

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493131033955

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the	2013 ca	endar year, or tax year beginni	ng 07-01-2013 $$, 2013, and ending 06 $$	-30-2014			
в сі	neck if a	applicable	C Name of organization APCA Inc			D Employ	yer ident	tification number
— Ac	ldress cl	hange	Doing Business As			92-01	54822	
_ Na	ame cha	ange	Doing Business As					
┌ In	ıtıal retu	ım	Number and street (or P O box if	mail is not delivered to street address) Room/	suite	E Telepho	no numb	or.
⊢ _{T∈}	erminate	ed	903 W Northern Lights Blvd	1				
— _{Ar}	nended	return	City or town, state or province, co	puntry, and ZIP or foreign postal code		(907)	929-27	725
_		n pending	Anchorage, AK 99503	,,				4 700 040
, ,	plication	ii pending	F Name and address of pr	singing officer	1 >			1,730,243
			Nancy Merriman	incipal officer		this a group abordinates?	return f	or ┌ Yes ┌ No
			903 W Northern Lights 200	0		aboramates.		1 1631 110
			Anchorage, AK 99503			re all subordu	nates	┌ Yes 🔽 No
. T		npt status	✓ 501(c)(3)	(insert no)	_	cluded?	a list (see instructions)
		•		(insert no) 4947(a)(1) or 527	- ''	NO, attacii	a iist (:	see mstructions)
			w alaskapca org		H(c) G	Froup exempt	on num	ber ►
			Corporation Trust Associat	tion Other ►	L Year o	of formation 19	∌5 M S	State of legal domicile AK
Pa	art I		imary	sion or most significant activities				
. Governance		oriented care cer served i health c	primary care without regard to iters, individuals who deliver he n Alaska without regard to thei are providers in Alaska	care in Alaska through the support of a the patient's ability to pay APCA's purelith care, and systems that facilitate the rability to pay, and encouraging cooped ability to pay and encouraging cooped ability to pay, and encouraging cooped ability to pay and encouraging cooped ability to pay and encouraging ability to pay ab	urpose is to the delivery ration betwe	promote and a of primary he een primary h	advocat alth car ealth ca	e for primary health to the under re centers and other
Activities &			,					
₽ E	3	Number	of voting members of the gover	rning body (Part VI, line 1a)			3	30
	4	Number	of independent voting members	s of the governing body (Part VI, line 1	b)		4	30
đ			, ,	n calendar year 2013 (Part V, line 2a)			5	14
			•	necessary)			6	30
				Part VIII, column (C), line 12			7a	0
	b	Net unre	elated business taxable income	from Form 990-T, line 34			7b	
						Prior Year	+	Current Year
a)	8			line 1h)	•	1,423,4	_	1,606,318
en.	9	=	·	line 2g)		54,8	_	102,106
Rayenue	10			nn (A), lines 3, 4, and 7d)	•	•	3,637	
	11), lines 5, 6d, 8c, 9c, 10c, and 11e)		7	28	20,910
	12			1 (must equal Part VIII, column (A), li	ne	1,482,6	88	1,730,243
	13			rt IX, column (A), lines 1-3)		99,0	00	0
	14	Benef	ts paid to or for members (Part	IX, column (A), line 4)		<u> </u>		0
ø	15			yee benefits (Part IX, column (A), lines	;	673,8	27	983,707
Expenses	16a	5-10 Profes		K, column (A), line 11e)		075,0		0
ž	Ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) •0				
ш	17		- · · · · · · · · · · · · · · · · · · ·), lines 11a-11d, 11f-24e)		862,7	,30	738,559
	18			ust equal Part IX, column (A), line 25)		1,635,5	57	1,722,266
	19		•	e 18 from line 12		-152,8		7,977
<u>ያ ም</u>						ning of Curre	_	End of Year
Net Assets or Fund Balances						Year	$-\!$	
3.8 E.B	20					595,6	_	717,961
2 B	21				•	108,3		237,154
	22			t line 21 from line 20		487,3	17	480,807
Und my k	cnowle	alties of dge and		xamined this return, including accompa omplete Declaration of preparer (other				
		Ti				I		
C:	_	**** Sian	*** ature of officer			2015-05-11 Date		
Sig Her		'				546		
• 1	_		cy Merriman Executive Dir e or print name and title					
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Pai	d	L	TOM J DOMAGALA CPA			self-employed	P001226	888
	u Pare	ا _{عد}	Firm's name 🕨 Altman Rogers & Co	mpany		Firm's EIN 🟲		
			Firm's address 🕨 44539 Sterling Highw	ray Suite 205		Phone no (907)	274-299	92
US(e On	יין (יין	Soldotna, AK 99669			(,		
		ı	JUNUUNA, AN 99669		1			

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

		<u> </u>				
Par	t III	Statement of Program S Check if Schedule O contains a			II	
1	Briefl	ly describe the organization's mis	ssion			
prim indiv	ary car /ıduals	and expand primary health care e without regard to the patient's who deliver health care, and syst eir ability to pay, and encouragir	ability to pay APC ems that facilitate	A's purpose is to promo the delivery of primary	ote and advocate for primary he health care to the under served	alth care centers, I in Alaska without
2		ne organization undertake any sig rior Form 990 or 990-EZ?				┌ Yes ┌ No
	If"Ye	es," describe these new services	on Schedule O			
3	servi	ne organization cease conducting ces?			nducts, any program	┌ Yes ┌ No
	If"Ye	es," describe these changes on S	chedule O			
4	exper	ribe the organization's program s nses Section 501(c)(3) and 501 otal expenses, and revenue, if any	(c)(4) organization	s are required to report		
4a	(Code	e) (Expenses \$	1,014,366	including grants of \$) (Revenue \$	123,016)
	care of APCA	orogram service accomplishments of APC clinics on issues such as clinical quality of serves as a voice for Community Healt opriate individuals 3 Member Services - ried health care professionals to the Stat	ontrol, health information Centers on current po APCA provides a variety	on technology, telepharmacy licy, monitors and reports or y of support services to its m	, and other similar technologies within policy issues and acts as a liaison to o	the clinics 2 Advocacy -
4b	(Code	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4d		er program services (Describe in enses \$	Schedule O) including grants o	f\$) (Revenue \$)
4e	Tota	l program service expenses ►	1,014,366	;		
_						

art 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		N o
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes,"</i> 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	Yes	
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		No
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	Yes	
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		No
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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? <i>If "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i>	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		Νo
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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? If "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		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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?	38	Yes	

F C II	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 22		163	140
	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	1		
	gaming (gambling) winnings to prize winners?	1c	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	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	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		INO
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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			1
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
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]		
.1	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		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	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			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part VI 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.

Se	ection A. Governing Body and Management			
			Yes	No
1 a	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		No
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		Νo
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		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		No
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
36	ection B. Policies (Inis Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
36	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	<i>le Cod</i> Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		•
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No 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	10a 10b 11a 12a 12b	Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	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	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	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	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?	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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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.

Own website Another's website Upon request Other (explain in Schedule O)

- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶Deborah Fachko 903 W Northern Lights Blvd Suite 20
 Anchorage, AK 99503 (907) 929-8105

Form 990	(2013)	
----------	--------	--

_				_
D	-	α	Δ	4
г	a	ч	_	•

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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 organizations

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

(A) Name and Title	hours week (any ho	ge per m list l urs	Positiore the persor and a	ion (d nan o n is b	ne b oth	ox, ι an o	unless fficer		Repor compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima mount o compens from t	ted f other atıon he
	for rela organız belo dotted	or disctor	Individual trustee	Institutional Trustee	Officei	Highest compensated employee Key employee		Former	2/1099-	MISC)	2/1099-MISC)		rganizati relate organiza	ed
												+		
												+		
								*						
d Total from continu	ation sheets to Parl and 1c)			٠.	٠.	• .		•		136,989				6,849
	ividuals (including backers)						dabov	e) w	ho receive	d more th	an			
\$100,000 or report	table compensation	irom the c	n gannz			•								
3 Did the organizatio	n list any former offi	cer, dırec	tor or	trusi	tee,	key	emplo	yee	, or highest	compen	sated employee		Yes	No
	" complete Schedule 3						• •	•		• •		3		No
organization and re	isted on line 1a, is t lated organizations													
individual	ed on line 1a receive	• •	• •	nanc	• • a tu	• on fro	 .m.anı	• / !!!!!	elated ora	 anization	or individual for	4		No
, ,	to the organization?			•					_	• • •		5		No
Section B. Indepe	ndent Contracto	ors												
1 Complete this table	for your five highes the organization Re	t compen											tay yoar	
		(A)		LIOII	101	ile C	arenu	ai ye	ar enumy		(B) cription of services	T	(C Comper)
	Name and t	asiiicss auu	133							Des	CHARGE OF SCINICES	1	comper	ISG GOTT
												\equiv		
2 Total number of inde \$100,000 of compe				not li	ımıt	ed to	thos	e list	ed above)	who rece	ived more than	Ī		

Part V	/	Statement of Revenue Check if Schedule O contains a respon	nse or note to any lir	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
					function revenue	revenue	tax under sections 512-514
s છ	1a	Federated campaigns 1a					
Grants mounts	ь	Membership dues 1b	58,400				
Gr imo	c	Fundraising events 1c					
ons, Gifts, Grants Similar Amounts	d	Related organizations 1d					
nija	e	Government grants (contributions) 1e	1,420,146				
Contributions, and Other Sim	f	All other contributions, gifts, grants, and 1f	127,772		-		
	'	similar amounts not included above			ļ		
ξiβ	g	Noncash contributions included in lines 1a-1f \$					
Coni and	h	Total. Add lines 1a-1f		1,606,318			
			Business Code				
Program Serwoe Revenue	2a	Training and Consulting	Dusiniess sour	102,106	102,106		
еме	ь			,	,		
e. H	c						
7. VI	d	_					
œ.	e						
Ta T	f	All other program service revenue					
Š		T. I. A. I.I.					
	g 3	Total. Add lines 2a-2f Investment income (including dividen		102,106			
		and other similar amounts)		909			909
	4	Income from investment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		0			
		(i) Real	(II) Personal				
	6a b	Gross rents Less rental					
	_	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	0			
		(i) Securities Gross amount	(II) Other				
	7a	from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	L	0			
	8a	Gross income from fundraising	· · · · · · · ·				
ne		events (not including					
Other Revenue		\$ of contributions reported on line 1c)					
è Bè		See Part IV, line 18					
<u>.</u>	١.	a					
th Th	С	Less direct expenses b Net income or (loss) from fundraising	events -	0			
_		Gross income from gaming activities	events p				
		See Part IV, line 19					
		а					
		Less direct expenses b	L	0			
		Net income or (loss) from gaming acti	vicies	0			
	104	Gross sales of inventory, less returns and allowances .					
		a					
	Ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inv		0			
	<u> </u>	Miscellaneous Revenue	Business Code	20,910	30.040		
	11a	O ther Revenue		20,910	20,910		-
	b						
	C .	A.II I					
	d	All other revenue					
	e	Total. Add lines 11a-11d		20,910			
	12	Total revenue. See Instructions .	🕨	1,730,243	123,016		909

Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	--	---	----

56000	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			nete column (A)	F
	Check if Schedule O contains a response or note to any line in this		(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	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	127,290		127,290	
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			
7	Other salaries and wages	623,323	459,699	163,624	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,206	8,088	5,118	
9	Other employee benefits	158,049	96,794	61,255	
10	Payroll taxes	61,839	37,872	23,967	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,111	645	466	
c	Accounting	39,250	22,800	16,450	
d	Lobbying	32,496	18,877	13,619	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	190,587	110,711	79,876	
12	Advertising and promotion	14,993	8,934	6,059	
13	Office expenses	48,662	15,988	32,674	
14	Information technology	· · · · · · · · · · · · · · · · · · ·	4,913	· · ·	
15	Royalties	8,457	4,913	3,544	
	,		22.061	10.007	
16 17	Occupancy	43,948	32,961	10,987	
18	Travel	196,050	142,727	53,323	
10			20 505	7.660	
19 20	Conferences, conventions, and meetings	28,165	20,505	7,660	
20 21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	25,700		25,700	
23		8,524		8,524	
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)	0,324		0,324	
а	Equipment	55,412	12,290	43,122	
b	Dues and Subscriptions	14,711	5,983	8,728	
c	Other	10,465	5,133	5,332	
d	Printing and Publications	6,102	3,428	2,674	
е	All other expenses	13,926	6,018	7,908	
25	Total functional expenses. Add lines 1 through 24e	1,722,266	1,014,366	707,900	C
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

		Check if Schedule O contains a response or note to any line in thi	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			212,170	1	361,778
	2	Savings and temporary cash investments			213,818	2	214,783
	3	Pledges and grants receivable, net			97,715	3	74,765
	4	Accounts receivable, net			11,481	4	18,304
	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees. Complete Part Schedule L	ectors, :II of	trustees, key	,	5	0
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ntrıbutı	ng employers		6	0
85	7	Notes and loans receivable, net				7	0
ď	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			18,091	9	18,698
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	. 450,004	10,001		10,000
	Ь	Less accumulated depreciation	10b	420,371	26,833	10c	29,633
	11	Investments—publicly traded securities			r	11	0
	12	Investments—other securities See Part IV, line 11		-		12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			15,578	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			595,686	16	717,961
	17	Accounts payable and accrued expenses			11,790	17	58,348
	18	Grants payable			,	18	,
	19	Deferred revenue			62,115	19	101,113
	20	Tax-exempt bond liabilities			,	20	,
	21	Escrow or custodial account liability Complete Part IV of Sched				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trust				
Liabilit		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	parties, hedule				
		D		34,464	25	77,693	
	26	Total liabilities. Add lines 17 through 25			108,369	26	237,154
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ lines 27 through 29, and lines 33 and 34.	and co	mplete			
lan	27	Unrestricted net assets			487,317	27	480,807
8	28	Temporarily restricted net assets		•		28	
돧	29	Permanently restricted net assets		•		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check her	e ► ┌	and			_
5		complete lines 30 through 34.					
Assets or	30	Capital stock or trust principal, or current funds				30	
SSΦ	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fur				32	
Zet Vet	33	Total net assets or fund balances			487,317	33	480,807
_	34	Total liabilities and net assets/fund balances		•	595,686	34	717,961

Par	t XI Reconcilliation of Net Assets				-9
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,7	730,243
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7	22,266
3	Revenue less expenses Subtract line 2 from line 1	3			7,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	187,317
5	Net unrealized gains (losses) on investments	5			1,091
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-15,578
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	180,807
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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 sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
3 a	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?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: 13000170 **Software Version:** 2013v4.0

EIN: 92-0154822 Name: APCA Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	(C) Ition (do not than one box on is both an a director/tri			, unless officer ustee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations
Joel Mendendorp	2 00	х		х				0	0	0
Board Chair LeTisia Guinn	0 00 2 00			,						
Treasurer	0 00	X		Х				0	0	0
Kevin Munson Trustee	1 00 0 00	×						0	0	o
Cheryl Kılgore	1 00	×						0	0	0
Trustee Eileen Conlon Scott	0 00							0	0	
Vice Chair	2 00 0 00	×		х				0	0	0
Douglas Eby	1 00	×						0	0	0
Trustee Ellen Adlam	0 00									
Consumer Dir	0 00	×						0	0	О
Daniel Reynolds	1 00	×						0	0	0
Clinical Dir Mark Walker	0 00									
Trustee	0 00	х						0	0	0
Jennifer Harrison	1 00	Х						0	0	0
Trustee Beckie Noble	0 00									
Trustee	0 00	Х						0	0	0
Melody Palerno	1 00	×						0	0	0
Trustee Melanee Tiura	0 00 1 00									
Trustee	0 00	Х						0	0	0
Stephen Herting	1 00	×						0	0	0
Trustee Joyce Hughes	0 00 1 00	 								
Trustee	0 00	X						0	0	0
Shelly Moss	1 00	×						0	0	О
Trustee Patrick Linton	0 00 1 00	-								
Trustee	0 00	X						0	0	0
Judy Rathje Trustee	1 00 0 00	×						0	0	0
Paul Hansen	1 00							0	0	
Trustee	0 00	Х						0	0	0
Penney Benson Secretary	2 00	×		х				0	0	0
Monica Adams	0 00 1 00							0	0	
Trustee	0 00	X						0	0	0
Dan Neumeister Trustee	1 00 0 00	x						0	0	o
Tammy Hansen	1 00	x						0	0	0
Trustee	0 00	<u> </u>						0	0	<u> </u>
Crystal Stordahl Trustee	1 00 0 00	x						0	0	0
Rhoda Jensen	1 00	x						0	0	0
Trustee	0 00									

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

(A) Name and Title	hours per more the week (list personal and a second for related to the		ion (d nan oi n is b	ne bo oth a ctor/	ox, u an of trust	nless ficer tee)		(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
	organizations below dotted line)	Individual trustae or clirector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2333 11333,	2,2333 11233,	related organizations
Dee Ellen Grubbs Trustee	1 00 0 00	×						0	0	0
Chris Hansen	1 00									
		х						0	0	0
Trustee	0 00									
Kımberly Cohen	1 00	x						0	0	0
Trustee	0 00	,						Ů	Ç	
Jessica Rukovishnikoff	1 00	х						0	0	0
Trustee	0 00									
Joseph Klejka	1 00	х						0	0	0
Trustee	0 00									
Nancy Merriman	40 00			x				136,989	0	6,849
Executive Dir	0 00			^				130,969		0,049

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131033955

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

APCA Inc 92-0154822 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	ion in ted in erning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support
	instructions))	Yes	No	Yes	No	Yes	No		
Total									

Provide the following information about the supported organization(s)

supported organization

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,931,563 2,279,720 2,231,157 1,423,484 1,606,318 9,472,242 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities 0 furnished by a governmental unit to the organization without charge 1,931,563 2,279,720 2,231,157 1,423,484 1,606,318 9,472,242 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 9,472,242 line 4 Section B. Total Support Calendar year (or fiscal year (f) Total (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 beginning in) 🟲 1,931,563 2,279,720 2,231,157 1,423,484 1,606,318 9,472,242 Amounts from line 4 Gross income from interest, dividends, payments received on 2,274 1,725 3,637 909 8,545 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 35,585 42,176 41,113 728 20,910 140,512 capital assets (Explain in Part IV) 11 Total support (Add lines 7 9,621,299 through 10) Gross receipts from related activities, etc (see instructions) 12 12 397,647 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 this box and stop here $\ldots\ldots\ldots\ldots\ldots$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 98 450 % Public support percentage for 2012 Schedule A, Part II, line 14 15 15 98 310 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(0,2020	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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

Part IV	Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
Retu	ırn Reference	Explanation							
		Schodulo A / Form 0	000 er 000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493131033955

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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** APCA Inc 92-0154822 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 ☐ Yes ✓ No Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2013						Page 2
Pä	art III-A Complete if the organization	is exemp	t under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► If the filing organization belongs to a	on offiliated	aroup (and	List in Dort IV or	ah affiliated are	un mambaria nam	o addraga ETN
^	expenses, and share of excess lobb			iistiii Paitiv ea	ich ammateu gro	up member s nam	e, address, ETN
<u>B</u>	Check ► ☐ if the filing organization checked bo	x A and "lim	ited contro	ol" provisions ap	oly		
	Limits on Lobbying E (The term "expenditures" means ar			l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	opinion (gras	s roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount is columns						
	If the amount on line 1e, column (a) or (b) is:	The lobbyi	ing nontax	able amount is:			
	Not over \$500,000						
	Over \$500,000 but not over \$1,000,000	000					
	Over \$1,000,000 but not over \$1,500,000	0,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	us 5% of the	excess over \$1,500	000		
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ent	er-0-					
i	Subtract line 1f from line 1c If zero or less, ente	er-0-					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line	1ı, dıd the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t Lobbying Exp	section 5 he instruc	01(h) el ctions fo	r lines 2a thr	have to cor ough 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<u>2a</u>	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						

	filed Form 5768 (election under section 501(h)).	(c	a)	(b)	
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amoi	
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?	Yes	ſ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			32,496
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	O ther activities?		No		
j	Total Add lines 1c through 1i		_		32,496
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), c	or secti	on
	501(c)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'line 3, is answered "Yes."	'No" C	OR (b)	Part II	I-A,
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).				
а	Current year	2a			
b	Carryover from last year	2b			
С	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				
5	political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information				
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro rt II-B, line 1 Also, complete this part for any additional information	up list),	, Part II	-A, line 2	and.
, u	Return Reference Explanation				

Belledale e (Form 330 of	-	rage -r	
Part IV Suppler	nental Information <i>(continu</i>	ed)	
Return Referer	ce	Explanation	
-			
-			

Schedule D (Form 990) 2013

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

DLN: 93493131033955

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 ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

nal Revenue S	Service and its instru	ctions is at <u>www.irs.gov/form990</u> .			Inspect	ion	
Name of the organization APCA Inc			Emp	loyer ident if ica	tion numbe	r	
			92-	0154822			
art I	Organizations Maintaining Donor Ac				. Complet	e ıf	the
	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and o	thorogon	nto	
Totalı	number at end of year	(a) Dollor advised fullds		(b) Fullus allu (other accou	iiics	
	gate contributions to (during year)						
	gate grants from (during year)		1				
	gate value at end of year						
Did th	e organization inform all donors and donor advi are the organization's property, subject to the		or adv	ısed	┌ Yes	Г	No
used	ne organization inform all grantees, donors, and only for charitable purposes and not for the ben rring impermissible private benefit?				┌ Yes	Г	No
	Conservation Easements. Complete	if the organization answered "Yes" t	o Forn	n 990 Part IV	<u>'</u>		
	se(s) of conservation easements held by the or		0 1 011	11 330, 1 41014	<i>,</i> e <i>,</i> .		
	eservation of land for public use (e g , recreation		histor	rically important	land area		
	otection of natural habitat	Preservation of a					
┌ Pr	reservation of open space						
	lete lines 2a through 2d if the organization held nent on the last day of the tax year	l a qualified conservation contribution in t	he forr	n of a conservat	cion		
				Held at the	End of the	Yea	ır
Total	number of conservation easements		2a				
Total	acreage restricted by conservation easements		2b				
Numb	er of conservation easements on a certified his	toric structure included in (a)	2c				
hıstor	er of conservation easements included in (c) action of the constructure listed in the National Register		2d				
	er of conservation easements modified, transfe x year -	rred, released, extinguished, or terminate	ed by th	ne organization	during		
Numb	er of states where property subject to conserva	ation easement is located ►					
	the organization have a written policy regarding cement of the conservation easements it holds?		dling of	f violations, and	┌ Yes	Г	No
Staff a	and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation easer	nents o	during the year			
A mou ► \$	nt of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement:	s durın	g the year			
	each conservation easement reported on line 2 ection 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)	┌ Yes	Γ	No
baland	rt XIII, describe how the organization reports c ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easen	he footnote to the organization's financial					
rt III	Organizations Maintaining Collectio Complete if the organization answered '		or Ot	her Similar <i>i</i>	Assets.		
works	organization elected, as permitted under SFAS of art, historical treasures, or other similar asset, provide, in Part XIII, the text of the footnote	sets held for public exhibition, education,	or rese	earch in furthera			
If the works	organization elected, as permitted under SFAS of art, historical treasures, or other similar asset, provide the following amounts relating to the	116 (ASC 958), to report in its revenue sets held for public exhibition, education,	statem	nent and balance		ıc	
(i) Re	evenues included in Form 990, Part VIII, line 1			► \$			
(ii) △ a	ssets included in Form 990, Part X			► \$			
Ifthe	organization received or held works of art, historing amounts required to be reported under SFA:		or finan	icial gain, provid	le the		
Reven	nues included in Form 990, Part VIII, line 1			F -\$			
ASSET	s included in Form 990, Part X			▶ \$			

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easu	<u>res, or O</u>	<u>the</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	neck	any of t	he follo	owing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	r the o	rganızatıon	's ex	empt purpose	n	
5	During the year, did the organization solicit o										
Day	assets to be sold to raise funds rather than t									Yes	☐ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	u Y	es to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets r		┌ Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		_				
									An	nount	
С	Beginning balance						_	1c			
d	Additions during the year							1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						│ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete										
1a	Beginning of year balance	(a) Current year 15,578	(D) Prior	year 14,449	b (c) 1 v	vo years back 14,733	+	Three years back 13,183	(e)Four	years back 13,183
b	Contributions	,			,						
c	Net investment earnings, gains, and losses							\vdash			
_		2,280			1,129		284	<u> </u>	1,550		
d	Grants or scholarships							-			
е	Other expenditures for facilities and programs										
f	Administrative expenses										13,183
g	End of year balance	17,858			15,578		14,449		14,733		13,183
2	Provide the estimated percentage of the curr	ent year end baland	ce (lır	ne 1g	, colum	n (a)) h	neld as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment -										
c	Temporarily restricted endowment ► 100	000 %									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are held	l and a	dmınıstered	for	the		
	organization by								[a-	Yes	+
	(i) unrelated organizations (ii) related organizations		•	• •				•	3a(No
ь	If "Yes" to 3a(II), are the related organization							٠. ٠	31		No
4	Describe in Part XIII the intended uses of th	·							L	<u> </u>	
Par	t VI Land, Buildings, and Equipme		the o	rgan	ızatıor	answ	ered 'Yes	' to	Form 990, Pa	rt IV, l	ine
	11a. See Form 990, Part X, line 1 Description of property	<u>10.</u>		1 (2) Cost o	r other	(b)Cost or o	other	(c) Accumulate	4 (4) F	Book value
	Description of property				sis (inves		basis (other		depreciation	. (4)	ook value
12	and		_	+							
	Buildings		•	\vdash			-				
	Leasehold improvements		•	-							
	Equipment			\vdash			395	,941			395,941
	Other							,063	420,3	71	-366,308
	I. Add lines 1a through 1e (Column (d) must e			ımn (B), line	10(c).)					29,633
		·		•					Schedule [) (Form	

Part VII Investments—Other Securities. Co	omplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (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		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	b	
Part VIII Investments—Program Related. (`omplete if the organizati	on answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Table (Caluma (b) and agual Farra (000, Dart V, cal (D) line 12.)	•	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizati		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org	ganization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	,,	1
Accrued Payroll & Related liabilities	77,692	7
Rounding	1 77,032	-
· ·	1	1
		4
		1
		4
		†
		_
		1
		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	77,693	
2. Liability for uncertain tax positions In Part XIII, provi	de the text of the footnote to	the organization's financial statements that

Part >	Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1 7	otal revenue, gains, and other support per audited financial statements	1	1,731,334
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a i	Net unrealized gains on investments		
b [Donated services and use of facilities		
c F	Recoveries of prior year grants		
d (Other (Describe in Part XIII)		
e /	Add lines 2a through 2d	2e	1,091
3 9	Subtract line 2e from line 1	3	1,730,243
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a I	nvestment expenses not included on Form 990, Part VIII, line 7b . 4a		
b (Other (Describe in Part XIII)		
c A	Add lines 4a and 4b	4 c	
5 1	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,730,243
Part X	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1 7	otal expenses and losses per audited financial statements	1	1,722,266
2 /	mounts included on line 1 but not on Form 990, Part IX, line 25		
a [Donated services and use of facilities		
b F	rior year adjustments		
c (Other losses		
d (Other (Describe in Part XIII)		
e /	Add lines 2a through 2d	2e	
3 9	Subtract line 2e from line 1	3	1,722,266
4 /	mounts included on Form 990, Part IX, line 25, but not on line 1:		
a I	nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
b (Other (Describe in Part XIII)		
c A	Add lines 4a and 4b	4 c	
5 7	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,722,266
Part X	Supplemental Information		
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to tion		de any additional
	Return Reference Explanation		
an agent	Line 1b Why is organization A donor advised fund is being maintained at The Alaska Community Foundation included in teh assets of the Alaska Community Foundation iary for contrib	datio	n and the Funds are
Part V, L endowme	The Healthy Alaskans Fund is a general endowment fund to be used for great fund related to training and other resources to promote efficiency and quality has receive health services in underserved rural communities		
Part X	APCA is exempt from federal income taxes under Section 501(c)3 of the Although APCA is exempt from federal income taxes, any income derived activities is subject to the requirement of filing a Federal Income Tax Formay be determined on these activities. The Organizations policy is to repany, associated with uncertain tax positions in other expense. There were activities during fiscal years 2014 and 2013. Therefore, the accompanying a provision for income taxes. With few exceptions, APCA is no longer subfederal and state tax authorities for years before 2009.	from m 99 oort pe no u ng sta	unrelated business O-T and a tax liability enalties and interest, if nrelated business atements do not reflect

Part XIII Supplemental Information (continued)				
Ret	turn Reference	Explanation		
_				
_				
_				

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131033955

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O .

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
APCA Inc

92-0154822

990 Schedule O, Supplemental Information

Return Reference	Explanation				
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder					
Form 990, Part VI, Line 11b Form 990 Review Process	The draft form 990 is presented to the Finance Committee of the Board for review and recom mendation for approval to the full board. The draft is then presented to the full Board at the next regularly scheduled Board Meeting.				
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The organization is in the process of developing a corporate compliance plan. Currently bo and members are required to sign a conflict of interest statement upon becoming a board member. New corporate compliance policy will require that all board members will complete conflict of interest statements on an annual basis.				
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	APCA has engaged the services of an independent contractor to do a compensation analysis o f all positions within the organization. This report will be discussed with the full board of directors upon completion.				
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	APCA has engaged the services of an independent contractor to do a compensation analysis o f all positions within the organization. This report will be discussed with the full board of directors upon completion.				
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon written request the organization will provide interested parties with all requested documents				
Other Changes In Net Assets Or Fund Balances - Other Decreases	Reduction of Endowment Fund held by AK Community Foundation = -\$15578				
Reclassifications	There was an adjusting journal entry of \$15,578 to remove investment held at Alaska Community Foundation and temporarily restricted net assets from the statement of financial position. The funds held by ACF are Donor Advised Funds and are an asset of the ALaska Community Foundation held for the benefit of APCA. The statements of financial position have been changed to reflect this reclassification on both 2014 and 2013.				