,351,507
b	Contributions	3,770,434		- ',	224,104		14,407,302	1	14,541,00	1		.5,551,507
С	Net investment earnings, gams, and losses	13,913,111			375,418		19,335,170	-	8,021,77	5		7,400,698
d	Grants or scholarships	4,907,811		4,	787,727		3,313,940		1,781,96	1		4,302,142
е	Other expenditures for facilities and programs	О			o		(0		3,881,270
f	Administrative expenses	1,317,627		1,	319,457		1,093,982	2	924,37	6		1,288,638
g	End of year balance	157,160,895		143,	702,788	1	42,210,370		112,815,56	0	9	2,958,433
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g	, column	(a)) he	ld as					
а	Board designated or quasi-endowment 🕨	23 %										
ь	Permanent endowment ► 61 %											
c	Temporarily restricted endowment ► 1	6 %										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiza	atıon t	hat	are held	and adı	mınıstere	d for	the	_		
	organization by								_	-	Yes	No
	(i) unrelated organizations			•				•		a(i)		No
b	(ii) related organizations				 Jula R2					a(ii) 3b		No
4	Describe in Part XIII the intended uses of t	•				•		•		<u> </u>		
Pa	rt VI Land, Buildings, and Equipme).						
	Description of property		Í	Τ (a) Cost or asis (invest	other	(b) Cost or basis (ot		(c) Accumul depreciation		(d) B	ook value
1a	Land											
b	Buildings		-									
c	Leasehold improvements											
d	Equipment											
_е	Other	<u> </u>										
Tota	al. Add lines 1a through 1e <i>(Column (d) must o</i>	equal Form 990, Part)	X, colu	mn (B), line 1	0(c).)			▶			
									Schedule	D (Fo	orm 9	90) 2012

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
See Additional Data Table		
	49,339,590	
Part VIII Investments—Program Related. Se (a) Description of investment type	e Form 990, Part X, line : (b) Book value	13. (c) Method of valuation
(a) Description of investment type	(b) book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, li		1
(a) Descri	ption	(b) Book value
		+
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	<u> </u>	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
Total. (Column (b) must equal form 990, Part X, col (B) line 25)	0	

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue p	er K	eturn
1	Total revenue, gains, and other support per audited financial statements	1	30,929,074
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	41,193
3	Subtract line 2e from line 1	3	30,887,881
4	A mounts 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 361,757		
b	Other (Describe in Part XIII)	1	
С	Add lines 4a and 4b	4c	132,884
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	31,020,765
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	18,443,329
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	238,223
3	Subtract line 2e from line 1	3	18,205,106
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 361,757		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	371,107
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	18,576,213
	Supplemental Information	-	

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Earnings on endowments are used to support the University of Alaska as specified by our donors including, but not limited to, scholarships, fellowships, professorships and department support. The University of Alaska and the Foundation are invested jointly in the Consolidated Endowment Fund. The University has 47% ownership and the Foundation has 53% ownership.
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The foundation is an organization exempt from income tax under Section 501(c)(3) of the Internal Revenue Code and is generally not subject to federal income taxes. Contributions to the foundation are deductible for tax purposes by the donor, subject to the normal limitations imposed by the taxing authorities. However, the foundation is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purposes for which it was granted exemption. No income tax provision has been recorded from any unrelated trade or business. In the opinion of management any unrelated business income tax would be immaterial to the basic financial statements taken as a whole. The foundation is no longer subject to U.S. federal or state income tax examinations by tax authorities for fiscal years prior to June 30, 2010. The foundation recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs.
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	Loss on pledges for <38,984>, Contributions refunded to donors 31,995, and adjustments of remainder trust liability for 347,108
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Event expenses were included in the revenue section for <237,598>, event expenses from outside sources were posted to increase revenue and expenses for 9,350, Cost of Goods Sold was deducted from inventory for <625>
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Direct event expenses were reported in the revenue section for 237,598 Cost of Goods Sold was reported in the revenue section for 625
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Event expenses from outside sources for 9,350

Additional Data

(J) Commodities

Software ID: 12000197

Software Version: v1.00

EIN: 23-7394620

Name: UNIVERSITY OF ALASKA FOUNDATION

(b) Book value	(c) Method of valuation Cost or end-of-year market value
53	F
7,006,974	F
9,919,906	F
15,213,471	F
3,673,284	F
2,780,147	F
7,948,848	F
1,273,943	F
490,282	F
	7,006,974 9,919,906 15,213,471 3,673,284 2,780,147 7,948,848 1,273,943

1,032,682

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DLN: 93493120000364

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

JNIV	ERSITY OF ALASKA FOUNDAT.	ION						
					23-7394620			
Pai	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered		
1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or								
	assistance, the grantees' elig	jibility for the g	grants or assis	tance, and the selection	on criteria used to awa	ard		
	the grants or assistance?					┌ Yes ┌ No		
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's pı	rocedures for monitorii	ng the use of grant fu	nds outside		
3	Activites per Region (The follow	ing Part I, line 3	B table can be du	iplicated if additional spa	ice is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
	Central America and the Caribbean	0	0	Investments	None	21,800,730		
	Caribbean							
	Sub-total							
b	Total from continuation sheets to Part I							
С	Totals (add lines 3a and 3b)	0	0			21,800,730		

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	IZ.	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<u> </u>	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	<u> </u>	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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DLN: 93493120000364

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

UNIVERSITY OF ALASKA FOUNDATION

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

						23-7394620		
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	rganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.	
a b c d	Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations written or oral agre Form 990, Part VII t paid individuals or	ement witl) or entity entities (f	e f g h any Indi In connec	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events rs, directors, trustees undraising services?	F Yes F No ndraiser is	
((i) Name and address of individual or entity (fundraiser)		fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No				
Tota 3	List all states in which the	organization is regis	tered or II	▶ censed to	solicit funds or has be	en notified it is exempt	from registration or	
3	List all states in which the discensing	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or	

			(a) Event #1 Dinner (event type)	(b) Event #2 Dinner (event type)	(c) O ther events 10 (total number)	(d) Total events (add col (a) through col (c))			
<u>4</u>	1	Gross receipts	121,301		238,515	476,496			
Revenue	2	Less Contributions	77,403		133,717	305,250			
Æ	3	Gross income (line 1 minus line 2)	43,898		104,798				
	4	Cash prizes	C	0	0	0			
	5	Noncash prizes	C	0	0	0			
nset	6	Rent/facility costs	492	2 0	1,713	2,205			
Expenses	7	Food and beverages .	37,330	9,576	61,018	107,924			
Direct (8	Entertainment	733	0	9,322	10,055			
Δ	9	Other direct expenses .	17,357	20,902	60,826	99,085			
	10	Direct expense summary Add lii	nes 4 through 9 ın column	(d)		(219,269)			
	11	Net income summary Combine I			🛌	-48,023			
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pai	rt IV, line 19, or repo				
Revenue		\$13,000 OH TOHII 330 EZ, II	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
₩ Ф	1	Gross revenue							
မွ	2	Cash prizes							
Expenses	3	Non-cash prizes							
Б	4	Rent/facility costs							
<u>ā</u>	5	Other direct expenses							
	6	Volunteer labor	Г Yes	Г Yes	Г Yes				
		Direct expense summary Add line							
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)	<u> </u>				
9 a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? Yes No If "No," explain								
	Wer	re any of the organization's gaming	licenses revoked, susper	nded or terminated during					

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gamıng [,]		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ied by the third party 🟲 \$		
С	If "Yes," enter name and address	s of the third party		
	Name 🕨			
	Address 🟲			
. 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	* \$		
	Description of services provided	>		
	☐ Director/officer	Employee	☐ Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Yes Γ_{No}
b		required under state law distributed t	o other exempt organizations or sp	ent
	<u> </u>	activities during the tax year > \$		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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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

OMB No 1545-0047

DLN: 93493120000364

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

UNIVERSITY OF ALASKA FOUNDATION

Employer identification number

23-7394620 Part I General Information on Grants and Assistance 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? $\dots\dots\dots\dots\dots\dots$ Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be duplicated if additional space is needed. (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (a) Name and address of **(b)** EIN (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) (1) University of Alaska 92-6000147 115 15,617,208 92,839 FMV on date property Airline Vouchers and Scholarships and PO Box 755000 received Auction items other Departmental Fairbanks, AK 997755000 Support for the University Programs

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

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, I	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant o	orassistance	(b) Number of recipients		(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Distinguished Servi	ce Award	2		40,000			
	mental Informat						
Complete this part to pro	vide the information i	required in Part I, li	ne 2, Pai	rt III, column (b), and	l any other additional in	formation	
Identifier	Return Reference	e	Explana	ition			
SchI_P01_S00_L02	Schedule I, Part		expendit to the sc	tures, including autho cholarship, which prov	rızed sıgnature authorıt	e recipient meets eligibility req	entation providing details on monitored by review of the criteria related uirements Student progress is monitored

to assure continued compliance with established criteria

DLN: 93493120000364

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Name of the organization UNIVERSITY OF ALASKA FOUNDATION **Employer identification number**

23-7394620

Pa	rtI Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to rei directors, trustees, and the CEO/Executive Director,			2		
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensation.	t appl	y Do not check any boxes for methods			
	Compensation committee	\Box	Written employment contract			
	Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	ıd or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in F					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the is section 53 $4958-6(c)$?	ebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)Pat Gamble Trustee	(i) (ii)	0 316,690	0	0 10,030	0 33,213	0 23,557	0 383,490	0
(2)Carla Beam President	(i) (ii)	0 201,292	0	0 780	0 27,368	0 123	0 229,563	0
(3)Tom Case Trustee	(i) (ii)	0 246,818	0	0 14,857	0 37,680	0 28,082	0 327,437	0
(4)David Woodley Advancement Services Director	(i) (ii)	0 128,531	0	0 1,979	0 3,638	0 24,265	0 158,413	0
(5)John Pugh Trustee	(i) (ii)	0 216,006	0 0	0 2,848	0 3,892	0 16,711	0 239,457	0
(6) Brian Rogers Trustee	(i) (ii)	0 306,970	0 0	0 9,250	0 38,213	0 3,403	0 357,836	0
(7)James Lynch Treasurer	(i) (ii)	0 124,606	0 0	0 780	0 34,730	0 123	0 160,239	0

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L03	, , ,	For Question 3 - See Schedule O narrative for Part VI, Section B, Line 15 for more information related to these individuals who are paid by the University of Alaska

Schedule J (Form 990) 2012

DLN: 93493120000364

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization UNIVERSITY OF ALASKA FOUNDATION

Employer identification number

В-	Tunes of Dunes				23-7394620			
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
2 3	Art—Works of art Art—Historical treasures Art—Fractional interests			1 g				
5	Books and publications Clothing and household goods Cars and other vehicles							
8	Boats and planes Intellectual property		8	16 100	Market Quetation			<u> </u>
10	Securities—Publicly traded . Securities—Closely held stock . Securities—Partnership, LLC, or trust interests	X	1		Market Quotation Same day corporate	e buy b	ack	<u> </u>
13	Securities—Miscellaneous Q ualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other Real estate—Residential .							
16 17	Real estate—Commercial							
19 20	Food inventory							
22 23	Historical artifacts Scientific specimens							
	Archeological artifacts Alaska Airline Other • (tickets)	Х	2	61,536	A verage ticket pric contribution of a ro 12 destinations			to
	Various Auction Other► (Items) Other► (Event items)	X	304 3	·	Fair market value a			
28	Other ► () Number of Forms 8283 received for which the organization comple	by the orga	nızatıon durıng the tax yea	r for contributions	29	- date (0
30a	During the year, did the organiza must hold for at least three year for exempt purposes for the enti	ition receiv	e by contribution any prope date of the initial contribution	rty reported in Part I, lines on, and which is not require		30a	Yes	No No
b 31	If "Yes," describe the arrangement of the organization have a gif	ent in Part I	II		contributions?	31	Yes	
	Does the organization hire or us contributions?					32a		No
	If "Yes," describe in Part II If the organization did not report describe in Part II	: an amount	ın column (c) for a type of	property for which column (a) ıs checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchM_P01_S00_L00	l '	Our organization is reporting the number of contributions received

Schedule M (Form 990) (2012)

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

DLN: 93493120000364

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

Name of the organization UNIVERSITY OF ALASKA FOUNDATION Employer identification number 23-7394620

		23-7394620
ldentifier	Return Reference	Explanation
F990_P01_S00_L06	Form 990, Part I, Line 6	
F990_P06_S0A_L01a	Form 990, Part VI, Section A, Line 1a	The Executive Committee consists of no more than 6 members, who are also members of the go verning body. The committee acts only during intervals between meetings of the Board of Tr ustees and may exercise all of the authority and powers of the Board of Trustees in the ma nagement of the affairs of the Foundation, with the exception that they may not amend the Bylaws
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Mary and John Hughes have a family relationship as well as a business relationship Jim Jo hnsen and Anand Vadapalli have a business relationship Marilyn Romano, John Pugh, Leo Bus tad and Mary Hughes also have a business relationship
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The Accounting Manager prepares a detailed preliminary review of the Form 990 for the Foun dation President, Treasurer, Chief Investment Officer, Executive Director, and Chairman of the Finance and Audit Committee for discussion. At this meeting the staff will resolve is sues and define key components of this filing. A full comprehensive review is performed by an exempt organization tax professional prior to the final executive summary presentation made to the Finance and Audit Committee during a regularly scheduled meeting. All trustee significant are also and full copies of the Form 990 are posted and availab. It is presentation, and full copies of the Form 990 are posted and availab. It is presented to the Foundation of the Foundation, the Form 990 is made available at the University of Alaska Foundation website within 10 days of filing, which is accessible by all board members as well as the general public.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The University of Alaska Foundation has a Conflict of Interest Policy which applies to boa rd members, all committees, subcommittees, officers, employees and volunteers having board -delegated powers. This policy is distributed annually and each recipient reviews the policy, signs it and returns it to the Board Coordinator indicating either no conflicts or disclosing any existing or foreseeable conflicts. Any disclosures are then forwarded to the Executive Committee for review and action. The policy provides that potential conflicts are to be disclosed to the board, committee, officer or supervisor as soon as practicable aft er becoming aware of a potential conflict. If a conflict is disclosed in a meeting, the person of interest is asked to leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict. If appropriate, another person or committee may be appointed to investigate alternatives to the proposed transaction or arrangement. The nature of the potential conflict, the determination by the board or committee, and the details of any votes taken are documented in the minutes of the meeting. An y person violating the Conflict of Interest Policy shall be subject to appropriate discipline, including dismissal or removal from office.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation for the President, Treasurer, and Chief Investment Officer at the University of Alaska Foundation is not approved by the Board of Trustees since they are not compensat ed by the University of Alaska Foundation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The articles of incorporation and financial statements are available to the general public on the Foundation website, www alaska edu/foundation. The conflict of interest policy is available to the general public upon request.
F990_P11_S00_L09	Form 990, Part XI, Line 9	Actuarial adjustment of remainder trust liability was reclassified for \$347,108 Uncollect ible pledges were reclassified for <\$38,984> The foundation refunded four contributions f or a total of \$31,995 during the year
SchB_P01_S00_L00	Schedule B, Part I	On Schedule A Part I the Foundation qualifies for Public Charity Status by definition on I ine 5. This organization also meets the Schedule B "special rule" for a non-private Founda tion classification under section 170(b)(1)(A)(vi) so that we meet the 2% threshold for re porting based on Part VII, Line 1h

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DLN: 93493120000364

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF ALASKA FOUNDATION

► Attach to Form 990. ► See separate instructions.

				23-73946	520			
Part I Identification of Disregarded Entities (Compl	lete if the organizatio	n answered "Yes" t	o Form 990, P	art IV, line 33.)				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dire	(f) ect controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	zations (Complete the tax year.)	If the organization a	Inswered "Yes	" to Form 990, F	Part IV, lı	ine 34 because i	t had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction Public charity (if section 501		(f) Direct controlling entity	Section (13) co en	ontrolle tity?
(1) University of Alaska PO Box 756540	Education through teaching, research	AK			N,	/A	Yes	No No
Fairbanks, AK 997756540 92-6000147							_	_
								_
								<u> </u>
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat No 501	25V			Schedule R (For	m 000) 3	2013

(a) Name, address, and E		(b)	(c)	(c) (d)		(e)	(f) Share of	(g) Share of e end-of-year assets	(h	1)	(i)	(j)	(k)
Name, address, and E related organizatio	iIN of n	Primary activity	Legal domicile (state or foreign country)	Dire contro enti	illing ii	Predominant ncome(related, unrelated, excluded from tax under sections 512- 514)		e end-of-year	Disprop allocat	ortionate tions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or F aging ner?	Percentage ownership
						514)			Yes	No		Yes	No	
Identification of Related line 34 because it had one of the control of the contro	Organizations Taxable or more related organization (b) Primary activity	as a Corpo ons treated a (c) Lega domic (state or i	s a cor il ile foreign	or Tr poration	n or tr (O) Direct co	rust during d) ontrolling Typ ntity (C co	the orgar the tax y (e) e of entity orp, S corp, or trust)	nization an ear.) (f) Share of total income	Shai	(g) re of end of-year assets	(h)) tage	Sed (co	(i) ction 512 b)(13) entrolled entity?
(1) Charitable Remainder Trust (2)	Chantable Remainder				N/A	Т					\dashv		Ye	_
207 Butrovich Building Fairbanks, AK 99775		AK												
									_					

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organ	ınızatıons lıs	ted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes					
C	Gift, grant, or capital contribution from related organization(s)				1c	Yes					
d	Loans or loan guarantees to or for related organization(s)				1d		No				
е	Loans or loan guarantees by related organization(s)				1e		No				
f	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				1g		No				
h	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes					
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No				
m Performance of services or membership or fundraising solicitations by related organization(s)											
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				10	Yes					
р	Reimbursement paid to related organization(s) for expenses				1р	Yes					
q	Reimbursement paid by related organization(s) for expenses				1q	Yes					
r	Other transfer of cash or property to related organization(s)				1r	Yes					
s	Other transfer of cash or property from related organization(s)				1s	Yes					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in										
	(a)(b)Name of other organizationTransationtype ((c) Amount involved	(d) Method of determining amo	unt ır	nvolved					

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: 12000197

Software Version: v1.00

EIN: 23-7394620

Name: UNIVERSITY OF ALASKA FOUNDATION

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	Part II	The University of Alaska does not meet the definition of a 'related organization' for required reporting on Form 990, Schedule R Although the University is supported by the University of Alaska Foundation, the Foundation is a public charity under Section 170(b)(1)(A)(iv) rather than under Section 509(a)(3) The University of Alaska Foundation is voluntarily reporting data on Form 990, Part VII and Schedule R as though there were a 509(a)(3) supporting/supported relationship in place with the University because management believes that donors and other readers of the Form 990 have an expectation that this information will be included on this Form 990