Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. 

■ Do not enter social security numbers on this form as it may be made public. ► Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017 Open to Public Inspection

Internal Revenu		▶ Go to v	www.irs.gov/Form990	ofor instructions	and the latest	information.	800	Inspection
A For the	2017 calendar	year, or tax year beginning	07/01/17	, and ending	06/30/	18		
B Check if app	oficable C Name of	of organization					D Employer ide	entification number
Address cha	ange	ALASKA	CHARR EDUCA	TION FUND	INC.			
Name chang	Doing b	ousiness as					06-160	
	Numbe	r and street (or P O box if mail is not		s)		Room/suite	E Telephone nu	
Initial return		3 W. 31ST AVE, ST					907-2	74-8133
Final return/ terminated		town, state or province, country, and a						
Amended re		HORAGE	AK 99503			<u> </u>	G Gross receipts	131,43
	r Name a	and address of principal officer				H(a) Is this a gr	oup return for subor	dinates? Yes X No
Application		IP DUGGAN				11(4) 10 0110 0 911	oop roturn for outer	
	1	W. BUNNELL			-1-	1	oordinates include	
<del></del>	HON	<u>ÆR</u>	AK	99603	0.9	If "No,	" attach a list (see	e instructions)
I Tax-exemp		501(c)(3) 501(c) (	) $\blacktriangleleft$ (insert no )	4947(a)(1) or	527	_		
J Website	N/A				<del></del>	H(c) Group exe	emption number	
K Form of org	ganization X Co	orporation Trust Associa	ation Other 🕨		L \	ear of formation 2	1003 м	State of legal domicile A
Part I	Summar	<b>y</b>						
1 Br	riefly describe th	ne organization's mission or r	most significant acti	vities				
o l	TO ENCOUR	AGE AND ASSIST Q	UALIFIED PEF	RSONS IN D	EVELOPIN	G A CAREE	R IN THE	
2	ALASKA HO	SPITALITY INDUST	RY THROUGH F	INANCIAL	ASSISTAN	CE, CONTI	NUING	
ğΙ		, ON THE JOB TRA				•		
<b>~</b> !	heck this box ▶		•				sets	
		members of the governing b	•	•		370 OF 110 HOT 40	1 1 .	7
	-	endent voting members of the	• •	•				<del>.</del> 7
:= I	•	ndividuals employed in caler:		-			<del></del>	<u>′</u>
¥ 5 10		, ,	,	v, mis za)			<u> </u>	10
	otal number of v	olunteers (estimate if neces	Salv)	40 ====	<del></del>		<del></del>	62,30
₽ /a : 0	otar unrelated ot	usiness revenue from Part V	in, commit (C), inje,	CEIVED	1		7a	02,30
6, 7a To	et unrelated bus	iness taxable income from F	orm 990-1,-line_34_		<del>-10 </del> -	Prior Ye	7b	Current Year
	ontributions and	grants (Part VIII, line 1h)	MAY MAY	0 1 0040	S-0SC		9,744	18,37
(S)		revenue (Part VIII, line 2g)	‰  IVIAT	<b>2</b> 1 2019		·	719	10,57
O.1	•	ie (Part VIII, column (A), line	2 4 land 7d)		ايدًا ا		21	25
41 0		art VIII, column (A), lines 5, 6		DEN HI	• -	3	8,904	50,702
42 7					}		9,388	
<u> </u>		dd lines 8 through 11 (must		mn (A), line 12)	-			69,104
<b>判</b> 13 5		r amounts paid (Part IX, colu			}		4,187	53,628
<b>~</b>		r for members (Part IX, colu					F 001	
ري 15 Sa		mpensation, employee bene	•	n (A), lines 5–10)	)		5,901	
(四) 16a Pi		raising fees (Part IX, column						
.0.1		expenses (Part IX, column (I		•	800			
'' 0		Part IX, column (A), lines 11					3,053	13,912
18 To	otal expenses A	Add lines 13–17 (must equal	Part IX, column (A),	, lıne 25)			3,141	67,540
	evenue less exp	enses Subtract line 18 from	1 line 12				6,247	1,564
Net Assets or Sund Balances Tund Balances Tu						Beginning of Cu		End of Year
ts a 20 To	otal assets (Part	•					7,221	216,605
출발 21 To	otal liabilities (Pa	art X, line 26)			ļ		0,120	27,940
조리 22 No		d balances Subtract line 21	from line 20			18	7,101	<u> </u>
Part II	Signatur	e Block						
Under pena	alties of perjury, I o	declare that I have examined thi	is return, including acc	ompanying schedi	ules and stateme	ents, and to the b	est of my know	ledge and belief, it is
true, correc	t, and complete [	Declaration of preparer (other th	an officer) is based on	all information of	which preparer	has any knowledo	ge	•
	N YIM	W AMACTIC	XX				The state of the s	
Sign	Signature of	officer					Date	<del></del>
Here	ALIC	CIA MALTBY	9		DIREC	TOR	5	115/19
		name and title						
	Print/Type preparer's	···-	Preparer signat	ure NA A		Date	Charle F	if PTIN
Daid					TALI IN	1.7KL	Check	_]"]
Preparer	MERILEE METC.			TCALF SMITH	<i>Y</i>		/19 self-employ	
Use Only	Firm's name	BLANK & SMI'				<u> </u>	irm's EIN	92-0123291
- 1		2600 DENALI					_	
	Firm's address	ANCHORAGE, I				F	Phone no S	<u> 907-562-717</u>
May the IRS	discuss this ret	turn with the preparer shown	ahove? (see instriid	ctions)				V Voc No

	v/	
	990 (2017) ALASKA CHARR EDUCATION FUND INC. 06-1663010	Page <b>2</b>
Part		
	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission	
	D ENCOURAGE AND ASSIST QUALIFIED PERSONS IN DEVELOPING A CAREER	IN THE
	ASKA HOSPITALITY INDUSTRY THROUGH FINANCIAL ASSISTANCE, CONTINU	
	OUCATION, ON THE JOB TRAINING, MENTORING AND JOB PLACEMENT.	-1.0
2 D	Did the organization undertake any significant program services during the year which were not listed on the	
р	prior Form 990 or 990-EZ?	Yes X No
if	f "Yes," describe these new services on Schedule O	
	Oid the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	f "Yes," describe these changes on Schedule O	
	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,	
	he total expenses, and revenue, if any, for each program service reported	
.,	to total expenses, and revenue, if any, for each program service reported	
4a ((	Code ) (Expenses \$ 54,096 including grants of \$ 53,628 ) (Revenue \$	)
PR	ROVIDE SCHOLARSHIP AND TRAINING OPPORTUNITIES FOR	·
HO	SPITALITY INDUSTRY STUDENTS	
4b ((	Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
,	, (Expenses t	,
4c (0	Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
(	/ (Actional of the first of the	)
	·	
4-1-0	Other and the second of December 19 Colonial In Coloni	
	Other program services (Describe in Schedule O )	
	Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses > 54,096	)
75	otal program solvice expenses F 34, 030	

Part IV (	Checklist of Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>1</u> 1e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		i	
6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u> _
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			77
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7,
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_17_		<u> </u>
5	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_	<b>,</b>	
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
•	If "Yes," complete Schedule G, Part III		<b>.</b> .	
	se, sempoto conoculo o, i dit ili	19	X	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	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	22	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	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		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	25b		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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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	33		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	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	i		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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,	1		
00	Part VI	37		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	38_	<u> </u>	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

					Ye	s No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			1	ŀ
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	0		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a	<del> </del>	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 A	Accoun	ts			
	(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	ction?		5b	<b></b>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	_	┿
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie				i
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	<b>-</b>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
_	gifts were not tax deductible?			<u>6b</u>	┿-	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).					
а	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	╁	+-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	15		7.		x
а	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c	+	<del>  ^</del>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		2			x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		·•	7 <del>6</del>	+	$\frac{\mathbf{x}}{\mathbf{x}}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		19 as required?	7g	† ·	$\frac{x}{x}$
h	If the organization received a contribution of qualified intellectual property, and the organization me re-				+	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			, <u>, , , , , , , , , , , , , , , , , , </u>	$\dagger$	+
•	sponsoring organization have excess business holdings at any time during the year?	.a		8	1	
9	Sponsoring organizations maintaining donor advised funds.			-		+
а	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		<del> </del>
10	Section 501(c)(7) organizations. Enter					$\top$
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources				1	
	against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	>	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					,
þ	Enter the amount of reserves the organization is required to maintain by the states in which				1	
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				$\perp$
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> 0</u>		14b	<u></u>	

683E 05/15/2019 5 26 PM Form 990 (2017) ALASKA CHARR EDUCATION FUND INC. 06-1663010 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a

b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			-,
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
þ	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?	16b		,

## Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records > 20

ALASKA CHARR **ANCHORAGE** 

1503 W. 31ST AVE. #202

AK 99503

907-274-8133

Form 990 (2017) ALASKA CHARR EDUCATION FUND INC.

06-1663010

Page 7

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) Name and Title	(B) Average hours per week (list any hours for	bo off	x, unle îcer a	Pos check ess pe nd a c	rson : irecto	than or	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.100 1.1100)	organization and related organizations
(1) CHIP DUGGAN								-		
	0.30									
CHAIRMAN	0.00	X		X	<u>L</u> .			0	0	0
(2) GLENN BRADY										
	0.20								_	_
DIRECTOR	0.00	X	ļ			$\vdash$		0	0	0
(3) DICK ELLSWORTH										
	0.20									_
DIRECTOR	0.00	X	-	<u> </u>	_			0	0	0
(4) JODI BLAKLEY	0.30									
VICE CHAIR	0.30	x		₹.				_		
(5) SARA BRIDGES	0.00	^	-	X				0	0	. 0
(a) SARA BRIDGES	0.30									
SECRETARY	0.00	x		x				o	o	
(6) STAN SELMAN	0.00		┝	A				0	0	0
(0)	0.20					li				
DIRECTOR	0.00	x						o	0	0
(7) ALICIA MALTBY	0.00			-						<u> </u>
(.,,===================================	0.20					ıl				
DIRECTOR	0.00	x						О	0	0
(8)		<del> </del>								<u> </u>
(9)										
(10)										
(11)										
DAA				_						

<u>Pa</u>	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unte	Pos check ess pe nd a d	rson	than o	an	(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	c	(F) Estimat amount other compensa	of ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-NIGC)		organiza and rela organizat	tion ted	
												_		
			-				-		-	-				_
•											,			
1b c	Sub-total Total from continuation she	ets to Part VII, S	Secti	ion A	\ \	<u> </u>	1	<b>&gt;</b>						
d 	Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	icluding but not l the organization	imite	d to	thos	e lıs	ted a	bov	e) who received more than	\$100,000 of				
3	Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, I	key e	mpl	loyee, or highest compensa	ited	Γ		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	atio				3		X
5	individual  Did any person listed on line 1									ındıvıdual	.	4		X
Sect	for services rendered to the or ion B. Independent Contracto		es,"	com	plete	Sc.	hedu	le J	for such person			5		X
1	Complete this table for your five compensation from the organic	ve highest comp	ensa	ited i	nder	end	lent o	onti	ractors that received more	than \$100,000 of				
		(A) business address								(B) tion of services		Соп	(C)	on
		·				_								
								_						
<del></del> -							_				_			
2	Total number of independent of received more than \$100,000	contractors (inclu	ding	but n the	not I	ımıte	ed to	thos	se listed above) who	0				
					. J.y.			_		<u> </u>				

Pa	rt V		ent of Reve if Schedule (		ntains a	response or	note to any line i	n this Part VIII		
			. Conodaio	3 001		Тоороноо	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated cam	paigns	1a						
3ra our	b	Membership du	ies	1b				ł		
Program Service Revenue Contributions, Gifts, Grants	С	Fundraising eve	ents	1c		13,875				
	d	Related organiz	zations	1d						
is, (	е	Government grants (c	contributions)	1e				ļ		
tior r S	f	All other contributions	, gifts, grants,				·		}	
ibu		and similar amounts i	ot included above	1f		4,502				
atr	g	Noncash contribution	s included in lines 1a-	1f	\$					
       	h	Total. Add line:	s 1a–1f			<b>•</b>	18,377			
Jue						Busn Code		1		
ever	2a									
e Re	b									
vic	С									
Se	d									
гап	е									
rog	f	All other progra		nue						
_	- 4	Total. Add lines				<b>•</b>				<u>.</u>
	3	Investment inco	, ,	divider	nds, inter	est,	25			0.5
		and other simila	•				25			25
	4	Income from in	vestment of tax	-exem	pt bond p	proceeds -				<del></del>
	5	Royalties	() BI		4	Paramet			,	
	6-	C	(ı) Real		(11)	Personal		,		•
	6a	Gross rents								
	b	Less rental exps								
	ر 2	Rental inc or (loss)								
	d 7a	Net rental incor Gross amount from	(i) Securities		T ,,	i) Other			-	
		sales of assets	(i) decurities		· "	i) Other				
	b	other than inventory  Less cost or other			<del> </del>					
		basis & sales exps								
	С	Gain or (loss)			<del> </del>					
	d	Net gain or (los	.s)		1	<b>•</b>				
		Gross income from		nts						
Other Revenue		(not including \$	13,							
eve		of contributions re								
Ř		See Part IV, line		а		56,046				
the	b	Less direct exp		b		44,867				
0	С	Net income or	(loss) from fund	raising	events	<b>&gt;</b>	11,179		22,976	
	9a	Gross income from	m gaming activitie	s						
		See Part IV, line 1	19	а		56,795				
		Less direct exp		b		17,465				25
		Net income or		ing ac	tivities	<b>•</b>	39,330		39,330	
	10a	Gross sales of	inventory, less			İ		İ		
		returns and allo		а						
		Less cost of go		b						
	С	Net income or		s of in	ventory	<u> </u>				<u> </u>
			ellaneous Revenue			Busn Code	1			
	11a	MISCELLANI	eous				193			193
	b					-				
	C					ļ				
	d	All other revenu								
	e	Total. Add line:		_		<b>&gt;</b>	193			<del></del>
	12	Total revenue.	See instruction	15			69,104	0	62,306	-11,579

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ALASKA CHARR EDUCATION FUND INC. 06-1663010 Form 990 (2017) 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) Total expenses (B) (C) (D) Fundraising Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 25,070 25,070 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 28,558 28,558 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management b Legal 7,592 6,792 800 c Accounting Lobbying d Professional fundraising services See Part IV, line 17 e Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 2,500 2,500 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 2,539 2,539 Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 468 468 22 Depreciation, depletion, and amortization 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) 833 BANK FEES 833 а -20 b **MISCELLANEOUS** С d e All other expenses 67,540 54,096 12,644 25 Total functional expenses. Add lines 1 through 24e 800

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 194,795 208,047 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 9,750 4 6,350 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 7 Notes and loans receivable, net 1,571 1,571 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 4,886 10a other basis Complete Part VI of Schedule D 4,249 1,105 637 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 207,221 216,605 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 20,120 27,940 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 20,120 940 27. Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 187,101 188,665 27 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 187,101 188,665 33 207,221 Total liabilities and net assets/fund balances 216,605

Form 990 (2017)

Form	990 (2017) ALASKA CHARR EDUCATION FUND INC. 06-1663010				Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			69,	104
2	Total expenses (must equal Part IX, column (A), line 25)	2			67,	540
3	Revenue less expenses Subtract line 2 from line 1	3			1,	564
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	87,	101
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6			_	
7	Investment expenses	7				
8	Prior period adjustments /	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		,			
	33, column (B))	10		1	88,	665
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1		
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	
	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				1.72	. 48
	Separate basis X Consolidated basis Both consolidated and separate basis			i	, ,	• 35
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	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					' 1
	Separate basis Consolidated basis Both consolidated and separate basis				, -	,,
С	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?			_2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			1	'	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		•	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				For	m 990	(2017)

## 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 chantable trust

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 0.6–1.663010

	-	. •	ALASKA CHARR	EDUCATION FUND	INC.		06-166	3010
Р	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part ) See instruction	ns
Γhe	orga	nization is not	a private foundation because	e it is (For lines 1 through 12, o	check only	one box	()	<b>A</b>
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(	1)(A)(i).	$\bigcap$
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))		$\bigcirc$
3		A hospital or	a cooperative hospital servi-	ce organization described in sec	ction 170	(b)(1)(A)(	iii).	
4		A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	iospital's name,
		city, and state	е					
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in	
	_	section 170(	b)(1)(A)(iv). (Complete Part	Ш)				
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A	۸)(v).	
7		-	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II)	om a gove	ernmenta	l unit or from the general public	С
8	$\Box$	A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Part	11)			
9	П	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in con	junction with a land-grant colle	qe
		or university university	or a non-land grant college of	of agriculture (see instructions)	Enter the	name, ci	ty, and state of the college or	•
10	X	receipts from support from	activities related to its exen gross investment income ar	more than 33 1/3% of its support functions—subject to certain unrelated business taxable in	exceptio	ns, and (a	2) no more than 33 1/3% of its n 511 tax) from businesses	
		· · · · · ·	-	0, 1975 See section 509(a)(2).				
11	$\vdash$	•	•	exclusively to test for public safe	•		* * * *	
12	Ш			exclusively for the benefit of, to partions described in section 509				
				nat describes the type of suppor				
	а	Type I. A	supporting organization oper orted organization(s) the pov	erated, supervised, or controlled wer to regularly appoint or elect omplete Part IV, Sections A ai	l by its su a majority	pported o	organization(s), typically by givi	•
	b			pervised or controlled in connec		ite eunno	rted organization(s), by having	
	J	control or	r management of the suppor	ting organization vested in the s Part IV, Sections A and C.				
	С		•	supporting organization operated	l in conne	ction with	and functionally integrated w	ath
	•	its suppo	rted organization(s) (see ins	tructions) You must complete	Part IV,	Sections	A, D, and E.	
	d			i. A supporting organization ope				
			·	e organization generally must sa	-		•	ess
	_	_	·	nust complete Part IV, Section		•		
	е	functiona	illy integrated, or Type III no	eived a written determination fron n-functionally integrated support	ina oraan	o macicii ization	s a Type I, Type II, Type III	
	f		nber of supported organizati		gg			
	g	Provide the fo	ollowing information about th	ne supported organization(s)				<u> </u>
(		e of supported	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)			·					
	_							
(C)		·						
(D)								
(E)								
ota	al							,

8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )			_				
11	Total support. Add lines 7 through 10		L/					
12	Gross receipts from related activities, etc. (see	e instructions)				12	<u> </u>	
13	First five years. If the Form 990 is for the org	anızatıon's firs	t,/second, third, fo	urth, or fifth tax ye	ar as a section 501(c	)(3)		
	organization, check this box and stop here		/					<b>•</b>
	tion C. Computation of Public Supp						<del></del>	
14	Public support percentage for 2017 (line 6, co		•	nn (f))		14		%
15	Public support percentage from 2016 Schedul	. ,				15		%_
16a	33 1/3% support test—2017. If the organization	/			33 1/3% or more, che	eck this		
	box and stop here. The organization qualifies	, .						▶ 📗
b	33 1/3% support test—2016. If the organization	on∕did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or more	e, check		
	this box and stop here. The organization qual	ifies as a publ	icly supported orga	anızatıon				▶ 🗌
17a	10%-facts-and-circumstances test—2017.	_						
	10% or more, and if the organization meets th							
	Part VI how the organization meets the "facts-organization	and-circumsta	inces" test. The or	ganization qualifies	s as a publicly suppor	rted		▶ □
b	10%-facts-and-circumstances test +2016.	the organizat	ion did not check a	a box on line 13, 16	Sa. 16b. or 17a. and I	ıne		السا
	15 is 10% or more, and if the organization med							
	Explain in Part VI how the organization meets					ıcly		
	supported organization			<del></del>		,		▶ □
18	Private foundation. If the organization did no	t check a box	on line 13, 16a, 16	ib. 17a. or 17b. che	eck this box and see			
	instructions			-, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>				▶ []

Schedule A (Form 990 or 990-EZ) 2017

06-1663010

Page 3

Schedule A (Form 990 or 990-EZ) 2017 Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

500	tion A. Public Support	quality under the	c tests listed be	siow, picase oc	impiete i art ir )		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(4) 2010	(5) 2014	(0) 2010	(4) 2010	(0) 2017	(i) rotal
'	fees received (Do not include any "unusual grants ")	94,926	98,777	116,141	79,744	18,377	407,965
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		711	1,029	719		2,459
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					-
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	94,926	99,488	117,170	80,463	18,377	410,424
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						•
500	line 6)		1		<u> </u>	L	410,424
	etion B. Total Support	(5) 2042	(1) 2044	(-) 0045	(-1) 0040	(-) 0047	(0. T-1-1
9	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9		94,926	99,488	117,170	80,463	18,377	410,424
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			65	21	25	111
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	<u> </u>		65	21	25	111
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12 )	94,926	99,488	117,235	80,484	18,402	410,535
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fou-	rth, or fifth tax yea	r as a section 501(	c)(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2017 (line 8			n (f))		15	99.97%
16	Public support percentage from 2016 Sche	• •	•	· //		16	99.98%
Sec	tion D. Computation of Investme	nt Income Perc	entage				
17	Investment income percentage for 2017 (li	ine 10c, column (f) o	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2016			.,,		18	%
19a	33 1/3% support tests—2017. If the orga	nization did not chei	ck the box on line	14, and line 15 is	more than 33 1/3%		
	17 is not more than 33 1/3%, check this bo	ox and <b>stop here</b> . T	he organization qu	ualifies as a public	ly supported organ	ızatıon	► X
b	33 1/3% support tests—2016. If the organ	nization did not ched	ck a box on line 14	4 or line 19a, and I	ine 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	is box and stop her	re. The organization	on qualifies as a pi	ublicly supported or	ganization	▶
20	Private foundation. If the organization did	I not check a box or	n line 14 19a or 1	9h check this how	and see instruction	no	<b>▶</b> □

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A. and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sect	ion A	All	Supi	porting	Org	anizations
~~~			O G P I	OO: ::::9		unitation,

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain 1 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a 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 Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c 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 Part VI, 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) 5a Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 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 or 990-EZ) 8 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 Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) 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 Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below 10a

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)

Schedu	ule A (Form 990 or 990-EZ) 2017 ALASKA CHARR EDUCATION FUND INC. 06-166301	.0		Page 5
Par	t IV Supporting Organizations (continued)			
		$\overline{}$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	اعما		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?  A 35% controlled entitle of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part W.	11b		
	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.  ION B. Type I Supporting Organizations	11161		l
0000	on b. Type I cupperting 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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			,
		$\longrightarrow$	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			
Socti	the supported organization(s)	1 1	-	<u> </u>
36011	ion D. All Type III Supporting Organizations		Vaa	l Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	$\overline{}$	Yes	No
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		_	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		Ì
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		٠,	1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		v.	
	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		
Secti	ion 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)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions)		
	Ashrobas Took Anguay (s) and (b) hatau	1		
	Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	$\overline{}$	Yes	No_
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.			<u> </u>
а	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	3ь		l

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	ATACKA CHARD EDUCAMION EURO	TAT	06 1663	010 -
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization			010 Page 6
<u> </u>	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
'	instructions. All other Type III non-functionally integrated supporting organizations mus			se .
_	histractions. All other Type in non-infictionally integrated supporting organizations mus	it COM	Diete Sections A tillough E	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or	Ť	-	
	lection of gross income or for management, conservation, or			
	untenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7	· · · · · · · · · · · · · · · · · · ·	
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
				(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(optional)
	tructions 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		ı
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			* 14
	e instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		1 -
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		,
8	Minimum Asset Amount (add line 7 to line 6)	8		-
Sect	ion 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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2017

Part VI See instructions

Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

and 4c

Excess distributions carryover to 2018. Add lines 3)

Schedule A (Form 990 or 990-EZ) 2017

ALASKA CHARR EDUCATION FUND INC.

06-1663010

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ALASKA CHARR EDUCATION FUND INC. 06-1663010 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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" on 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 on 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 on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

### Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (d) Book value (b) Cost or other basis (c) Accumulated (investment) (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 4,886 4,249 e Other 637 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Pag	۵	7
rau	_	•

Schedule D (F	orm 990) 2017 ALASKA CHARR EDUCATIO	N FUND INC.	06-1663010	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, II	ne 11b See Form 990, Part X, line	e 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	<del></del>
	(including name of security)		Cost or end-of-year market value	
(1) Financial o	derivatives			
	eld equity interests			
(3) Other	<b> </b>			
(A)				
(B)			<u> </u>	
				<u> </u>
(C)				<del></del>
(D)			-	
(E)				•
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, II	<u>ne 11c_See Form 990, Part X, line</u>	<del>2</del> 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13)▶			
Part IX	Other Assets.	1		
T uit ix	Complete if the organization answered "Yes" on	Form 990 Part IV II	ne 11d See Form 990 Part X line	a 15
	(a) Description	1 01111 000, 1 011114, 11		ook value
(1)				
	<del></del>			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<del></del>		
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>_</b>	
Part X	Other Liabilities.	5 000 D 1041	44 446 5 000 5	
	Complete if the organization answered "Yes" on	i Form 990, Part IV, II	ne 11e or 11f. See Form 990, Part	tX,
	line 25	<del></del>		
<u>1</u>	(a) Description of liability	(b) Book value		•
	income taxes	<del> </del>		
(2)		<u> </u>		
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				•
	n (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

Sche	edule D (Form 990) 2017 ALASKA CHARR EDUCATION FU	ND INC. 06	-1663010	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		-
С	Add lines 4a and 4b	•	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	r	5	
Pa	art XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	·	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		1
d	Other (Describe in Part XIII )	2d		
ė	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<b>?</b> )	5	

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

Schedule D (Form 990) 2017 ALASKA CHARR EDUCATION FUND INC.

06-1663010

Page 5

Part XIII Supplemental Information (continued)

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for the latest instructions

Open to Public Inspection

lame of the organization  ALASKA CHARR EDU	CATION FUND	) IN	IC.		Employer identifica 06-16630	
Part I Fundraising Activities. Complete				red "Yes" on Form		
Form 990-EZ filers are not require					,	
1 Indicate whether the organization raised funds throu	gh any of the followin	g activ	ities	Check all that apply		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation		-			
c Phone solicitations	g Special fur					
d n-person solicitations	g opecial idi	idiaisi	ing CV	Citto		
<del>*</del> = '*** ** **			 	Ganza disantan terratan	- <del></del>	
2a Did the organization have a written or oral agreemer or key employees listed in Form 990, Part VII) or en	tity in connection with	profes	ssiona	I fundraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization	s (fundraisers) pursua	int to a	greer	nents under which the	fundraiser is to be	
compensated at least to jobs by the organization			d fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity	custo	r have ody or	(IV) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)	(,		rol of utions?	from activity	fundraiser fisted in col (i)	organization
		Yes	No			
1						
2						
3		-				<u> </u>
3						
4						
		╂	<del> </del>			
5						
6						
<u> </u>		<b>.</b>	ļ			ļ
7						
		1				
8		+				
9						
10		+	<del>                                     </del>		·	<del>                                     </del>
, u						
Total Total			▶		<del></del>	
List all states in which the organization is registered registration or licensing	or licensed to solicit of	contrib	utions	or has been notified it	is exempt from	

06-1663010

Fundraising Events. Complete if the organization answered "Yes" on 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 g	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RAFFLE (event type)	GOLF TOURNAMENT (event type)	NONE (total number)	(add col (a) through col (c))
nue			(even type)	(every type)	(total number)	337 (0)/
Revenue	1	Gross receipts	39,635	30,286		69,921
		Less Contributions		13,875		13,875
	3	Gross income (line 1 minus line 2)	39,635	16,411		56,046
-	4	Cash prizes	15,500	941		16,441
	5	Noncash prizes		2,675		2,675
es	6	Rent/facility costs		13,494		13,494
Direct Expenses		Food and beverages	912	2,388		3,300
ect E						
ā	8	Entertainment				<u> </u>
	9	Other direct expenses	247	8,710		8,957
		•	Add lines 4 through 9 in column (c	-	<b>•</b>	44,867 11,179
_			btract line 10 from line 3, column (o		<u> </u>	
۲	art		olete if the organization answ n Form 990-EZ, line 6a	wered Yes on Form 990, P	art IV, line 19, or repor	tea more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue		56,795		56,795
	2	Cash prizes				
Expenses	_	Casii piizes				,
t Exp	3	Noncash prizes				
Direct	4	Rent/facility costs				<u> </u>
	5	Other direct expenses		17,465		17,465
	6	Volunteer labor	Yes %	Yes % X No	Yes % X No	, in
	7	Direct expense summary	Add lines 2 through 5 in column (c	<b>d</b> )	•	17,465
	8	Net gaming income sumn	nary Subtract line 7 from line 1, co	olumn (d)	•	39,330
		_				
9			organization conducts gaming act			X Yes No
		No," explain	conduct gaming activities in each	טי נוופטב פנמנפטי		X Yes
		ere any of the organization's	s gaming licenses revoked, susper	nded, or terminated during the tax	vear?	Yes X No

b If "Yes," explain

Sche	dule G (F	Form 9	90 or 990-E	Z) 2017	ALASKA	CHARR	EDUCATIO	N FUND	INC.	06-166301	)	Page 3
11	Does the	e orga	inization co	nduct gaming	activities with	nonmembers	32				XY	s No
12	Is the or	rganıza	ation a gran	tor, beneficia	iry or trustee o	f a trust, or a	member of a partn	ership or othe	er entity			_
				ritable gamin	=						Y€	es 🗶 No
13					ivity conducted	in				11		
a	-		ion's facility	•						13a	100	<del>%</del>
b 14	An outsi		•	ooo of the no	raan wha araa	araa tha araa	n,=at,==!a ====		a baaka a-	13b	100	.00 %
14	records		ie and addi	ess of the pe	rson who prepa	ares the organ	nization's gaming/s	special event	s books an	a		
	Name <b>&gt;</b>	•	ALASKA		#000							
	A .1.1				VE. #202					37 00503		
	Address	s <b>▶</b>	ANCHOR	AGE						AK 99503		
l 5a	Does the		inization ha	ve a contract	with a third pa	irty from whor	n the organization	receives gan	ning	-	□ y <sub>6</sub>	es 🗓 No
b	If "Yes."	enter	the amoun	t of gaming re	evenue receive	ed by the orga	ınızatıon ▶ \$			and the	⊔ '`	
					the third party		·					
С	If "Yes,"	' enter	name and	address of th	e third party							
	Name ▶	•										
	Address	s <b>&gt;</b>										
16	Gaming	mana	iger informa	ition								
	Name >	•										
	Gaming	mana	iger compe	nsation ► \$								
	Descript	tion of	services pr	ovided >								
	Dire	ector/o	officer	Em	ployee	Indep	pendent contractor					
17	Mandato	ory dıs	tributions									
а	Is the or	rganiza	ation require	ed under state	e law to make	charitable dis	tributions from the	gaming proc	eeds to			
			e gaming lid								X Ye	es 🗌 No
b							stributed to other e					
D	<u>spent in</u> t IV				t activities duri			61,5				
Par	τιν	Part		9, 9b, 10b,						, columns (III) and (v), additional information	and	
SC	H G,				17B - I	REQUIRE	D DISTRIE	UTIONS	PER	STATE LAW		
			STATE		I		UTION AMO					
AL	ASKA					\$	61,506	;				

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection 2017

Employer identification number

OMB No 1545-0047

ŝ (h) Purpose of grant GENERAL SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance X Yes SCHOLARSHIP 06-1663010 noncash assistance (g) Description of 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 5,070 20,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 81-2598695 (C) (3) ALASKA CHARR EDUCATION FUND INC 9 General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (1) AK CHARR FUTURE HOSPITALITY LEADERS AK 99503 AK 99507 (a) Name and address of organization or government (2) SERVICE HIGH SCHOOL 1503 W. 31ST AVE 5577 ABBOTT RD ANCHORAGE ANCHORAGE Part Part II

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

Schedule I (Form 990) (2017)

Schedule I (F	Schedule I (Form 990) (2017) ALASKA CHARR EDUCATION FUND INC.	EDUCATION FU		06-1663010		Page 2
Part III	Grants and Other Assistance to Domestic Individu	Domestic Individua	ils. Complete if the o	rganization answered	als. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	IV, line 22
	Part III can be duplicated if additional space is needed	onal space is needed				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	•
1 CASH	1 CASH SCHOLARSHIPS	23	28,558			
2						
ო						
4						
5					٠	
9				1~	-	
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information re	quired in Part I, line 2	2, Part III, column (b)	, and any other additional	nformation

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

ALASKA CHARR EDUCATION FUND INC.

06-1663010

Employer identification number

FORM 990, PART I, LINE 6

THE VOLUNTEERS HELP DURING OUR GOLF TOURNAMENT BY ASSISTING WITH SETUP, REGISTRATION, AND BREAKDOWN; MONITORING PRIZE HOLES; AND FLOATING TO HELP WHEREVER NECESSARY.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED MANAGEMENT WAS DELEGATED TO ALASKA CABARET, HOTEL, RESTAURANT AND RETAILERS ASSN.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS DISTRIBUTED TO ANY BOARD MEMBER IF IT IS REQUESTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BEFORE EACH MEETING, MEMBERS ACKNOWLEDGE ANY CONFLICTS OF INTEREST WITH A WRITTEN STATEMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL PUBLIC DOCUMENTS ARE MADE AVAILABLE AS STATED IN THE BYLAWS, AND IN ACCORDANCE WITH ALASKA STATUTE 10.20.131.