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Form **990-PF**

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

**2014**

Open to Public Inspection

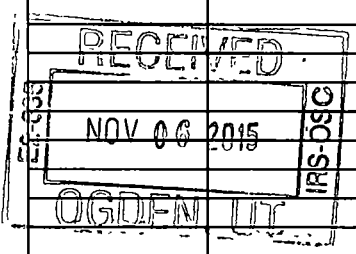
Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2014 or tax year beginning , and ending

Name of foundation <b>UIC Foundation, Inc</b>		A Employer identification number <b>92-0157584</b>	
Number and street (or P O box number if mail is not delivered to street address) <b>3201 C Street, Suite 801</b>		Room/suite	B Telephone number (see instructions) <b>(907) 677-5200</b>
City or town <b>Anchorage</b>	State <b>AK</b>	ZIP code <b>99503</b>	C If exemption application is pending, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code	D 1 Foreign organizations, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity		D 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<input type="checkbox"/> Final return <input type="checkbox"/> Amended return		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation			
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 283,248</b>	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	257,112			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	257,112	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	16,299			16,299
	24 Total operating and administrative expenses. Add lines 13 through 23	16,299	0	0	16,299
	25 Contributions, gifts, grants paid	197,130			197,130
26 Total expenses and disbursements. Add lines 24 and 25	213,429	0	0	213,429	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	43,683				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		



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For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014)

HTA

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing	218,525	283,248	283,248
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶	20,395		
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ▶				
	Less accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶ )				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	238,920	283,248	283,248	
Liabilities	17	Accounts payable and accrued expenses	371	1,016	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ )			
	23	<b>Total liabilities</b> (add lines 17 through 22)	371	1,016	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b>				
	24	Unrestricted	238,549	282,232	
	25	Temporarily restricted			
	26	Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/></b>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
30	<b>Total net assets or fund balances</b> (see instructions)	238,549	282,232		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	238,920	283,248		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	238,549
2	Enter amount from Part I, line 27a	2	43,683
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	282,232
5	Decreases not included in line 2 (itemize) ▶	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5)—Part II, column (b), line 30	6	282,232

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
<b>2</b>	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b>	0
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		<b>3</b>	0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	178,780	372,532	0.479905
2012	148,001	166,568	0.888532
2011	115,202	67,829	1.698418
2010	124,915	66,525	1.877715
2009	178,787	65,756	2.718946
<b>2</b>	<b>Total</b> of line 1, column (d)		<b>2</b> 7.663516
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b> 1.532703
<b>4</b>	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5		<b>4</b> 153,785
<b>5</b>	Multiply line 4 by line 3		<b>5</b> 235,707
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)		<b>6</b> 0
<b>7</b>	Add lines 5 and 6		<b>7</b> 235,707
<b>8</b>	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions		<b>8</b> 213,429

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>		
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>2</b>		0
<b>3</b>	Add lines 1 and 2	<b>3</b>		0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>		
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	<b>5</b>		0
<b>6</b>	Credits/Payments			
<b>a</b>	2014 estimated tax payments and 2013 overpayment credited to 2014	<b>6a</b>		
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b>	Total credits and payments Add lines 6a through 6d	<b>7</b>		0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <b>Refunded</b>	<b>11</b>		0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>2</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ AK		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>http://www.uicalaska.com/family-of-companies/uic-foundation/</u>	13	X	
14	The books are in care of ▶ <u>Bob Cronen</u> Telephone no ▶ <u>(907) 677-5209</u> Located at ▶ <u>PO Box 890, Barrow AK</u> ZIP+4 ▶ <u>99723</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u>			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country ▶	16	Yes	No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/></p> <p><b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p> <p><b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i></p> <p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>5b</b>		X
	<b>6b</b>		X
	<b>7b</b>	N/A	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement 2				
.....				
.....				
.....				
.....				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
.....				
.....				
.....				
.....				

**Total number of other employees paid over \$50,000** ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services



**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 NONE	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 NONE	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3



0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances	<b>1b</b>	156,127
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	156,127
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	156,127
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	<b>4</b>	2,342
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	153,785
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	7,689

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	7,689
<b>2a</b>	Tax on investment income for 2014 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2014 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	7,689
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	7,689
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	7,689

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	213,429
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	213,429
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	213,429

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				7,689
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009	156,112			
b From 2010	112,166			
c From 2011	112,685			
d From 2012	126,660			
e From 2013	164,951			
f <b>Total</b> of lines 3a through e	672,574			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 213,429				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2014 distributable amount				7,689
e Remaining amount distributed out of corpus	205,740			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	878,314			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	156,112			
9 <b>Excess distributions carryover to 2015.</b> Subtract lines 7 and 8 from line 6a	722,202			
10 Analysis of line 9				
a Excess from 2010	112,166			
b Excess from 2011	112,685			
c Excess from 2012	126,660			
d Excess from 2013	164,951			
e Excess from 2014	205,740			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2014	(b) 2013	Prior 3 years		
			(c) 2012	(d) 2011	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
<b>b</b> 85% of line 2a					0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> Gross investment income					0

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

UIC Foundation Inc, PO Box 890 Barrow, AK 99723 (907) 677-5200

**b** The form in which applications should be submitted and information and materials they should include

See Attachment 3

**c** Any submission deadlines

March 1 Spring Term, May 1 Summer Term, August 1 Fall Term, December 1 Winter Term

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Scholarships are awarded to UIC Shareholders and their Children

**Part XV Supplementary Information (continued)**

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Attachment 4				197,130
<b>Total</b>				▶ <b>3a</b> 197,130
b <i>Approved for future payment</i>				
<b>Total</b>				▶ <b>3b</b> 0





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**2014**

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

Name of the organization

UIC Foundation, Inc

Employer identification number

92-0157584

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> UIC Foundation, Inc	<b>Employer identification number</b> 92-0157584
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**Part I** **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ukpeagvik Inupiat Corporation 3201 C Street, Suite 801 Anchorage AK 99503 Foreign State or Province _____ Foreign Country _____	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	BP Exploration 900 E Benson Blvd Anchorage AK 99508 Foreign State or Province _____ Foreign Country _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	Shell Alaska 3601 C Street, Suite 1314 Anchorage AK 99503 Foreign State or Province _____ Foreign Country _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

FORM 990PF, PART I - OTHER EXPENSES

ATTACHMENT 1

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<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
REGISTRATION / MEMBERSHIPS	586	586
BUSINESS LICENSES	60	60
BANK FEES	3,743	3,743
FUNDRAISING EXPENSES	11,910	11,910
TOTALS	<u>16,299</u>	<u>16,299</u>

JIC FOUNDATION, INC

92-0157584

FORM 990PF, PART VIII, Line 1 - COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, AND FOUNDATION MANAGERS

ATTACHMENT 2

NAME	STREET	CITY	STATE	ZIP CODE	TITLE	AVERAGE HOURS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION	EXPENSE ACCOUNT OTHER ALLOWANCES
JUSTIN THOMAS	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR/PRESIDENT	1	0	0	0
DAVID KLOPP	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0
MATT TISCHER	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0
STEVE CRONIC	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0
THOMAS SHOWALTER	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0
WALT GEORGE	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0
KARLIN ITCHOKA	3201 C STREET, SUITE 801	ANCHORAGE	AK	99503	DIRECTOR	1	0	0	0

ATTACHMENT 2



## UIC Foundation, Inc. Scholarship Application

Personal Information			
Date of Application _____			
<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal	School Term: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter	Year _____	
<input type="checkbox"/> Full-time (<12 credits) <input type="checkbox"/> Part-time (>12 credits)			
Name		SSN	
Home Phone:		E-mail address:	
Address:			
Shareholder Status			
UIC Shareholder <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child/Descendent of Shareholder <input type="checkbox"/> Yes <input type="checkbox"/> No			
Descendent/Parent Name:			
School Information			
Name of School/College _____			
Address _____ _____			
Acceptance Letter <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Send			
Type of training <input type="checkbox"/> Vocational <input type="checkbox"/> Higher Education (college/university)			
School(s) Previously Attended.			
1. _____			
2. _____			
3. _____			
References (Initial Applicants Only)			
	Reference Name	Address	Phone Number
1			
2			
3			
<b>For Renewal Students</b>			
Past Semester Grades <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Send			
<b>REMINDER: Scholarship funding will not be issued until grades have been received.</b>			
Year in College. <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Living arrangements: <input type="checkbox"/> Dorm (on-campus) <input type="checkbox"/> Parents <input type="checkbox"/> Apartment/Rental (off-campus)			

Return to: UIC Foundation, Inc., P.O. Box 890, Barrow, AK 99723    Fax: (907) 852-4459



Expenses			
School Expenses for ONE term:		Source of Funds	
Tuition:		Job Savings:	
Fees:		City of Barrow	
Dorm		AEF	
Food/Meals:		BIA	
Apt. Rent/Month		Pell Grant:	
Books		State Loans:	
		Misc/Other:	
Total Expenses:		Total Funds:	
Total Request			

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved Amount \_\_\_\_\_

Signature (UIC Foundation Administrator) \_\_\_\_\_



## UIC Foundation, Inc. Financial Need Sheet Request/Release

**Student:** Fill out the top section and submit to your school's Financial Aid Office

Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

University \_\_\_\_\_

Marital Status     Single         Married         Divorced

Student is:         Dependent     Independent  
 Full-time (<12 credits)     Part-time (>12 credits)

**I give permission for the university to release financial aid information to the UIC Foundation, Inc.**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL FINANCIAL AID OFFICE ONLY**

Please fill out expense portion even if other resource information is unavailable.

		Financial Resources:	Spring 20__	Summer 20__	Fall 20__	TOTAL
Grants	Institutional Sch					
	Other Sch					
	Pell Grant					
	SEOG					
	Tribal Assistance					
	Tuition Exemption					
	Veteran's Benefits					
	Other (specify)					
Loans	Alaska Student Loan					
	Perkins Loan					
	Guaranteed Student					
Personal	AFDC or Welfare					
	Parent/Spouse Contribution					
	Student					
	Work Study					
Other (Specify)						
		Total Resources				
		Unmet Need				

- Full-time
- Part-time

**School Calendar**

- Semester
- Quarters
- Other

BUDGET FORECAST	
Tuition	\$
Fees	\$
Books	\$
Room	\$
Board	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

Need cannot be determined because

\_\_\_\_\_

\_\_\_\_\_

School/University: \_\_\_\_\_

Address \_\_\_\_\_

Financial Aid Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number. \_\_\_\_\_ Fax Number. \_\_\_\_\_

Return to: UIC Foundation, Inc., P.O. Box 890, Barrow, AK 99723    Fax: (907) 852-4459

## **UIC Foundation, Inc.**

### **Scholarship Program**

P.O. Box 890

Barrow, AK 99723

Phone: (907) 852-4460

Fax: (907) 852-4459

UIC Foundation, Inc. has funding available for the purpose of providing scholarships to qualified students whether they are attending college or vocational school; part-time or full-time. The Foundation will assist in paying for the basic college costs of tuition, fees and books for each term. Every applicant is encouraged to apply for other financial aid for which they may be eligible.

#### **Limitations of the Scholarship Program Funds are as follows:**

- Apartment rent is limited to 30% of agreement not to exceed any tuition of \$1,500 each term and must turn in lease agreement.
- Food allowance is limited to \$150.00/month for full-time students only.
- Room and board is only available for full-time students living away from home.
- Transportation to and from school is not available.

#### **Application deadlines are as follows:**

March 1:	Spring Term
May 1:	Summer Term
August 1:	Fall Term
December 1:	Winter Term

#### **Requirements an applicant must fulfill in order to be considered for a scholarship are:**

1. Must be a UIC shareholder or a descendent of a UIC shareholder.
2. Scholarship application form must be completed and returned by the appropriate deadline.
3. A letter of acceptance from the school you will be attending must be on file (for new students).
4. Complete academic transcripts from high school or the most recent school you have attended must be on file with a GPA of 2.0 or better (for new and renewal students).
5. Three (3) letters of recommendation from counselors, teachers, administrators or present employers must be submitted with the application (for new students).
6. A personal statement detailing your future career plans after completion of college or training must be submitted (for new and renewal students). Include extra-curricular activities and community service activities.
7. A current resume is required (for new students).
8. Financial need sheet from the school is required (for new and renewal students). This form is attached.
9. Current grade report with renewal application submitted (for renewal students only) within 35 days of above application deadline in order to get renewal scholarship award.

Any questions regarding the UIC Foundation Scholarship Program, call (907) 852-4460.

FORM 990PF, PART XV - SUPPLEMENTARY INFORMATION  
 GRANTS PAID DURING THE YEAR

Last Name	First Name	Relationship to any Foundation		Scholarship Amount
		Manager or Substantial Contributor	Foundation Status	
ABAD	COLLEEN	NONE	NONE	1,250
AHKIVGAK	KARINA	NONE	NONE	1,000
AHKIVIANA	FORREST	NONE	NONE	2,500
AHKIVIANA	LINDA	NONE	NONE	2,000
AKOOTCHOOK	ALYSSA	NONE	NONE	1,500
AKOOTCHOOK	BENJAMIN	NONE	NONE	1,500
AKPIK	ALISON	NONE	NONE	2,500
AKPIK	DANIELLE	NONE	NONE	2,500
AKPIK	SUVLUURAQ	NONE	NONE	1,500
ALSTON	EDNA	NONE	NONE	1,250
ANDERSON	GEORGIANN	NONE	NONE	500
ASHBY	DERICK	NONE	NONE	1,500
BANKSTON	ALAINA	NONE	NONE	2,500
BANKSTON	ALISON	NONE	NONE	3,000
BARRAGAN WILHELM	OSCAR A	NONE	NONE	1,500
BENSON	EDWARD	NONE	NONE	2,500
BENSON	INDY	NONE	NONE	1,500
BORDEAUX	ELIZABETH	NONE	NONE	1,000
BROWER	ALVIN	NONE	NONE	3,500
BROWER	IANJON	NONE	NONE	2,500
BROWER	TRINA	NONE	NONE	2,500
BURNS	BRITTANY	NONE	NONE	1,500
CHRISTIANSEN	JAMIE	NONE	NONE	1,000
CLARK	HANNAH	NONE	NONE	2,500
CROSBY	DEANNA	NONE	NONE	1,000
DANNER	ERIK	NONE	NONE	2,500
DANNER	KORY	NONE	NONE	1,500
DELIA	KIMRA	NONE	NONE	1,500
DIAZ	LIZZIE	NONE	NONE	2,000
DINGMAN	HEATHER	NONE	NONE	1,000
DONATH	KRISTA	NONE	NONE	500
EDWARDSSEN	MARYALYCE	NONE	NONE	500
EDWARDSON	ANTON	NONE	NONE	1,000
ELAVGAK	SOLOMON	NONE	NONE	500
FELDER	JILLIAN	NONE	NONE	2,500
FERRIS	CARLY	NONE	NONE	2,500
FISCHER	IONE	NONE	NONE	1,000
FISCHER-AKOOTCHOOK	ROY	NONE	NONE	2,500
FLORES	ALICIA	NONE	NONE	1,500
FOSI	JANESSA	NONE	NONE	1,500
GERKE	MELISSA	NONE	NONE	1,000
GIBSON	HELEN	NONE	NONE	2,500
GIBSON	KRISTINA	NONE	NONE	1,000
GLENN	ROBERTA	NONE	NONE	1,500
GLENN	VANESSA	NONE	NONE	1,000
HAAKE	KELSEY	NONE	NONE	750
HEPA	LYNETTE	NONE	NONE	2,500
HOPSON	HEATHER	NONE	NONE	2,500
HOPSON	JENS	NONE	NONE	1,500
HUGO-SHAVINGS	DORIS	NONE	NONE	3,500
ITTA	ADISON	NONE	NONE	1,000
ITTA	ALICIA	NONE	NONE	1,500
JACK	JEREMIAH	NONE	NONE	1,500
KALEAK	LAWRENCE	NONE	NONE	1,500
KANAYURAK	JALENE	NONE	NONE	2,500
KAYOTUK	FELICIA	NONE	NONE	3,000
KELLER	CHASE	NONE	NONE	2,500
KHAN	ERICA	NONE	NONE	1,500

Last Name	First Name	Relationship to any Foundation Manager or Substantial Contributor	Foundation Status	Scholarship Amount
KHAN	SELMA	NONE	NONE	1,000
LEAVITT	SONDRA	NONE	NONE	750
LEAVITT	WILMA	NONE	NONE	1,000
LEAVITT-MIGUEL	ASIA	NONE	NONE	1,500
LEMEN	HILARY	NONE	NONE	1,500
LITCHARD	QITUVITUAQ	NONE	NONE	500
LONG	COLIN	NONE	NONE	1,000
LONG	FLORENCE	NONE	NONE	1,000
LONG	JOHN	NONE	NONE	1,000
LORD	JAMI	NONE	NONE	1,500
LOWERY	HILARY	NONE	NONE	2,500
MACK	LEANNA	NONE	NONE	1,500
MAUPIN	DORCAS	NONE	NONE	1,000
MAUPIN	SARAH	NONE	NONE	1,500
MCKENZIE	TARYN	NONE	NONE	2,500
MCNIEL	RENA	NONE	NONE	500
MENDEL	KYLE	NONE	NONE	1,000
MILLER	TAKTUK	NONE	NONE	1,000
MONGOYAK	CLAUDIA	NONE	NONE	1,500
MORGAN	ADAM	NONE	NONE	1,500
MORGAN	JOSHUA	NONE	NONE	1,500
MORGAN	MICHAEL	NONE	NONE	1,500
MOSS	MARYALYCE	NONE	NONE	470
MUMFORD	CATHERINE	NONE	NONE	2,500
MURPHREY	MICHAELA	NONE	NONE	2,500
NASHAKNIK	LORENA	NONE	NONE	1,000
NEAKOK	CHERYL	NONE	NONE	2,500
NELSON	STEPHANIE	NONE	NONE	1,500
NUNGASAK	ANGELA	NONE	NONE	750
NUNGASAK	DONOVAN	NONE	NONE	2,000
NUNGASAK-CARRIG	HARRIETT	NONE	NONE	1,000
OKAKOK JR	REX	NONE	NONE	1,500
OKPIK	AQAMAK	NONE	NONE	1,500
OLEMAUN	CHASTITY	NONE	NONE	2,500
OLEMAUN	NATHANIEL	NONE	NONE	1,500
OYAGAK	BERNICE	NONE	NONE	1,250
PANNINGONA	CLARISSA	NONE	NONE	1,750
PATKOTAK	ELLIS	NONE	NONE	1,000
REITAN	COLIN	NONE	NONE	1,500
REXFORD	MARIANNE	NONE	NONE	500
ROSEBERRY	KATIE	NONE	NONE	2,500
ROSEBERRY JR	MARK	NONE	NONE	1,000
SEARS	CHRISTINA	NONE	NONE	1,000
SIELAK	GEORGIANNA	NONE	NONE	750
SIELAK	VANESSA	NONE	NONE	1,500
SIKVAYUGAK	MAGGIE	NONE	NONE	1,500
SIMMONDS	DANIELLE	NONE	NONE	1,000
SIMMONDS	VERA	NONE	NONE	1,000
SMITH	JESSICA	NONE	NONE	1,500
SNYDER	MEDA	NONE	NONE	3,500
SNYDER	RUSSELL	NONE	NONE	1,250
SPICER	DANA	NONE	NONE	1,000
STOTTS	INUUTEQ	NONE	NONE	2,500
STRUTZ	JOSHUA	NONE	NONE	1,000
SYFKO	EDNA	NONE	NONE	500
TEGOSEAK	GABRIEL	NONE	NONE	500
THOMAS	DANIEL	NONE	NONE	2,500
THOMPSON	JENE	NONE	NONE	2,500
TOALSTON	YELEANA	NONE	NONE	750
TUCKFIELD	JOSIE	NONE	NONE	1,000
TURNER	HANNAH	NONE	NONE	1,500

Last Name	First Name	Relationship to any Foundation		Scholarship Amount
		Manager or Substantial Contributor	Foundation Status	
TURNER	KATELYN	NONE	NONE	1,000
TUZROYLUKE	RUBY	NONE	NONE	4,500
VENT	MILISSA	NONE	NONE	500
WATSON	KATRINA	NONE	NONE	1,500
WEBER	KAITLAN	NONE	NONE	2,500
WEBER	WHITNEY	NONE	NONE	1,500
WOLGEMUTH	BRIDGET	NONE	NONE	500

198,970

REFUNDED SCHOLARSHIPS

(1,840)

TOTAL GRANTS PAID DURING THE YEAR

197,130