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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

|  |  |  |   |
|--|--|--|---|
| B Check if applicable<br><br><input checked="" type="checkbox"/> Address change<br><input checked="" type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br><b>CALISTA EDUCATION AND CULTURE, INC.</b>                                   |  | D Employer identification number<br><b>92-0088631</b>   |
|  | Doing business as  |  | E Telephone number<br><b>(907) 275-2800</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                             | Room/suite   |   |
|  | <b>5015 BUSINESS PARK BLVD, STE 3000</b>   |  |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>ANCHORAGE, AK 99503</b> |  | G Gross receipts \$ <b>808,419.</b>   |
|  | F Name and address of principal officer  |  | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  |  |  | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|  |  |  | If "No," attach a list (see instructions)   |
| I Tax-exempt status  | <input checked="" type="checkbox"/> 501(c)(3)  | <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) | 4947(a)(1) or <input type="checkbox"/> 527  |
| J Website  | ▶ <b>WWW.CALISTAEDUCATION.ORG</b>  |  |   |
| K Form of organization   | <input checked="" type="checkbox"/> Corporation  | <input type="checkbox"/> Trust                     | <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |
| L Year of formation  | <b>1980</b>  | M State of legal domicile                          | <b>AK</b>   |

## Part I Summary

|                             |  |   |  |                                  |
|-----------------------------|--|---|--|----------------------------------|
| Activities & Governance     | 1  | Briefly describe the organization's mission or most significant activities <b>TO PROVIDE FINANCIAL ASSISTANCE TO ALASKAN NATIVES AND TO ENABLE THE RECIPIENTS TO PARTICIPATE IN CONTINUING EDUCATIONAL ACTIVITIES THAT WILL IMPROVE THE STATUS OF ALASKA NATIVES.</b> |  |                                  |
|                             | 2  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |  |                                  |
|                             | 3  | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                                       | <b>7.</b>                        |
|                             | 4  | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                                       | <b>3.</b>                        |
|                             | 5  | Total number of individuals employed in calendar year 2014 (Part V, line 2a)  | <b>5</b>                                       | <b>2.</b>                        |
|                             | 6  | Total number of volunteers (estimate if necessary)  | <b>6</b>                                       | <b>40.</b>                       |
|                             | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                                      | <b>0</b>                         |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | <b>0</b>                                       |                                  |
| Revenue                     | 8  | Contributions and grants (Part VIII, line 1h)   | Prior Year<br><b>574,130.</b>                  | Current Year<br><b>785,440.</b>  |
|                             | 9  | Program service revenue (Part VIII, line 2g)  | <b>0</b>                                       | <b>0</b>                         |
|                             | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>8,120.</b>                                  | <b>8,028.</b>                    |
|                             | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>-17,504.</b>                                | <b>-18,530.</b>                  |
|                             | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII-column (A), line 12)   | <b>564,746.</b>                                | <b>774,938.</b>                  |
| Expenses                    | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>384,136.</b>                                | <b>335,289.</b>                  |
|                             | 14   | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0</b>                                       | <b>0</b>                         |
|                             | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>168,011.</b>                                | <b>235,681.</b>                  |
|                             | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0</b>                                       | <b>0</b>                         |
|                             | b  | Total fundraising expenses (Part IX, column (D), line 25) ▶   | <b>0</b>                                       | <b>0</b>                         |
|                             | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>84,117.</b>                                 | <b>205,223.</b>                  |
|                             | 18   | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>636,264.</b>                                | <b>776,193.</b>                  |
| 19                          | Revenue less expenses Subtract line 18 from line 12            | <b>-71,518.</b>   | <b>-1,255.</b>                                 |                                  |
| Net Assets or Fund Balances | 20   | Total assets (Part X, line 16)  | Beginning of Current Year<br><b>2,156,206.</b> | End of Year<br><b>2,197,156.</b> |
|                             | 21   | Total liabilities (Part X, line 26)   | <b>0</b>                                       | <b>0</b>                         |
|                             | 22   | Net assets or fund balances Subtract line 21 from line 20   | <b>2,156,206.</b>                              | <b>2,197,156.</b>                |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |                                |   |                       |
|------------------------|--------------------------------|---|-----------------------|
| Sign Here              | Signature of officer           | Date  | <b>5/14/15</b>        |
|                        | Type or print name and title   | <b>Dea Davilla, President/CEO</b>               |                       |
| Paid Preparer Use Only | Print/Type preparer's name     | Preparer  | Date                  |
|                        | <b>JULIE SCHRECENGOST</b>      | <b>Julie Sch</b>                                | <b>05/13/2015</b>     |
|                        | Firm's name ▶ <b>KPMG LLP</b>  | Check <input type="checkbox"/> if self-employed | PTIN <b>P00146956</b> |
|                        | Firm's EIN ▶ <b>13-5565207</b> | Phone no  | <b>907-265-1200</b>   |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **X** Yes ☐ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **X** No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 479,699 including grants of \$ 335,289 ) (Revenue \$ 0 )

SCHOLARSHIP GRANTS AND BURIAL ASSISTANCE.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 479,699.

**Part IV Checklist of Required Schedules**

|  | Yes          | No |
|--|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .   | <b>1</b> X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .  | <b>2</b> X   |    |
| 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. . . . .  | <b>3</b>     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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. . . . .   | <b>4</b>     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . .   | <b>5</b>     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .  | <b>6</b>     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . .  | <b>7</b>     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .   | <b>8</b>     | X  |
| 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. . . . .            | <b>9</b>     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .   | <b>10</b>    | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |              |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .   | <b>11a</b>   | X  |
| 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. . . . .   | <b>11b</b> X |    |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .   | <b>11c</b>   | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .  | <b>11d</b>   | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .   | <b>11e</b>   | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .  | <b>11f</b>   | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .  | <b>12a</b>   | X  |
| 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. . . . .   | <b>12b</b>   | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .  | <b>13</b>    | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | <b>14a</b>   | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . . | <b>14b</b>   | X  |
| 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. . . . .   | <b>15</b>    | X  |
| 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. . . . .   | <b>16</b>    | X  |
| 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). . . . .  | <b>17</b>    | X  |
| 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. . . . .   | <b>18</b> X  |    |
| 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. . . . .   | <b>19</b>    | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .   | <b>20a</b>   | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | <b>20b</b>   |    |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .   |     | X  |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .   | X   |    |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .  |     | X  |
| 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. . . . .                            |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| 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? . . . . .   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   |     | X  |
| 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 . . . . .  |     | X  |
| 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 "Yes," complete Schedule L, Part II . . . . .                                 |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . |     | X  |
| 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)  |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| 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 . . . . .   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .   |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  |     | X  |
| 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 . . . . .  |     | X  |
| 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 . . . . .  | X   |    |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  |     | X  |
| 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 . . . . .  |     |    |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  |     | X  |
| 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 . . . . .   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . . . .  | X   |    |

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**Part V Statements Regarding Other IRS 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 17 |     |    |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .  | 1b 0  |     |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .  | 1c    | X   |    |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  | 2a 5  |     |    |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .  | 2b    | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).   |       |     |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | 3a    |     | X  |
| 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    |     |    |
| 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    |     | X  |
| b If "Yes," enter the name of the foreign country ▶ . . . . .   |       |     |    |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |       |     |    |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | 5a    |     | X  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .  | 5b    |     | X  |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .   | 5c    |     |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    | 6a    |     | X  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   | 6b    |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>  |       |     |    |
| a 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    | X   |    |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   | 7b    | X   |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  | 7c    |     | X  |
| d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   | 7d    |     |    |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .   | 7e    |     | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  | 7f    |     | X  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  | 7g    |     | X  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  | 7h    |     | X  |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  |       |     |    |
| 8   |       |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>  |       |     |    |
| a Did the sponsoring organization make any taxable distributions under section 4966? . . . . .  | 9a    |     |    |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   | 9b    |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter  |       |     |    |
| a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  | 10a   |     |    |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .   | 10b   |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter   |       |     |    |
| a Gross income from members or shareholders . . . . .   | 11a   |     |    |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .   | 11b   |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .   |       |     |    |
| 12a   |       |     |    |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .   | 12b   |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |       |     |    |
| a Is the organization licensed to issue qualified health plans in more than one state? . . . . .  | 13a   |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   |       |     |    |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .   | 13b   |     |    |
| c Enter the amount of reserves on hand . . . . .  | 13c   |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |       |     |    |
| 14a X   |       |     |    |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   | 14b   |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

**Section A. Governing Body and Management**

|   | Yes | No |
|---|-----|----|
| <b>1a</b> 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>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |    |
| <b>2</b> 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? . . . . .  |     | X  |
| <b>3</b> 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? . . . . . |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   | X   |    |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . .   |     | X  |
| <b>7a</b> 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? . . . . .  |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |     |    |
| <b>a</b> The governing body? . . . . .  | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .  |     |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .         |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|   | Yes | No |
|---|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  |     | X  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .   |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | X   |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  |     | X  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   |     | X  |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .   | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .  | X   |    |
| <b>15</b> 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?  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .   | X   |    |
| <b>b</b> Other officers or key employees of the organization . . . . .  | X   |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | X  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ☒ AK, \_\_\_\_\_

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ 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, address, and telephone number of the person who possesses the organization's books and records ☒ AK, \_\_\_\_\_

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

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

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

| (A)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                       |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) ANDREW GUY<br>CHAIRMAN            | .20  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) FLORA PAUKAN<br>SECRETARY         | .20  | X  |                       |         |              |                              |        | 900.   | 0   | 0   |
| (3) MICHAEL AKERELREA<br>BOARD MEMBER | .20  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) HELEN BUSH<br>TREASURER           | .20  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) MOSES WHITE, SR<br>BOARD MEMBER   | .20  | X  |                       |         |              |                              |        | 1,150.   | 0   | 0   |
| (6) NICK ANDREW, SR<br>VICE CHAIRMAN  | .20  | X  |                       |         |              |                              |        | 1,000.   | 0   | 0   |
| (7) JOHNNY EVAN<br>BOARD MEMBER       | .20  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) REA BAVILLA<br>PRESIDENT/CEO      | 40.00  |  |                       | X       |              |                              |        | 87,356.  | 0   | 0   |
| (9)                                   |  |  |                       |         |              |                              |        |  |   |   |
| (10)                                  |  |  |                       |         |              |                              |        |  |   |   |
| (11)                                  |  |  |                       |         |              |                              |        |  |   |   |
| (12)                                  |  |  |                       |         |              |                              |        |  |   |   |
| (13)                                  |  |  |                       |         |              |                              |        |  |   |   |
| (14)                                  |  |  |                       |         |              |                              |        |  |   |   |



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

|  |         |   |   |
|--|---------|---|---|
| <b>1b Sub-total</b>  | 90,406. | 0 | 0 |
| <b>c Total from continuation sheets to Part VII, Section A</b> | 0       | 0 | 0 |
| <b>d Total (add lines 1b and 1c)</b>                           | 90,406. | 0 | 0 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5   | X  |

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

|   |  |   |
|---|--|---|
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization | 0 |
|---|--|---|

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

|   |   |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|---|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a  | Federated campaigns . . . . .   | 1a  |                      |  |   |  |
|   | b   | Membership dues . . . . .   | 1b  |                      |  |   |  |
|   | c   | Fundraising events . . . . .  | 1c  | 206,173              |  |   |  |
|   | d   | Related organizations . . . . .   | 1d  |                      |  |   |  |
|   | e   | Government grants (contributions) . . . . .   | 1e  | 160,893              |  |   |  |
|   | f   | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | 1f  | 418,374              |  |   |  |
|   | g   | Noncash contributions included in lines 1a-1f \$ . . . . .  |   |                      |  |   |  |
|   | h   | <b>Total.</b> Add lines 1a-1f . . . . .   |   | 785,440              |  |   |  |
| <b>Program Service Revenue</b>                                    | 2a _____  |   |   | Business Code        |  |   |  |
|   | b _____   |   |   |                      |  |   |  |
|   | c _____   |   |   |                      |  |   |  |
|   | d _____   |   |   |                      |  |   |  |
|   | e _____   |   |   |                      |  |   |  |
|   | f All other program service revenue . . . . .                     |   |   |                      |  |   |  |
|   | g <b>Total.</b> Add lines 2a-2f . . . . .                         |   |   | 0                    |  |   |  |
|   | <b>Other Revenue</b>  | 3   | Investment income (including dividends, interest,<br>and other similar amounts). ATTACHMENT 2 . . . . . |                      | 8,028  |   |  |
| 4   |   | Income from investment of tax-exempt bond proceeds . . . . .  |   | 0                    |  |   |  |
| 5   |   | Royalties . . . . .   |   | 0                    |  |   |  |
|   |   |   | (i) Real  | (ii) Personal        |  |   |  |
| 6a  |   | Gross rents . . . . .   |   |                      |  |   |  |
| b   |   | Less rental expenses . . . . .  |   |                      |  |   |  |
| c   |   | Rental income or (loss) . . . . .   |   |                      |  |   |  |
| d   |   | <b>Net rental income or (loss)</b> . . . . .  |   | 0                    |  |   |  |
| 7a  |   | Gross amount from sales of (i) Securities (ii) Other . . . . .  |   |                      |  |   |  |
| b   |   | Less cost or other basis . . . . .  |   |                      |  |   |  |
| c   |   | Gain or (loss) . . . . .  |   |                      |  |   |  |
| d   |   | <b>Net gain or (loss)</b> . . . . .   |   | 0                    |  |   |  |
| 8a  |   | Gross income from fundraising events (not including \$ 206,173 of contributions reported on line 1c) See Part IV, line 18 . . . . . a | ATCH 3  | 13,288               |  |   |  |
| b   |   | Less direct expenses . . . . . b  |   | 33,481               |  |   |  |
| c   |   | <b>Net income or (loss) from fundraising events.</b> ATCH 4 . . . . .   |   | -20,193              |  |   |  |
| 9a  |   | Gross income from gaming activities See Part IV, line 19 . . . . . a  |   |                      |  |   |  |
| b   |   | Less direct expenses . . . . . b  |   |                      |  |   |  |
| c   |   | <b>Net income or (loss) from gaming activities.</b> . . . . .   |   | 0                    |  |   |  |
| 10a   | Gross sales of inventory, less returns and allowances . . . . . a |   |   |                      |  |   |  |
| b   | Less cost of goods sold . . . . . b                               |   |   |                      |  |   |  |
| c   | <b>Net income or (loss) from sales of inventory.</b> . . . . .    |   | 0   |                      |  |   |  |
| <b>Miscellaneous Revenue</b>                                      |   |   |   | <b>Business Code</b> |  |   |  |
| 11a   | MISC INCOME   | 900099  | 1,663   | 1,663                |  |   |  |
| b   | _____   |   |   |                      |  |   |  |
| c   | _____   |   |   |                      |  |   |  |
| d   | All other revenue . . . . .                                       |   |   |                      |  |   |  |
| e   | <b>Total.</b> Add lines 11a-11d . . . . .                         |   | 1,663   |                      |  |   |  |
| 12  | <b>Total revenue.</b> See instructions . . . . .                  |   | 774,938   | 1,663                |  | 8,028                                   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

|  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                    |   |                                |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .  | 0                     |                                    |   |                                |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .   | 335,289.              | 335,289.                           |   |                                |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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 . . . . .   | 87,356.               |                                    | 87,356.                                   |                                |
| 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 . . . . .   | 97,779.               | 97,779.                            |   |                                |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 1,346.                |                                    | 1,346.                                    |                                |
| 9 Other employee benefits . . . . .  | 31,770.               | 31,770.                            |   |                                |
| 10 Payroll taxes . . . . .   | 17,430.               | 9,238.                             | 8,192.                                    |                                |
| 11 Fees for services (non-employees)   |                       |                                    |   |                                |
| a Management . . . . .   | 0                     |                                    |   |                                |
| b Legal . . . . .  | 0                     |                                    |   |                                |
| c Accounting . . . . .   | 18,288.               |                                    | 18,288.                                   |                                |
| d Lobbying . . . . .   | 0                     |                                    |   |                                |
| 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) . . . . .   | 0                     |                                    |   |                                |
| 12 Advertising and promotion . . . . .   | 0                     |                                    |   |                                |
| 13 Office expenses . . . . .   | 2,094.                |                                    | 2,094.                                    |                                |
| 14 Information technology . . . . .  | 0                     |                                    |   |                                |
| 15 Royalties . . . . .   | 0                     |                                    |   |                                |
| 16 Occupancy . . . . .   | 14,190.               |                                    | 14,190.                                   |                                |
| 17 Travel . . . . .  | 11,592.               | 11,592.                            |   |                                |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                    |   |                                |
| 19 Conferences, conventions, and meetings . . . . .  | 0                     |                                    |   |                                |
| 20 Interest . . . . .  | 0                     |                                    |   |                                |
| 21 Payments to affiliates . . . . .  | 0                     |                                    |   |                                |
| 22 Depreciation, depletion, and amortization . . . . .   | 0                     |                                    |   |                                |
| 23 Insurance . . . . .   | 109.                  |                                    | 109.                                      |                                |
| 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)   |                       |                                    |   |                                |
| a <u>CONSULTING/PROFESSIONAL FEES</u> . . . . .  | 86,772.               |                                    | 86,772.                                   |                                |
| b <u>STIPEND</u> . . . . .   | 13,100.               |                                    | 13,100.                                   |                                |
| c <u>BANK FEES</u> . . . . .   | 4,220.                |                                    | 4,220.                                    |                                |
| d <u>OTHER MISC. EXPENSES</u> . . . . .  | 54,858.               |                                    | 54,858.                                   |                                |
| e All other expenses . . . . .   |                       |                                    |   |                                |
| <b>25 Total functional expenses</b> Add lines 1 through 24e  | 776,193.              | 485,668.                           | 290,525.                                  |                                |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                    |   |                                |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing   | 628,522.                 | 1          | 578,317.           |
|   | 2 Savings and temporary cash investments  | 675,348.                 | 2          | 749,456.           |
|   | 3 Pledges and grants receivable, net  | 0                        | 3          | 0                  |
|   | 4 Accounts receivable, net  | 0                        | 4          | 0                  |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | 5          | 0                  |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0                        | 6          | 0                  |
|   | 7 Notes and loans receivable, net   | 0                        | 7          | 0                  |
|   | 8 Inventories for sale or use   | 0                        | 8          | 0                  |
|   | 9 Prepaid expenses and deferred charges   | 0                        | 9          | 0                  |
|   | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D  | 10a                      |            |                    |
|   | b Less accumulated depreciation   | 10b                      |            |                    |
|   | 11 Investments - publicly traded securities   | 0                        | 11         | 0                  |
|   | 12 Investments - other securities. See Part IV, line 11   | 852,336.                 | 12         | 869,383.           |
|   | 13 Investments - program-related. See Part IV, line 11  | 0                        | 13         | 0                  |
|   | 14 Intangible assets  | 0                        | 14         | 0                  |
|   | 15 Other assets. See Part IV, line 11   | 0                        | 15         | 0                  |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 2,156,206.  | 16                       | 2,197,156. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses  | 0                        | 17         | 0                  |
|   | 18 Grants payable   | 0                        | 18         | 0                  |
|   | 19 Deferred revenue   | 0                        | 19         | 0                  |
|   | 20 Tax-exempt bond liabilities  | 0                        | 20         | 0                  |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | 21         | 0                  |
|   | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | 22         | 0                  |
|   | 23 Secured mortgages and notes payable to unrelated third parties   | 0                        | 23         | 0                  |
|   | 24 Unsecured notes and loans payable to unrelated third parties   | 0                        | 24         | 0                  |
|   | 25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 0                        | 25         | 0                  |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25  | 0                        | 26         | 0                  |
| <b>Net Assets or Fund Balances</b>                                  | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.  |                          |            |                    |
|   | 27 Unrestricted net assets  |                          | 27         |                    |
|   | 28 Temporarily restricted net assets  |                          | 28         |                    |
|   | 29 Permanently restricted net assets  |                          | 29         |                    |
|   | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34  |                          |            |                    |
|   | 30 Capital stock or trust principal, or current funds   | 0                        | 30         | 0                  |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund   | 0                        | 31         | 0                  |
|   | 32 Retained earnings, endowment, accumulated income, or other funds   | 2,156,206.               | 32         | 2,197,156.         |
| 33 <b>Total net assets or fund balances</b>                         | 2,156,206.  | 33                       | 2,197,156. |                    |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 2,156,206.  | 34                       | 2,197,156. |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 774,938.   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 776,193.   |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | <b>3</b>  | -1,255.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                     | <b>4</b>  | 2,156,206. |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  | 12,179.    |
| <b>6</b>  | Donated services and use of facilities . . . . .  | <b>6</b>  | 0          |
| <b>7</b>  | Investment expenses . . . . .   | <b>7</b>  | 0          |
| <b>8</b>  | Prior period adjustments . . . . .  | <b>8</b>  | 0          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .  | <b>9</b>  | 30,026.    |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | 2,197,156. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> |     | X  |
| <b>2c</b> |     |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Form **990** (2014)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

CALISTA EDUCATION AND CULTURE, INC.

Employer identification number

92-0088631

**Part I 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.)

- 1 ☐ 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)**.
- 4 ☐ 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 \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
- b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
- c ☐ **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
- d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| Total                              |          |   |   |    |   |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

**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 in) ►   | (a) 2010  | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|-----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .   | 1,197,895 | 559,329  | 687,525  | 574,130  | 785,440  | 3,804,319 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |           |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |           |          |          |          |          | 0         |
| <b>4</b> Total. Add lines 1 through 3 . . . . .   | 1,197,895 | 559,329  | 687,525  | 574,130  | 785,440  | 3,804,319 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |           |          |          |          |          | 2,460,409 |
| <b>6</b> Public support. Subtract line 5 from line 4 . . . . .  |           |          |          |          |          | 1,343,910 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010  | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total                |
|---|-----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  | 1,197,895 | 559,329  | 687,525  | 574,130  | 785,440  | 3,804,319                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   | 2,336     | 2,242    | 6,730    | 8,120    | 8,028    | 27,456                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |           |          |          |          |          | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) - ATCH. 1 . . . . .  |           | 520      | 4,923    | 2,065    | 1,663    | 9,171                    |
| <b>11</b> Total support. Add lines 7 through 10 . . . . .   |           |          |          |          |          | 3,840,946                |
| <b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .  |           |          |          |          | 12       | 68,042                   |
| <b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . |           |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 34.99 %                             |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 26.09 %                             |
| <b>16a</b> 33 1/3% support test - 2014. 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 . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b</b> 33 1/3% support test - 2013. 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 . . . . .  |           | <input type="checkbox"/>            |
| <b>17a</b> 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b</b> 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |           | <input type="checkbox"/>            |

**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**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8</b> <b>Public support</b> (Subtract line 7c from line 6) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .                                  |          |          |          |          |          |           |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .  |          |          |          |          |          |           |

**14** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15. . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a** **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b** **33 1/3% support tests - 2013.** 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 ► ☐

**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.  |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)   |     |    |

**Part IV Supporting Organizations (continued)**

|   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| 11a   |     |    |
| b A family member of a person described in (a) above?   |     |    |
| 11b   |     |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   |     |    |
| 11c   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 1   |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| 2   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| 1  |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 1   |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| 2   |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  |     |    |
| 3   |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|  |   |   |
|--|---|---|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) |   |   |
| a  | <input type="checkbox"/>  | The organization satisfied the Activities Test. Complete line 2 below.  |
| b  | <input type="checkbox"/>  | The organization is the parent of each of its supported organizations. Complete line 3 below.                                   |
| c  | <input type="checkbox"/>  | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). |
| 2 Activities Test. Answer (a) and (b) below.   |   |   |
| a  | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |   |
| 2a   |   |   |
| b  | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |   |
| 2b   |   |   |
| 3 Parent of Supported Organizations. Answer (a) and (b) below.   |   |   |
| a  | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |   |
| 3a   |   |   |
| b  | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |   |
| 3b   |   |   |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income  |    | (A) Prior Year | (B) Current Year (optional) |
|--|----|----------------|-----------------------------|
| 1 Net short-term capital gain  | 1  |                |                             |
| 2 Recoveries of prior-year distributions   | 2  |                |                             |
| 3 Other gross income (see instructions)  | 3  |                |                             |
| 4 Add lines 1 through 3  | 4  |                |                             |
| 5 Depreciation and depletion   | 5  |                |                             |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6  |                |                             |
| 7 Other expenses (see instructions)  | 7  |                |                             |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8  |                |                             |
| Section B - Minimum Asset Amount   |    | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   |    |                |                             |
| a Average monthly value of securities  | 1a |                |                             |
| b Average monthly cash balances  | 1b |                |                             |
| c Fair market value of other non-exempt-use assets   | 1c |                |                             |
| d Total (add lines 1a, 1b, and 1c)   | 1d |                |                             |
| e Discount claimed for blockage or other factors (explain in detail in Part VI)  |    |                |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2  |                |                             |
| 3 Subtract line 2 from line 1d   | 3  |                |                             |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4  |                |                             |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5  |                |                             |
| 6 Multiply line 5 by .035  | 6  |                |                             |
| 7 Recoveries of prior-year distributions   | 7  |                |                             |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8  |                |                             |
| Section C - Distributable Amount   |    |                | Current Year                |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1  |                |                             |
| 2 Enter 85% of line 1  | 2  |                |                             |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3  |                |                             |
| 4 Enter greater of line 2 or line 3  | 4  |                |                             |
| 5 Income tax imposed in prior year   | 5  |                |                             |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6  |                |                             |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |    |                |                             |

Schedule A (Form 990 or 990-EZ) 2014

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions |  | Current Year |  |
|---------------------------|--|--------------|--|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  |              |  |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |  |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |  |
| 4                         | Amounts paid to acquire exempt-use assets  |              |  |
| 5                         | Qualified set-aside amounts (prior IRS approval required)  |              |  |
| 6                         | Other distributions (describe in Part VI) See instructions   |              |  |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6   |              |  |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |  |
| 9                         | Distributable amount for 2014 from Section C, line 6   |              |  |
| 10                        | Line 8 amount divided by Line 9 amount   |              |  |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  |                             |  |   |
| 3 Excess distributions carryover, if any, to 2014   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d   |                             |  |   |
| e From 2013 . . . . .   |                             |  |   |
| f <b>Total of lines 3a through e</b>  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2014 distributable amount  |                             |  |   |
| i Carryover from 2009 not applied (see instructions)  |                             |  |   |
| j <b>Remainder</b> Subtract lines 3g, 3h, and 3i from 3f  |                             |  |   |
| 4 Distributions for 2014 from Section D, line 7 \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2014 distributable amount  |                             |  |   |
| c <b>Remainder</b> Subtract lines 4a and 4b from 4  |                             |  |   |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2015</b> Add lines 3j and 4c   |                             |  |   |
| 8 <b>Breakdown of line 7</b>  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d Excess from 2013 . . . . .  |                             |  |   |
| e Excess from 2014 . . . . .  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **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)ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION          | 2010 | 2011       | 2012         | 2013         | 2014         | TOTAL        |
|----------------------|------|------------|--------------|--------------|--------------|--------------|
| MISCELLANEOUS INCOME |      | 520        | 4,923        | 2,065        | 1,663        | 9,171        |
| TOTALS               |      | <u>520</u> | <u>4,923</u> | <u>2,065</u> | <u>1,663</u> | <u>9,171</u> |

**SCHEDULE D  
(Form 990)**

**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

CALISTA EDUCATION AND CULTURE, INC.

Employer identification number

92-0088631

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year . . . . .   |                         |  |
| 2 Aggregate value of contributions to (during year)   |                         |  |
| 3 Aggregate value of grants from (during year) . .  |                         |  |
| 4 Aggregate value at end of year . . . . .  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space  |   |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment %  
b Permanent endowment %  
c Temporarily restricted endowment %  
The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations 3a(i) Yes No  
(ii) related organizations 3a(ii) Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      |                                 |                              |                |
| e Other                  |                                      |                                 |                              |                |

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

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives . . . . .  |                |   |
| (2) Closely-held equity interests . . . . .                                |                |   |
| (3) Other _____  |                |   |
| (A) ANNUITIES  | 869,383.       | COST  |
| (B) _____  |                |   |
| (C) _____  |                |   |
| (D) _____  |                |   |
| (E) _____  |                |   |
| (F) _____  |                |   |
| (G) _____  |                |   |
| (H) _____  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ► | 869,383.       |   |

**Part VIII Investments - Program Related.**

Complete if the organization 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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) ► |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) . . . . . ► |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ► |                |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐



**Part XI** **Reconciliation of Revenue per Audited Financial Statements With Return**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

**Part XII**   **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

**Part XIII Supplemental Information.**

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

[illegible]

**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CALISTA EDUCATION AND CULTURE, INC.

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Employer identification number

92-0088631

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
|   |               | Yes  | No |                                   |  |   |
| 1   |               |  |    |                                   |  |   |
| 2   |               |  |    |                                   |  |   |
| 3   |               |  |    |                                   |  |   |
| 4   |               |  |    |                                   |  |   |
| 5   |               |  |    |                                   |  |   |
| 6   |               |  |    |                                   |  |   |
| 7   |               |  |    |                                   |  |   |
| 8   |               |  |    |                                   |  |   |
| 9   |               |  |    |                                   |  |   |
| 10  |               |  |    |                                   |  |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |  |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1<br>GOLF TOURNEY<br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|--|--|------------------------------|------------------------------------|--|
|                 |  |  |                              |                                    |  |
| Revenue         | 1 Gross receipts . . . . .   | 219,461.                                     |                              |                                    | 219,461.   |
|                 | 2 Less Contributions . . . . .   | 206,173.                                     |                              |                                    | 206,173.   |
|                 | 3 Gross income (line 1 minus<br>line 2). . . . .                           | 13,288.                                      |                              |                                    | 13,288.  |
| Direct Expenses | 4 Cash prizes . . . . .  |  |                              |                                    |  |
|                 | 5 Noncash prizes . . . . .   | 8,363.                                       |                              |                                    | 8,363.   |
|                 | 6 Rent/facility costs . . . . .  | 9,914.                                       |                              |                                    | 9,914.   |
|                 | 7 Food and beverages . . . . .   | 8,547.                                       |                              |                                    | 8,547.   |
|                 | 8 Entertainment . . . . .  | 2,250.                                       |                              |                                    | 2,250.   |
|                 | 9 Other direct expenses . . . . .  | 4,407.                                       |                              |                                    | 4,407.   |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |  |                              |                                    | 33,481.  |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |  |                              |                                    | -20,193.   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo         | (c) Other gaming   | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|---|--|--|--|---|
|                 |   |  |  |  |   |
| Revenue         | 1 Gross revenue . . . . .   |  |  |  |   |
| Direct Expenses | 2 Cash prizes . . . . .   |  |  |  |   |
|                 | 3 Noncash prizes . . . . .  |  |  |  |   |
|                 | 4 Rent/facility costs . . . . .   |  |  |  |   |
|                 | 5 Other direct expenses . . . . .   |  |  |  |   |
|                 | 6 Volunteer labor . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |  |  |  |   |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |  |  |  |   |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

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

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

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization

CALISTA EDUCATION AND CULTURE, INC.

Employer identification number

92-0088631

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☒ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  |         |                               |                          |                                   |   |  |                                    |
| (2)  |         |                               |                          |                                   |   |  |                                    |
| (3)  |         |                               |                          |                                   |   |  |                                    |
| (4)  |         |                               |                          |                                   |   |  |                                    |
| (5)  |         |                               |                          |                                   |   |  |                                    |
| (6)  |         |                               |                          |                                   |   |  |                                    |
| (7)  |         |                               |                          |                                   |   |  |                                    |
| (8)  |         |                               |                          |                                   |   |  |                                    |
| (9)  |         |                               |                          |                                   |   |  |                                    |
| (10)   |         |                               |                          |                                   |   |  |                                    |
| (11)   |         |                               |                          |                                   |   |  |                                    |
| (12)   |         |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

JSA

4E1288 1 000

Q18985 1832

V 14-4.6F

51673

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

|   | (a) Type of grant or assistance    | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book FMV appraisal other) | (f) Description of non-cash assistance |
|---|------------------------------------|--------------------------|--------------------------|-----------------------------------|--|--|
| 1 | SCHOLARSHIPS AND BURIAL ASSISTANCE | 319                      | 355,289                  |                                   | N/A  | N/A                                    |
| 2 |                                    |                          |                          |                                   |  |  |
| 3 |                                    |                          |                          |                                   |  |  |
| 4 |                                    |                          |                          |                                   |  |  |
| 5 |                                    |                          |                          |                                   |  |  |
| 6 |                                    |                          |                          |                                   |  |  |
| 7 |                                    |                          |                          |                                   |  |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

SCHEDULE I, PART I, LINE 2

THE CHECK REGISTER AND ACCESS DATABASE IS USED TO TRACK THE STUDENT, SCHOOL AND THE AMOUNT OF AWARD INFORMATION. ALSO, SEE ATTACHMENT 5 FOR THE SCHOLARSHIP APPLICATION AND ATTACHMENT 6 FOR THE BURIAL ASSISTANCE APPLICATION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

CALISTA EDUCATION AND CULTURE, INC.

92-0088631

PROCESS FOR REVIEWING THE FORM 990

REA BAVILLA (BOARD PRESIDENT) REVIEWS THE FORM 990 PRIOR TO FILING THE  
RETURN.

PROCESS FOR MAKING CERTAIN DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19 CALISTA EDUCATION AND CULTURE F/K/A  
CALISTA HERITAGE FOUNDATION, INC. (CEC) DOES NOT MAKE ITS GOVERNING  
DOCUMENTS, FINANCIAL STATEMENTS OR POLICIES AVAILABLE TO THE PUBLIC,  
EXCEPT FOR THE SCHOLARSHIP APPLICATION FORM AND THE REQUIRED CRITERIA FOR  
APPLICATION. TO DATE, CEC HAS NOT RECEIVED ANY REQUEST TO EXAMINE ITS  
GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS, HOWEVER, THIS INFORMATION  
COULD BE PROVIDED IF A REQUEST WAS MADE IN WRITING AND THE REQUESTER HAD  
A VIABLE REASON FOR EXAMINING SUCH DOCUMENTS. THE SCHOLARSHIP APPLICATION  
IS POSTED ON THE CALISTA CORPORATION WEBSITE AND IS ALSO AVAILABLE IN THE  
RECEPTION AREA OF CALISTA CORPORATION, WHERE SHAREHOLDERS AND DESCENDENTS  
CAN ALSO EXAMINE JOB POSTINGS AND SUBMIT DATA FOR THE CALISTA TALENT  
BANK.

PROCESS FOR DETERMINING COMPENSATION OF CEO OR KEY EMPLOYEES

FORM 990, PART VI, SECTION B, LINES 15A AND B

ALL WAGES ARE BASED ON A NON-PROFIT COMPENSATION SURVEY. THE SALARIES  
ARE BASED ON THE MEAN AMOUNT DERIVED IN THE SURVEY, AND ARE APPROVED BY  
THE BOARD.



|                                     |                                |
|-------------------------------------|--------------------------------|
| Name of the organization            | Employer identification number |
| CALISTA EDUCATION AND CULTURE, INC. | 92-0088631                     |

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

FORM XI, LINE 9

OTHER ADJUSTMENTS                      \$ 30,026

IN 2014, THE CALISTA ELDERS COUNCIL MERGED INTO CALISTA EDUCATION AND CULTURE, INC. (CEC), FORMERLY KNOWN AS THE CALISTA HERITAGE FOUNDATION (CHF). PLEASE SEE ATTACHMENTS 9 AND 10 FOR THE CERTIFICATE OF MERGER AND ARTICLES OF MERGER, RESPECTIVELY. THE OTHER ADJUSTMENT AMOUNT RELATES TO THE INCREASE IN NET ASSETS (EQUITY) FROM THE MERGER WITH CEC. PLEASE ALSO SEE ATTACHMENT 7 FOR THE AMENDED AND RESTATED BYLAWS RESULTANT OF THE 2014 MERGER.

NEW SIGNIFICANT PROGRAM SERVICES

PRESERVATION OF TRADITIONAL NATIVE CULTURES INCLUDING BURIAL ASSISTANCE.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSE OF THE CEC SCHOLARSHIP FUND IS TO PROVIDE FINANCIAL ASSISTANCE TO CALISTA REGION SHAREHOLDERS OR DESCENDANTS OF CALISTA SHAREHOLDERS ENROLLED IN FORMAL PROGRAMS OF STUDY. TO CELEBRATE AND PROMOTE YUUYARAQ, THE TRADITIONAL/CULTURAL WAY OF BEING IN THE CALISTA REGION WHICH INSPIRES AND ENCOURAGES OUR PEOPLE TO ACHIEVE THEIR DREAMS THROUGH EDUCATION. THE PURPOSE OF THE BURIAL ASSISTANCE FUND IS TO PROVIDE ASSISTANCE TO IMMEDIATE FAMILY MEMBERS (MOTHER, FATHER, BROTHER, SISTER, SON OR DAUGHTER) OR A SPOUSE MAKING ARRANGEMENTS FOR THE FINAL RESTING PLACE OF A DECEASED CALISTA CORPORATION ORIGINAL VOTING SHAREHOLDER OR DIRECT LINEAL DESCENDENT

Name of the organization

CALISTA EDUCATION AND CULTURE, INC.

Employer identification number

92-0088631

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION     | (A)<br>TOTAL<br>REVENUE | (B)<br>RELATED OR<br>EXEMPT REVENUE | (C)<br>UNRELATED<br>BUSINESS REV. | (D)<br>EXCLUDED<br>REVENUE |
|-----------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST INCOME | 8,028.                  |                                     |                                   | 8,028.                     |
| TOTALS          | <u>8,028.</u>           |                                     |                                   | <u>8,028.</u>              |

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| DESCRIPTION     | AMOUNT          |
|-----------------|-----------------|
| GOLF TOURNAMENT | 206,173.        |
| TOTAL           | <u>206,173.</u> |

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION     | GROSS<br>INCOME | DIRECT<br>EXPENSES | NET<br>INCOME   |
|-----------------|-----------------|--------------------|-----------------|
| GOLF TOURNAMENT | 13,288.         | 33,481.            | -20,193.        |
| TOTALS          | <u>13,288.</u>  | <u>33,481.</u>     | <u>-20,193.</u> |

**SCHEDULE R**  
**(Form 990)****Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

Name of the organization

CALISTA EDUCATION AND CULTURE, INC.

Employer identification number

92-0088631

OMB No 1545-0047

**2014**Open to Public  
Inspection**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (1) | (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |   |                         |  |                            |   |                                  | Yes  | No |
| (2) |   |                         |  |                            |   |                                  |  |    |
| (3) |   |                         |  |                            |   |                                  |  |    |
| (4) |   |                         |  |                            |   |                                  |  |    |
| (5) |   |                         |  |                            |   |                                  |  |    |
| (6) |   |                         |  |                            |   |                                  |  |    |
| (7) |   |                         |  |                            |   |                                  |  |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

|     | (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|     |  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) |  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (2) |  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (3) |  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (4) |  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (5) |  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (6) |  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (7) |  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

|     | (a)<br>Name, address, and EIN of related organization                                     | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or<br>trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-----|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|---|----|
|     |   |                         |  |                                     |  |                                 |                                       |                                | Yes   | No |
| (1) | CALISTA CORPORATION<br>5015 BUSINESS PARK BLVD STE 3000 ANCHORAGE, AK 99502<br>92-0042507 | INVESTMENTS             | AK   | N/A                                 | C CORP   | 0                               | 0                                     | 0                              |   | X  |
| (2) |   |                         |  |                                     |  |                                 |                                       |                                |   |    |
| (3) |   |                         |  |                                     |  |                                 |                                       |                                |   |    |
| (4) |   |                         |  |                                     |  |                                 |                                       |                                |   |    |
| (5) |   |                         |  |                                     |  |                                 |                                       |                                |   |    |
| (6) |   |                         |  |                                     |  |                                 |                                       |                                |   |    |
| (7) |   |                         |  |                                     |  |                                 |                                       |                                |   |    |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses.
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s).

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | Calista Corporation                 | C                             | 362,000.00             | FMV-cash                                     |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (1)<br>Name, address, and EIN of entity | (2)<br>Primary activity | (3)<br>Legal domicile (state or foreign country) | (4)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (5)<br>Are all partners section 501(c)(3) organizations? |    | (6)<br>Share of total income | (7)<br>Share of end-of-year assets | (8)<br>Disproportionate allocations? |    | (9)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (10)<br>General or managing partner? |    | (11)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|--------------------------------------|----|------------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                  | No |                              |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |

**Part VII****Supplemental Information**

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



# CALISTA EDUCATION AND CULTURE, INC

5015 Business Park Blvd, Ste 3000, Anchorage, Alaska 99503 PH (907) 275-2800 / (800) 277-5516 FX (907) 275-2936 Email [scholarships@calistacorp.com](mailto:scholarships@calistacorp.com)

## SCHOLARSHIP APPLICATION

POSTMARK DEADLINES: **JUNE 30** FOR FALL TERM **DECEMBER 1** FOR SPRING TERM (OFFICIAL TRANSCRIPTS DUE BY **DECEMBER 30**)

APPLY ONLINE – <http://www.calistaheritage.org>

The Calista Education and Culture, Inc. (CEC) Scholarship is funded by donations and fundraising through CEC. The scholarship program was established in 1994. CEC is an Alaska non-profit corporation, recognized by the IRS as a 501(c)(3) charitable organization and donors are eligible to receive tax deductible status on donations and gifts to CEC. All CEC scholarships are subject to the availability of funding.

### ELIGIBILITY REQUIREMENTS

**Calista Corporation Original Shareholder or Direct Lineal Descendant** Applicant must be a Calista Corporation Original Shareholder or Direct Lineal Descendant (either natural born or legally adopted) of an Original Shareholder. Individuals who inherit or received gifted shares do not qualify as Original Shareholders. Applicants must submit a copy of their Bureau of Indian Affairs (BIA) Certificate Degree of Indian Blood (CDIB). Lineal Descendants must also submit a copy of their birth certificate.

**High School Diploma or GED** Applicant must have a high school diploma or GED.

**Grade Point Average (GPA)** Applicant must have a cumulative GPA of 2.0 or higher. Official transcripts from colleges or universities attended must be submitted, or official transcripts from graduating high school or copy of GED, if no college or university has been attended.

**Current Letter of Acceptance/Good Standing or Proof of Application** Applicant must be accepted to an accredited school (trade, vocational, college, university) or provide proof of application. A current (dated in current year) letter of acceptance/good standing or letter from the school stating the application for admission is currently under review must be submitted. A letter of acceptance must be submitted if an applicant is awarded a scholarship.

**Enrollment Status** Applicants must be considered enrolled Full-time or Part-time based on the school's requirements.

**Full-time** - undergraduate students must be enrolled in 12 or more credits. Graduate students must be enrolled in 9 or more credits.

**Part-time** - undergraduate students must be enrolled in 6-11 credits. Graduate students must be enrolled in 2-8 credits.

### SCHOLARSHIP AWARDS

Scholarship awards are awarded on a Fall and Spring Term basis in alignment with the application deadline. The scholarship may be used for tuition, books, and fees. The scholarship recipient must have a 2.0 or higher GPA and maintain and satisfactorily complete a full-time or part-time status for the entire semester/quarter they received the scholarship.

| Cumulative GPA        | Full-time Status | Part-time Status |
|-----------------------|------------------|------------------|
| 2.0 - 2.49            | \$500            | \$250            |
| 2.5 - 2.99            | \$750            | \$375            |
| 3.0 or Higher         | \$1000           | \$500            |
| Graduate Students     | \$1500           | \$750            |
| Trade School Students | \$750            | \$375            |

\*The scholarship award is mailed directly to the recipient's school financial aid office. The recipient must provide Calista Education and Culture, Inc. with the correct address.

### APPLICATION CHECKLIST

#### NEW Applicant

- ☐ Application and Agreement Form
- ☐ Shareholder Information and Personal Statement Form
- ☐ Reference Form
- ☐ Copy of BIA/CDIB
- ☐ Copy of Birth Certificate (if a descendant)
- ☐ Official Transcripts. Official transcripts from ALL colleges or universities attended must be submitted, or official transcripts from graduating high school or copy of GED, if no college or university has been attended. Official transcripts must be in an envelope sealed from the school or submitted directly to CEC from the school. Copies of transcripts are considered unofficial and will not be accepted. Official transcripts must be submitted postmarked no later than **June 30 for the Fall Term** scholarship deadline and **December 30 for the December 1 Spring Term** scholarship deadline.
- ☐ Current Letter of Acceptance/Good Standing or Proof of Application. A current (dated in current year) letter of acceptance/good standing or letter from the school stating the application for admission is currently under review must be submitted. A letter of acceptance must be submitted if an applicant is awarded a scholarship.

#### RETURNING Applicant

Applicant is considered "Returning" only if they have received a CEC Scholarship during the most recent Fall or Spring Term and completed all requirements outlined in the Agreement.

- ☐ Application and Agreement Form – Due on **June 30** for the **Fall Term** scholarship deadline and **December 1** for the **Spring Term** scholarship deadline.
- ☐ Official Transcripts. Official transcripts from the most recent Fall or Spring semester/quarter must be submitted. Official transcripts must be in an envelope sealed from the school or submitted directly to CEC from the school. Copies of transcripts are considered unofficial and will not be accepted. Official transcripts must be submitted postmarked no later than **June 30 for the Fall Term** scholarship deadline and **December 30 for the December 1 Spring Term** scholarship deadline.

### APPLICATION PROCESSING

Completed applications must be received or postmarked on or before the deadline. **LATE and INCOMPLETE** applications will not be reviewed and considered, additional materials will be discarded, and submitted materials become the sole property of Calista Education and Culture, Inc. and cannot be returned. The stated deadline remains in effect whether the day falls on a weekend or a holiday. When Calista Education and Culture, Inc. receives more eligible applications than the available funding, meeting the minimum selection criteria does not guarantee funding at any level. Applicants are considered for the appropriate scholarship award based on the information they submit in their application.





# CALISTA EDUCATION AND CULTURE, INC

5015 Business Park Blvd, Ste 3000, Anchorage, Alaska 99503 PH (907) 275-2800 / (800) 277-5516 FX (907) 275-2936 Email [scholarships@calistacorp.com](mailto:scholarships@calistacorp.com)

## APPLICATION AND AGREEMENT FORM

POSTMARK DEADLINES: JUNE 30 FOR FALL TERM DECEMBER 1 FOR SPRING TERM (OFFICIAL TRANSCRIPTS DUE BY DECEMBER 30)

### CONTACT INFORMATION

|  |            |      |           |     |            |            |
|--|------------|------|-----------|-----|------------|------------|
| STATUS<br><input type="checkbox"/> NEW Applicant<br><input type="checkbox"/> RETURNING Applicant | FIRST NAME | MI   | LAST NAME |     | EMAIL      |            |
| PERMANENT ADDRESS (correspondence will be mailed to this address)                                |            | CITY | ST        | ZIP | HOME PHONE | CELL PHONE |

### EDUCATION PLAN

NEW Applicants - Attach Letter of Acceptance/Letter of Good Standing or Proof of Application

|   |            |                 |  |     |                        |   |
|---|------------|-----------------|--|-----|------------------------|---|
| SCHOOL PLANNING TO ATTEND or ATTENDING  |            |                 | SCHOOL TYPE<br><input type="checkbox"/> TRADE <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> COLLEGE <input type="checkbox"/> UNIVERSITY   |     |                        | IS SCHOOL ACCREDITED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| SCHOOL FINANCIAL AID OFFICE ADDRESS   |            | CITY            | ST   | ZIP | PHONE                  | FAX   |
| SCHOOL CALENDAR<br><input type="checkbox"/> Semesters <input type="checkbox"/> Quarters   | START DATE | PLANNED CREDITS | PLANNED CREDITS CONSIDERED<br><input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student  |     | FIELD OF STUDY (major) |   |
| PLANNED STATUS<br><input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other (Explain) |            |                 | PLANNED DEGREE<br><input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Other (Explain) |     |                        |   |

### EDUCATION INFORMATION

Submit Official Transcripts or Copy of GED

|   |      |    |                    |   |                 |
|---|------|----|--------------------|---|-----------------|
| HIGH SCHOOL ATTENDED                            | CITY | ST | GRADUATION DATE    | GED COMPLETED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                 |
| TRADE, VOCATIONAL, COLLEGE, UNIVERSITY ATTENDED | CITY | ST | DEGREE/CERTIFICATE | CREDITS EARNED  | GRADUATION DATE |
|   |      |    |                    |   |                 |

### ASSIGNMENT OF RIGHTS/WAIVER OF LIABILITY

I, the undersigned, have the authority to hereby grant Calista Education and Culture, Inc. and its affiliates, including Calista Corporation (Collectively referred to as "Calista") the right and permission to use, at Calista's discretion, photographs and images of me, as well as my biographical information disclosed to Calista by me for promotional and/or informational purposes. I understand that no monetary or other compensation will be offered to me in exchange for these rights and permissions. Usage encompasses, but is not limited to, newsletters, printed publications and other collateral, internet and web sites, advertising, video and/or audio presentations. I forever release, discharge, and agree to hold Calista and its affiliates, officers, directors, employees, and agents harmless from any liability by virtue of any use whatsoever of said photographs, images or biological information.

|  |              |           |
|--|--------------|-----------|
| PRINT NAME                             | SIGNATURE    | DATE      |
| PRINT NAME OF PARENT OR LEGAL GUARDIAN | RELATIONSHIP | SIGNATURE |
|  |              | DATE      |

### AGREEMENT

|             |         |  |
|-------------|---------|--|
| APPLICATION | Initial | I certify that all information and documentation in this application is true and correct   |
|             |         | I understand this application does not commit Calista Education and Culture, Inc. to award a scholarship and any decisions made by Calista Education and Culture, Inc. are final   |
|             |         | I understand LATE and INCOMPLETE applications will not be reviewed, additional materials will be discarded, and submitted materials become the sole property of Calista Education and Culture, Inc. and cannot be returned   |
| SCHOLARSHIP |         | If awarded the scholarship, I agree the funds will be used to further my education in the educational program approved by Calista Education and Culture, Inc.  |
|             |         | If awarded the scholarship, I agree that if for any reason the scholarship is not used for the educational program approved by Calista Education and Culture, Inc. and/or I do not fulfill the scholarship requirements which may include, but are not limited to, <u>withdrawing from school</u> , <u>incompletion of courses</u> , and/or <u>change in academic status</u> , |
|             |         | • I must return any scholarship funds not used toward my tuition, books, and fees within 3 months of occurrence  |
|             |         | • I will not be permitted to apply for the Calista Education and Culture, Inc. for one (1) full year from the initial date of award  |
|             |         | • Each situation will be reviewed on a case by case basis and all decisions made by Calista Education and Culture, Inc. are final  |
|             |         | If awarded the scholarship, I agree that I will maintain and satisfactorily complete a full-time or part-time status for the entire semester/quarter I am receiving the scholarship  |
|             |         | If awarded the scholarship, I agree that I must have at least a 2.0 or higher GPA for the entire semester/quarter I am receiving the scholarship   |
|             |         | If awarded the scholarship, I agree to submit my official transcripts when due and meet all other reporting requirements   |
|             |         | If awarded the scholarship, I agree that I must immediately notify Calista Education and Culture, Inc. of any changes to my academic status  |

I have read and understand the "Agreement" and, if approved, agree to abide by the terms and conditions of the scholarship.

|  |              |           |
|--|--------------|-----------|
| PRINT NAME                             | SIGNATURE    | DATE      |
| PRINT NAME OF PARENT OR LEGAL GUARDIAN | RELATIONSHIP | SIGNATURE |
|  |              | DATE      |



# CALISTA EDUCATION AND CULTURE, INC

5015 Business Park Blvd, Ste 3000, Anchorage, Alaska 99503 PH (907) 275-2800 / (800) 277-5516 FX (907) 275-2936 Email [scholarships@calistacorp.com](mailto:scholarships@calistacorp.com)

## SHAREHOLDER INFORMATION AND PERSONAL STATEMENT FORM

### SHAREHOLDER INFORMATION

Attach a Copy of Your CDIB (Descendants – Also Attach a Copy of Your Birth Certificate)

|                       |           |   |           |                        |   |             |           |
|-----------------------|-----------|---|-----------|------------------------|---|-------------|-----------|
| I CERTIFY THAT I AM A |           | <input type="checkbox"/> Calista Corporation Original Shareholder<br><input type="checkbox"/> Calista Corporation Original Shareholder Direct Lineal Descendant |           | OTHER NAME(S) KNOWN AS | GENDER<br><input type="checkbox"/> M <input type="checkbox"/> F | VILLAGE TIE | BIRTHDATE |
| FATHER NAME           | BIRTHDATE | GRANDFATHER NAME  | BIRTHDATE | GREAT-GRANDFATHER NAME |   | BIRTHDATE   |           |
| MOTHER NAME           | BIRTHDATE | GRANDMOTHER NAME  | BIRTHDATE | GREAT-GRANDMOTHER NAME |   | BIRTHDATE   |           |

### AFFILIATION DISCLOSURE

|  |                           |                         |
|--|---------------------------|-------------------------|
| Are you a legal descendant of anyone currently serving on the Board of Directors of Calista Corporation, a Calista subsidiary, or Calista Education and Culture? | If yes, Board Member Name | If yes, Subsidiary Name |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |                           |                         |

### PERSONAL STATEMENT

Each Answer Must Be Typed and 200+ Words

Applicant may attach a separate sheet of paper with typed questions and answers

|   |
|---|
| What are your educational and career goals and how do you plan to achieve them?                       |
| <br><br><br><br><br><br><br><br><br><br>  |
| What encouraged you to pursue your educational and career goals?                                      |
| <br><br><br><br><br><br><br><br><br><br>  |
| What will you do to contribute to the community upon completion of your educational and career goals? |
| <br><br><br><br><br><br><br><br><br><br>  |
| Why should you be considered to receive a scholarship?  |
| <br><br><br><br><br><br><br><br><br><br>  |



# CALISTA EDUCATION AND CULTURE, INC

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## REFERENCE FORM

### REFERENCE

[ ] OR Attach One (1) Current Letter from a Reference

The applicant below is applying for the Calista Education and Culture Inc Scholarship, which is funded by the Calista Education and Culture, Inc. The purpose of the Calista Education and Culture, Inc. Scholarship according to the Articles of Incorporation state *Provide financial assistance to Alaska Natives to enable recipients to participate in continuing educational activities, formal programs of study and programs to improve the status of Alaska Natives*

Please complete this Reference Form and return to the applicant.

### APPLICANT INFORMATION:

|            |    |           |
|------------|----|-----------|
| FIRST NAME | MI | LAST NAME |
|------------|----|-----------|

### REFERENCE INFORMATION (must not be related to applicant by blood or marriage):

|            |       |           |  |                          |
|------------|-------|-----------|--|--------------------------|
| FIRST NAME | MI    | LAST NAME | RELATION TO APPLICANT (e.g. teacher, employer, etc.) | DATE                     |
| ADDRESS    |       |           | E-MAIL   | HOME PHONE<br>CELL PHONE |
| CITY       | STATE | ZIP       | OCCUPATION   | EMPLOYER                 |

### PLEASE PROVIDE A WRITTEN RESPONSE:

How do you know the applicant?

What is your knowledge of the applicant's education and/or work experience and accomplishments?

What is your knowledge of the applicant's potential to accomplish their educational and career goals?

I certify that I am not related to the applicant by blood or marriage and that all information provided on this Reference Form is true and correct.

PRINT NAME

SIGNATURE

DATE



# CALISTA EDUCATION AND CULTURE, INC.

5015 Business Park Blvd, Ste 3000, Anchorage, Alaska 99503 PH (907) 275-2800 FX (907) 275-2936

## BURIAL ASSISTANCE PROGRAM POLICY AND PROCEDURES

The Calista Education and Culture, Inc. (CEC) Burial Assistance Program is funded by donations and fundraising through CEC. CEC is an Alaska non-profit corporation, recognized by the IRS as a 501(c)(3) charitable organization and donors are eligible to receive tax deductible status on donations and gifts to CEC. The CEC Burial Assistance Program is subject to the availability of funding.

### Purpose

To provide assistance to immediate family members (mother, father, brother, sister, son or daughter) or a spouse making arrangements for the final resting place of a **deceased Calista Corporation original voting shareholder or direct lineal descendant of an original shareholder**.

### Policy

The CEC Burial Assistance Program may provide a one-time amount not to exceed \$500 to be used towards funeral home, transportation, or other related funeral expenses, of a **deceased Calista Corporation original voting shareholder or direct lineal descendant of an original shareholder**.

### Procedures

1. Applicant must be an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of the **deceased Calista Corporation original voting shareholder or direct lineal descendant of an original shareholder** to be considered eligible to apply for Burial Assistance. If the deceased has no surviving immediate family members or spouse, a letter of confirmation must be provided, and will be reviewed on a case by case basis.
2. Applicant must complete and submit the following within 60 days after the date of death:
  - a) Burial Assistance Application
  - b) Death certificate or letter from a medical facility/funeral home with the name of the deceased and date of death
  - c) Invoice from the funeral home or the applicant's receipts of the funeral service expensesAll applications must be complete in order to be processed. Incomplete applications will not be processed and rejected after the 60 day time period. The Burial Assistance Program is based on availability of funds.
3. If the Burial Assistance application is approved by CEC in its sole and absolute discretion, CEC will disperse funds as follows:
  - a) Directly to the funeral home, if the applicant requests the funding up to an amount not to exceed \$500 to be dispersed to the funeral home and an invoice from the funeral home is included with the application;
  - b) If the applicant does not list the funeral home, the applicant may request reimbursement for funeral service expenses up to an amount not to exceed \$500. The applicant must submit an itemized statement of expenses with original receipts and must be the person who actually paid the expenses. Receipts considered for reimbursement may include and are in priority order:
    1. Transportation costs for the deceased to the final resting place;
    2. Transportation costs for immediate family members (mother, father, sister, brother, son, daughter) or spouse to attend funeral services for the deceased; and
    3. Other expenses related to the funeral service, may include: food for the funeral service, casket or clothing for the deceased, flower arrangements for the funeral service, clergy fees and final resting place fees.



# CALISTA EDUCATION AND CULTURE, INC.

5015 Business Park Blvd, Ste 3000, Anchorage, Alaska 99503 PH (907) 275-2800 FX (907) 275-2936

## BURIAL ASSISTANCE PROGRAM APPLICATION

Applicant must be an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of a deceased Calista Corporation original voting shareholder or direct lineal descendant of an original shareholder to be considered eligible to apply for Burial Assistance. The Burial Assistance Program may provide a one-time amount not to exceed \$500 to be used towards the funeral home, transportation, or other related funeral service expenses. The Burial Assistance application, documentation demonstrating proof of death, and a funeral home invoice or applicant's receipts must be submitted within 60 days after the date of death in order for an application to be considered complete.

If approved, request payment be made to (circle one): Funeral Home Applicant

Applicant relation to deceased (circle one): Mother Father Brother Sister Son Daughter  
Spouse

### APPLICANT

|            |           |       |     |       |     |
|------------|-----------|-------|-----|-------|-----|
| FIRST NAME | LAST NAME |       |     | EMAIL |     |
| ADDRESS    | CITY      | STATE | ZIP | PHONE | FAX |

### DECEASED

|            |    |           |       |     |               |
|------------|----|-----------|-------|-----|---------------|
| FIRST NAME | MI | LAST NAME |       |     | BIRTHDATE     |
| ADDRESS    |    | CITY      | STATE | ZIP | DATE OF DEATH |

### FUNERAL HOME

|                   |      |       |     |       |     |
|-------------------|------|-------|-----|-------|-----|
| FUNERAL HOME NAME |      |       |     | EMAIL |     |
| ADDRESS           | CITY | STATE | ZIP | PHONE | FAX |

I understand and agree to all of the following:

- ☐ I certify that all the information provided in this application is true and correct. Any false information shall be grounds for immediate rejection of application.
- ☐ I am an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of the deceased.
- ☐ I verify the deceased is a Calista Corporation original voting shareholder or direct lineal descendant of an original shareholder.
- ☐ I understand the Burial Assistance Application must be submitted within 60 days of the date of death and the application must be complete in order to be considered. Incomplete applications will not be processed and rejected after the 60 day time period.
- ☐ I authorize CEC to communicate with any person or entity as necessary as part of its review of this application.

PRINT NAME

SIGNATURE

DATE

CEC Use Only

Date Received

Date Contacted

Signature Authorization for Payment

Date

**AMENDED AND RESTATED BYLAWS**

**OF**

**CALISTA EDUCATION AND CULTURE**

**\* \* \* \***

**An Alaska Nonprofit Corporation  
Incorporated on August 12, 1980  
Under the  
Alaska Nonprofit Corporation Act  
(AS 10.20 et. seq.)**

**Adopted and Effective as of October 20, 2014**

**BYLAW AMENDMENTS**

| <b><u>Article/Section</u></b>    | <b><u>Effect of Amendment</u></b>                                 | <b><u>Date of Amendment</u></b> |
|----------------------------------|---|---------------------------------|
| <b>Article III, Section 3.02</b> | <b>Increase number of directors</b>                               | <b>April 13, 2010</b>           |
| <b>Articles IV and IV</b>        | <b>Replace the word "Governors"<br/>with the word "Directors"</b> | <b>April 13, 2010</b>           |

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These Amended and Restated Bylaws, adopted on April 13, 2010, amend and restate entirely those adopted by the corporation on October 14, 1994 and all prior amendments thereto.

## ARTICLE I. CORPORATE OFFICES

**Section 1.01. Principal Office.** The principal office of the corporation in the State of Alaska shall be located in the City of Anchorage, Alaska, at a specific location to be determined from time to time by the Board of Directors. The corporation may have such other offices, either within or without the State of Alaska, as the Board of Directors may designate or as the affairs of the corporation may require from time to time.

**Section 1.02. Registered Office.** The corporation shall have and continuously maintain in the State of Alaska a registered office, and a registered agent whose office is identical with such registered office, as required by the Alaska Nonprofit Corporation Act. The registered office may be, but need not be, identical with the corporation's principal office in the State of Alaska, and the address of the registered office or identify of the registered agent may be changed from time to time by the Board of Directors in the manner prescribed by law.

## ARTICLE II. MEMBERS

**Section 2.01. Members.** The corporation shall have no members. To the extent not otherwise specifically provided in these Bylaws or in the Articles of Incorporation, the Board of Directors shall possess all powers otherwise granted to members under the Alaska Nonprofit Corporation Act, as amended from time to time.

## ARTICLE III. BOARD OF DIRECTORS

**Section 3.01. General Powers.** The business, affairs, and property of the corporation shall be managed by its Board of Directors.

**Section 3.02. Number, Tenure and Qualifications.** The number of directors on the Board of Directors shall be seven (7), consisting of four (4) directors elected by the Calista Corporation Board of Directors and three (3) directors elected by the Calista Elders Council Board of Directors. . Directors shall be elected by the Calista Corporation and Calista Elders Council Board of Directors at their respective annual Board of Directors Meeting, and shall hold office until their successors shall have been elected and shall have qualified, and the term of each director shall begin after such director's election.

**Section 3.03. Regular Meetings.** The annual Board of Directors Meeting shall be held on such date and at such time and place as may be determined from time to time by resolution of the Board of Directors. Additional regular meetings of the Board of Directors shall be held at such times and places as shall be designated from time to time by resolution of the Board of Directors. Notice of regular meetings shall not be required.

**Section 3.04. Special Meetings.** Special meetings of the Board of Directors may be called by or at the request of the Chairperson of the Board of Directors, President, Secretary, or

any two (2) directors. The person or persons authorized to call special meetings of the Board may fix the time and place for such special meeting of the Board of Directors called by them.

**Section 3.05. Notice of Special Meeting.** Notice of any special meeting of the Board of Directors shall be given at least two (2) days previously thereto by written notice delivered personally or sent by mail, telegram, or facsimile to each director at such director's address as shown by the records of the corporation. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage thereon prepaid. If notice be given by telegram, such notice shall be deemed to be delivered when the telegram is delivered to the telegraph company. If notice is given by facsimile, such notice shall be deemed to be delivered upon confirmation of transmittal by such facsimile device. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board need be specified in the notice or waiver of notice of such meeting.

**Section 3.06. Waiver of Notice.** Any director may waive notice of any meeting by a written waiver, whether signed before or after the time stated in the applicable notice. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

**Section 3.07. Quorum.** A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors. If a quorum initially shall not be present at any meeting, of the Board of Directors, a majority of those directors present shall have the power to adjourn the meeting from time to time, without notice, other than announcement at the meeting until a quorum shall be present. At such reconvened meeting at which a quorum shall be present, any business may be transacted which might have been transacted at the meeting as originally noticed.

**Section 3.08. Manner of Acting.** Each director is entitled to one vote and no votes by proxy are permitted by directors. The affirmative vote of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by law, the Articles of Incorporation, or these Bylaws.

**Section 3.09. Vacancies.** Any director may resign at any time by giving written notice to the Chairperson of the Board of Directors, President, or Secretary. Such resignation shall take effect at the time specified therein; and unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. Any vacancy occurring in a Director seat shall be filled at any regular or special meeting of the Board of Directors by the affirmative vote of a majority of the remaining directors, even if the number of remaining directors shall represent less than a quorum of the Board of Directors. A director elected to fill a vacancy shall be elected for the unexpired terms of his or her predecessor.

**Section 3.10. Telephone Conference Meetings.** The directors may conduct a valid meeting of the Board of Directors by communicating simultaneously with each other through means of conference telephone or similar communications equipment. Participation in a meeting held by conference telephone or similar communications equipment shall constitute presence in

person at such meeting.

**Section 3.11. Compensation.** Directors as such shall not receive any stated salaries for their services, but by resolution of the Board of Directors, a fixed sum and reasonable expenses, including travel expenses, of attendance, if any, may be allowed for attendance at each regular or special meeting of the Board; but nothing herein contained shall be construed to preclude any director from serving the corporation in any other capacity and receiving compensation therefore.

**Section 3.12. Informal Action by Directors.** Any action required by law to be taken at a meeting of directors or a committee of the Board of Directors, or any action which may be taken at a meeting of directors or a committee, may be taken without a meeting, if a consent in writing, setting forth the action so taken, shall be signed by all of the directors.

**Section 3.13. Removal of Directors.** Any individual director may be removed from office without assigning any cause, by the affirmative vote of two-thirds of the members of the entire Board of Directors. In the event a director is so removed, a new director may be elected at the same meeting for the unexpired term of the director so removed.

**Section 3.14. Presumption of Assent.** A director of the corporation who is present at a meeting of the Board of Directors at which any action on any corporate matter is taken shall be presumed to have assented to the action taken unless such director's dissent shall be entered in the minutes of the meeting or unless such director shall file a written dissent to such action with the person acting as the Secretary of the meeting before the adjournment thereof or shall forward such dissent by registered mail to the Secretary of the corporation immediately after the adjournment of the meeting. Such right to dissent shall not apply to a director who voted in favor of such action.

#### ARTICLE IV. OFFICERS

**Section 4.01. General.** The officers of the corporation, who shall be elected by the Board of Directors, shall be a President, Chairperson of the Board of Directors, Vice-Chairperson of the Board of Directors, one or more Vice-Presidents (the number thereof to be determined by the Board of Directors), a Secretary, and a Treasurer. The Board of Directors may elect or appoint such other officers, including one or more assistant secretaries and one or more assistant treasurers, as it shall deem desirable, such officers to have the authority and perform the duties prescribed, from time to time, by the Board of Directors. Any two or more offices may be held by the same person, except the offices of President and Secretary.

**Section 4.02. Election and Term of Office.** The elected officers of the corporation shall serve one year terms and shall be elected annually by the Board of Directors at the annual Board of Directors Meeting. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently may be. Other elected or appointed officers shall be elected or appointed in the manner determined from time to time by the Board of Directors. New offices may be created and filled at any meeting of the Board of Directors. Each officer shall hold office until such officer's successor shall have been duly elected and shall

have qualified.

**Section 4.03. Removal.** Any officer elected or appointed by the Board of Directors may be removed by the Board of Directors whenever in its judgment the best interests of the corporation would be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the officer so removed.

**Section 4.04. Vacancies.** A vacancy in any office because of death, resignation, removal, disqualification, or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

**Section 4.05. President.** The President shall be the principal executive officer of the corporation and subject to the control of the Board of Directors, shall in general supervise and control all of the business and affairs of the corporation. The President may sign, with the Secretary or any other proper officer of the corporation authorized by the Board of Directors, any deeds, mortgages, bonds, contracts or other instruments which the Board of Directors has authorized to be executed, except in cases where the signing and execution thereof shall be retained by the Board of Directors or otherwise expressly delegated by the Board of Directors or by these Bylaws or by statute to some other officer or agent of the corporation; and in general the President shall perform all duties incident to the office of President and such other duties as may be prescribed by the Board of Directors from time to time.

**Section 4.06. Chairperson of the Board of Directors.** The Chairperson of the Board of Directors, who shall be a director of the corporation, shall preside over the meetings of the Board of Directors and perform such other duties as are prescribed from time to time by the Board of Directors.

**Section 4.07. Vice-Chairperson of the Board of Directors.** The Vice-Chairperson, who shall be a director of the corporation, shall carry out the duties of the Chairperson of the Board of Directors in his or her absence. In the event of the absence of the Chairperson and Vice-Chairperson, a person or persons designated by the Board of Directors shall perform the duties of the Chairperson.

**Section 4.08. Vice-President.** In the absence of the President or in the event of the President's inability or refusal to act, the Vice-President (or in the event there be more than one Vice-President, the Vice Presidents in the order of their election) shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. Any Vice-President shall perform such other duties as from time to time may be assigned to the Vice-President by the President or by the Board of Directors.

**Section 4.09. Secretary.** The Secretary shall be responsible for (i) keeping the minutes of the meetings of the Board of Directors in one or more books provided for that purpose; (ii) seeing that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; (iii) being custodian of the corporate records and of the seal of the corporation and seeing that the seal of the corporation is affixed to all documents, the execution of which on behalf of the corporation under its seal is duly authorized; (iv) keeping a register of the post

office address of each director and member of the Board of Directors which shall be furnished to the Secretary by such persons; and (v) in general, performing all of the duties incident to the office of Secretary and such other duties as from time to time may be assigned to the Secretary by the President or by the Board of Directors.

**Section 4.10. Treasurer.** If required by the Board of Directors, the Treasurer shall give a bond for the faithful discharge of the Treasurer's duties in such sum and with such surety or sureties as the Board of Directors shall determine. The Treasurer shall have charge and custody of and be responsible for all funds and securities of the corporation; receive and give receipts for moneys due and payable to the corporation from any source whatsoever, and deposit all such moneys in the name of the corporation in such banks, trust companies or other depositories as shall be selected by the Board of Directors; and in general perform all of the duties incident to the office of Treasurer and such other duties as from time to time may be assigned to the Treasurer by the President or by the Board of Directors.

**Section 4.11. Assistant Treasurers and Assistant Secretaries.** If required by the Board of Directors, the Assistant Treasurers shall give bonds for the faithful discharge of their duties in such sums and with such sureties as the Board of Directors shall determine. The Assistant Treasurers and Assistant Secretaries, in general, shall perform such duties as shall be assigned to them by the Treasurer or the Secretary or by the President or the Board of Directors.

**Section 4.12. Salaries.** The salaries of the officers, if any, shall be fixed from time to time by the Board of Directors, and no officer shall be prevented from receiving such salary by reason of the fact that such person is also a director of the corporation.

## ARTICLE V. COMMITTEES

**Section 5.01. Executive Committee.** The Board of Directors, by resolution adopted by a majority of the entire Board of Directors, may designate and appoint an Executive Committee, which shall consist of two or more directors, which Committee, to the extent provided in said resolution, shall have and exercise the authority of the Board of Directors in the management of the corporation; provided, however, that the Executive Committee shall not have the authority of the Board of Directors in reference to (i) amending, altering or repealing the Bylaws; (ii) electing, appointing or removing any member of any such committee or any director or officer or member of the Board of Directors of the corporation; (iii) amending the Articles of Incorporation; (iv) adopting a plan of merger or adopting a plan of consolidation with another corporation; (v) authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of the corporation; (vi) authorizing the voluntary dissolution of the corporation or revoking proceedings therefore; (vii) adopting a plan for the distribution of the assets of the corporation; (viii) amending, altering or repealing any resolution of the Board of Directors, which by its terms provides that it shall not be amended, altered, or repealed by such Executive Committee; or (ix) any other action specifically prohibited by law from being taken by an Executive Committee of a nonprofit corporation. The designation and appointment of any such Executive Committee and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual director, of any responsibility imposed upon the Board or such director by law.

**Section 5.02. Other Committees.** Other committees not having and exercising the authority of the Board of Directors in the management of the corporation may be designated by a resolution adopted by a majority of the directors present at the meeting at which a quorum is present. Members of such committee(s) shall be appointed by the Board of Directors, and the Board of Directors shall have the authority to remove any such member. The chairperson of each committee shall be selected by the Board of Directors.

**Section 5.03. Quorum/Manner of Acting.** Unless otherwise provided in the resolution of the Board of Directors designating a committee, a majority of the whole committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

**Section 5.04. Rules.** Each committee shall have the authority to adopt rules for its own government not inconsistent with these Bylaws or with rules adopted by the Board of Directors.

## **ARTICLE VI. CONTRACTS, LOANS, CHECKS AND DEPOSITS**

**Section 6.01. Contracts.** The Board of Directors may authorize any officer or officers, or agent or agents of the corporation, in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances.

**Section 6.02. Loans.** No loans shall be contracted on behalf of the corporation and no evidence of indebtedness shall be issued in its name unless authorized by a resolution of the Board of Directors. Such authority may be general or confined to specific instances. As provided in Alaska Statute 10.20.141, the corporation shall not make loans to its directors or officers.

**Section 6.03. Checks, Drafts, Etc.** All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation, shall be signed by such officer or officers, or agent or agents, of the corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instruments shall be signed by the Treasurer or an Assistant Treasurer and countersigned by the President or a Vice-President of the corporation.

**Section 6.04. Deposits.** All funds of the corporation shall be deposited from time to time to the credit of the corporation in such banks, trust companies or other depositories as the Board of Directors may select.

**Section 6.05. Gifts.** The Board of Directors may accept on behalf of the corporation any contribution, gift, bequest or devise for the general purposes or for any special purpose of the corporation to the extent authorized by applicable law.

## ARTICLE VII. INDEMNIFICATION AND INSURANCE

**Section 7.01. Indemnification.** Directors and officers and former directors and officers of the corporation shall be indemnified to the fullest extent of the law as provided in Alaska Statute 10.20.011(14), or any successor provision or amendment thereto, against expenses actually and reasonably incurred by such person in connection with the defense of any action, suit or proceeding, civil or criminal, in which such person is made a party by reason of being or having been a director or officer of the corporation, except in relation to matters in which that person was adjudged, in the action, suit or proceeding, to be liable for negligence or misconduct in the performance of his or her corporate duties.

**Section 7.02. Insurance.** The corporation shall have power, to the extent permitted by the Alaska Nonprofit Corporation Act, and any amendments thereto, to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise against any liability asserted against such person and incurred by such person in any such capacity or arising out of such person status as such, whether or not the corporation would have the power to indemnify such person against such liability under the provisions of Section 7.01.

## ARTICLE VIII. MISCELLANEOUS

**Section 8.01. Books and Records.** The corporation shall keep correct and complete books and records of account and shall keep minutes of the proceedings of the Board of Directors and Executive Committee.

**Section 8.02. Fiscal Year.** The fiscal year of the corporation shall begin on the 1st day of January and end on the 31st day of December of each year, unless the Board of Directors, by resolution, establishes a different fiscal year.

**Section 8.03. Bylaw Amendments.** These Bylaws may be altered, amended or repealed and new Bylaws may be adopted by the Board of Directors at any regular or special meeting of the Board of Directors.


**Section 8.04. Corporate Seal.** The Board of Directors shall provide a corporate seal which shall be circular in form and shall have inscribed thereon the name of the corporation and the state of incorporation and the words, "Corporate Seal."



---

The undersigned President of CALISTA EDUCATION AND CULTURE, a non-profit corporation organized and existing under the laws of the State of Alaska, does hereby certify that these Amended and Restated Bylaws of the corporation were duly adopted at a meeting of the Board of Directors at Anchorage, Alaska on the 20th day of October, 2014.

**CALISTA EDUCATION AND CULTURE**

  
\_\_\_\_\_  
Rea Bavilla, President

ATTEST:

  
\_\_\_\_\_  
Flora Paukan, Secretary

Calista Education and Culture, Inc.

STATEMENT 8  
92-0088631  
Alaska Entity #22376D

**State of Alaska**  
**Department of Commerce, Community and Economic Development**  
**Corporations, Business and Professional Licensing**

## **Certificate of Amendment**

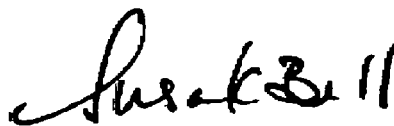
The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

**Calista Education and Culture, Inc.**  
**formerly**  
**Calista Heritage Foundation, Inc.**



IN TESTIMONY WHEREOF, I execute the certificate  
and affix the Great Seal of the State of Alaska  
effective June 18, 2014.



Susan K. Bell  
Commissioner

3663450

AK Entity #: 22376D  
 Date Filed: 06/18/2014  
 State of Alaska, DCCED

STATEMENT 8

92-0088631

Calista Education and Culture, Inc.



State of Alaska  
 Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
 PO Box 110808  
 Juneau, AK 99811-0808  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974  
 Website: www.commerce.alaska.gov/occ

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Juneau

**JUN 18 2014**

Division of Corporations, Business  
 and Professional Licensing

**ARTICLES OF AMENDMENT**  
**Domestic Nonprofit Corporation**  
**AS 10.20.181**

☐ **\$25.00 Filing Fee (non-refundable)**

Pursuant to Alaska Statutes 10.20 181, the undersigned corporation adopts the following amended Articles of Amendment.

**ITEM 1: Name of the corporation:****Alaska Entity #:**

Callista Heritage Foundation, Inc

22376D

**ITEM 2: Authorization:**

Date the amendment was adopted by a majority of the board of directors, or by a majority of its members (mm/dd/yyyy format):

05/07/2014

If adopted by the members of the corporation:

- ☐ There are members entitled to vote on the amendment; a quorum was present at the meeting and the amendment received at least two-thirds of the vote, which members present at the meetings or represented by proxy were entitled to cast.
- ☐ The amendment was adopted by consent in writing signed by all members entitled to vote with respect to the amendment.

If adopted by the Board of Directors:

- ☒ There are no members and the amendment received the vote of a majority of the directors in office.
- ☐ There are no members entitled to vote and the amendment received the vote of a majority of the directors in office.

**ITEM 3:** List each article number being amended, and the amended article in full. Any article being changed is considered an amendment, this includes deletions, edits, corrections, or renumbering of the articles. Verify with previous Articles of Incorporation and amendments already filed.

See attached Articles of Amendment.

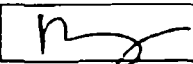



K 1 2 2 1 9 3 2

Item 3 continued:

Attach an additional sheet if necessary

**ITEM 4:** The Articles of Amendment must be signed by the president or vice president and by its secretary or an assistant secretary of the entity.

|   |  |        |
|---|--|--------|
|  | Rea Bavilla                                  | 6/4/14 |
| Signature of President or Vice President  | Printed Name of President or Vice President  | Date   |
|  | Flora Puakan                                 | 6/4/14 |
| Signature of Secretary or Assistant Secretary                                       | Printed name of Secretary or Asst. Secretary | Date   |

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

**NOTE:** Bylaws are not required to be filed with this office they are to be maintained by the entity. If you include your bylaws they will be returned, without being filed for record.

Mail the Articles of Amendment and the non-refundable \$25.00 filing fee in U.S. dollars to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.

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Division of Corporations, Business  
and Professional Licensing

Calista Education and Culture, Inc.

**CALISTA HERITAGE FOUNDATION, INC.**

**RESOLUTION 14- 01**

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STATEMENT

92-0088631

**JUN 18 2014**

Division of Corporations, Business  
and Professional Licensing

**WHEREAS**, pursuant to AS 10.20.171 – 10.20.191, the Board of Directors wish to amend the Articles of Incorporation of Calista Heritage Foundation, Inc. ("CHF") to change the name of "Calista Heritage Foundation, Inc." to "Calista Education and Culture, Inc."; and

**WHEREAS**, the board of directors of CHF has determined it is in the best interest of the corporation to take all action to change the name of CHF, and amend the Articles of Incorporation to accomplish the name change, as shown in the attached **Exhibit A**; and

**WHEREAS**, there are no members of the corporation and therefore no members entitled to vote on the amendment; and

**WHEREAS**, the amendment to be effective shall receive an affirmative vote of the majority of directors in office; and

**WHEREAS**, pursuant to Article VIII, Section 8.03 of the Bylaws of CHF, the Bylaws may be altered, amended or repealed by its board of directors.

**NOW THEREFORE BE IT RESOLVED** by an affirmative vote of the majority of board of directors in office that the Articles of Incorporation of Calista Heritage Foundation, Inc. shall be amended and adopted to change the name of the corporation to Calista Education and Culture, Inc. as shown in **Exhibit A** hereto; and

**BE IT FURTHER RESOLVED** that the President of Calista Heritage Foundation, Inc., or her designee, is authorized to take any and all action necessary to effectuate the intent of this Resolution.

DATED this 7th day of May, 2014.

**CALISTA HERITAGE FOUNDATION,  
INC.**

By: Flora Paukan  
Flora Paukan, Secretary

(Corporate Seal)



Calista Education and Culture, Inc.

**EXHIBIT A**  
**ARTICLES OF AMENDMENT**  
**OF**  
**CALISTA HERITAGE FOUNDATION, INC.**

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STATEMENT 8  
JUN 18 2014  
92-0088691

**Division of Corporations, Business  
and Professional Licensing**

Calista Education and Culture, Inc.

**ARTICLES OF AMENDMENT  
OF  
CALISTA HERITAGE FOUNDATION, INC.**

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STATEMENT 8  
92-0000051

JUN 18 2014

Division of Corporations, Business  
and Professional Licensing

Pursuant to the provisions of Alaska Statute 10.20.171 – 10.20.191, Calista Heritage Foundation, Inc., an Alaska nonprofit corporation, submits the following Articles of Amendment.

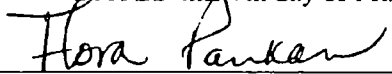
1. The name of the corporation is Calista Heritage Foundation, Inc.
2. The name of the corporation shall be "Calista Education and Culture, Inc."
3. Article One is amended and adopted in its entirety to read as follows:


**Article One**

**NAME:** The name of the Corporation shall be Calista Education and Culture, Inc

4. There are no members of the corporation and therefore no members entitled to vote on the amendment
5. The foregoing amendment to the Articles of Incorporation were duly and properly adopted at a meeting of the Board of Directors on May 7, 2014. The amendment received an affirmative vote of the majority of directors in office.

DATED this 7th day of May, 2014.

  
\_\_\_\_\_  
Flora Paukan, Secretary

  
\_\_\_\_\_  
Rea Bavilla, President

**VERIFICATION**

STATE OF ALASKA                     )  
  ) ss.  
THIRD JUDICIAL DISTRICT         )

I, Rea Bavilla, being first duly sworn, depose and say: I am the President of Calista Heritage Foundation, Inc ; I have read the foregoing Articles of Amendment of Calista Heritage Foundation, Inc. and I understand the contents thereof, I have executed them freely and voluntarily on behalf of the corporation and I verify that all the statements in these are true.

DATED this 4th day of June, 2014, at Anchorage, Alaska.

  
\_\_\_\_\_  
Rea Bavilla, President

Calista Education and Culture, Inc.

STATEMENT 9  
92-0088631  
Alaska Entity #22376D

**State of Alaska**  
**Department of Commerce, Community and Economic Development**  
**Corporations, Business and Professional Licensing**

## **Certificate of Merger**

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

**the survivor**  
**Calista Heritage Foundation, Inc.**  
**an Alaska entity**



IN TESTIMONY WHEREOF, I execute the certificate  
and affix the Great Seal of the State of Alaska  
effective **March 27, 2014**.

A handwritten signature in cursive script, reading "Susan K. Bell".

Susan K. Bell  
Commissioner



CALISTA CORP  
5455266AK Entity #: 22376D  
Date Filed: 03/27/2014  
State of Alaska, DCCEDSTATEMENT 10  
92-0088631

Calista Education and Culture, Inc.

State of Alaska

Division of Corporations, Business and Professional Licensing

CORPORATIONS SECTION

PO Box 110806

Juneau, AK 99811-0806

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Division of Corporations, Business  
and Professional Licensing**ARTICLES OF MERGER**  
**Domestic Nonprofit Corporation**  
**AS 10.20.216 – 10.20.251**☒ \$25.00 Filing Fee (nonrefundable)

Pursuant to Alaska Statutes 10.20.216 – 251, two or more domestic nonprofit corporations may merge into one of the two or more corporations under a plan of merger approved in the manner provided in this chapter.

**ARTICLE 1. Name of the merging entity:****Alaska Entity # (if applicable):**

Calista Elders Council, Inc.

47438D

**Name of the merging entity:****Alaska Entity # (if applicable):**

n / a

Attach a separate sheet with additional corporations, if necessary.

**ARTICLE 2: Name of the surviving entity:****Alaska Entity # (if applicable):**

Calista Heritage Foundation, Inc.

22376D

**ARTICLE 3: Attach a Plan of Merger. See AS 10.20.231 for details on what the Plan of Merger must include****ARTICLE 4: The Plan of Merger must be approved by each entity that is party to the merger. Provide the voting information for each entity.****Name of the merging entity:**

Calista Elders Council, Inc.

A)

Resolution by the board of directors

Date of meeting: 10/21/2013

The number of directors voting for the merger: unanimous

The number of directors voting against the merger: 0

– OR –



STATEMENT 10

92-0088631

Calista Education and Culture, Inc.

B)

**Voting members of the corporation:** A quorum was present and the merger received at least 2/3 of the votes that members either present at the meeting or represented by proxy were entitled to cast.

Date of meeting:

The number of directors voting for the merger:

The number of directors voting against the merger:

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Name of the merging entity:

n / a

A)

Resolution by the board of directors

Date of meeting:

The number of directors voting for the merger:

The number of directors voting against the merger:

-- OR --

B)

**Voting members of the corporation:** A quorum was present and the resolution received at least 2/3 of the votes that members either present at the meeting or represented by proxy were entitled to cast.

Date of meeting:

The number of directors voting for the merger:

The number of directors voting against the merger:

Name of the surviving entity:

Calista Heritage Foundation, Inc.

A)

Resolution by the board of directors

Date of meeting: 12/13/2013

The number of directors voting for the merger: 6

The number of directors voting against the merger: 0

-- OR --

B)

**Voting members of the corporation:** A quorum was present and the merger received at least 2/3 of the votes that members either present at the meeting or represented by proxy were entitled to cast.

Date of meeting

Calista Education and Culture, Inc.

The number of directors voting for the merger:

The number of directors voting against the merger:

STATEMENT OF  
92-0443621

MAR 27 2014

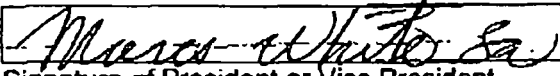
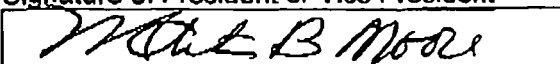
Division of Corporations, Business  
and Professional Licensing

Attach a separate sheet if necessary.

**ARTICLE 5:** The Articles of Merger must be signed by the president or vice president and by the secretary or assistant secretary of each entity involved in the merger.

Name of the merging entity:

Calista Elders Council, Inc.

|   |  |          |
|---|--|----------|
|  | Moses White, Sr.                             | 3/27/14  |
| Signature of President or Vice President  | Printed Name of President or Vice President  | Date     |
|  | Martin Moore, Sr.                            | 03/10/14 |
| Signature of Secretary or Assistant Secretary                                     | Printed name of Secretary or Asst. Secretary | Date     |

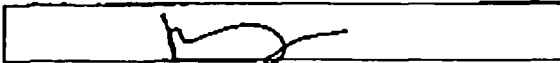

Name of the merging entity:

n/a

|   |  |      |
|---|--|------|
|   |  |      |
| Signature of President or Vice President      | Printed Name of President or Vice President  | Date |
|   |  |      |
| Signature of Secretary or Assistant Secretary | Printed name of Secretary or Asst. Secretary | Date |

Name of the surviving entity:

Calista Heritage Foundation, Inc.

|   |  |         |
|---|--|---------|
|  | Rea Bavilla                                  | 3/27/14 |
| Signature of President or Vice President  | Printed Name of President or Vice President  | Date    |
|  | Flora Paukan                                 | 3/17/14 |
| Signature of Secretary or Assistant Secretary                                       | Printed name of Secretary or Asst. Secretary | Date    |

**NOTE:** Persons who sign documents filed with the commissioner that are known to be false in material respects are guilty of a class A misdemeanor.

**NOTE:** Bylaws are not required to be filed with this office; they are to be maintained by the entity. If you include your bylaws, they will be returned without being filed for record.

Mail the Articles of Merger and the non-refundable \$25.00 filing fee in U.S. dollars to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.

Calista Education and Culture, Inc.

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STATEMENT 10  
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## PLAN OF MERGER

1. Merger Calista Elders Council, Inc. and Calista Heritage Foundation, Inc. shall be merged into Calista Heritage Foundation, Inc.
2. Effective Time Pursuant to AS 10.20.261, the merger shall become effective upon issuance of a certificate of merger by the Commissioner of Commerce, Community and Economic Development.
3. Terms of Merger. The terms of the merger are:
  - a. Calista Elders Council, Inc. shall be merged into Calista Heritage Foundation, Inc.
  - b. Calista Heritage Foundation, Inc. shall be the surviving Corporation and the corporate identity, existence purpose, powers, rights and immunities of Calista Heritage Foundation, Inc. shall continue unaffected and unimpaired by the merger. The Articles of Incorporation, as previously amended, and the bylaws of Calista Heritage Foundation, Inc. shall remain in effect unaltered. The duly qualified and acting directors and officers of Calista Heritage Foundation, Inc. immediately prior to the effective date of the merger shall be the directors and officers of Calista Heritage Foundation, Inc. after the effective date.
  - c. Effect of Merger. When the merger becomes effective, all the rights, privileges, powers, and all properties and assets of every kind and description of Calista Elders Council, Inc. shall be vested in and be held and enjoyed by Calista Heritage Foundation, Inc. without further act or deed; and all debts due to either of them on whatever account shall be effectually the property of Calista Heritage Foundation, Inc. as they were of Calista Elders Council; and all rights of creditors and all liens upon any property of Calista Elders Council shall be preserved unimpaired, and all debts, liabilities and duties of Calista Elders Council shall henceforth attached to Calista Heritage Foundation, Inc. and may be enforced against Calista Heritage Foundation, Inc. to the same extent as if such debts, liabilities and duties had been incurred or contracted by it.
  - d. Calista Elders Council shall execute and deliver all such deeds and instruments and to take such further action as Calista Heritage Foundation, Inc. may deem necessary in order to vest in and confirm to Calista Heritage Foundation, Inc. title to and possession of any property acquired or to be acquired by reason of the merger. The proper officers and directors of Calista Heritage Foundation, Inc. and Calista Elders Council are fully authorized in the name of their respective organizations to take any and all such action.
  - e. The separate existence of Calista Elders Council, Inc. except insofar as specifically otherwise provide by law, shall cease at the Effective Time, whereupon Calista Heritage Foundation, Inc. and Calista Elders Council, Inc. shall become a single corporation.

Calista Education and Culture, Inc.

STATEMENT 10  
92-0088631

4. Conditions to Merger. Notwithstanding anything herein or elsewhere to the contrary, the merger shall not be agreed to by Calista Heritage Foundation, Inc. and made effective if any material litigation shall be pending or threatened against or affecting Calista Elders Council, Inc. or any of its assets or the merger itself, in the judgment of the Calista Heritage Foundation, Inc. board of directors renders it inadvisable to proceed with the merger.

Approved:

Calista Heritage Foundation, Inc.

Its: [Signature]President/CEO3/5/14  
Date

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MAR 27 2014  
Division of Corporations, Business  
and Professional Licensing

Calista Elders Council, Inc.

Its: [Signature]CEE Chairman2-28-14  
Date