Form, 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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.

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

Open to Public

me	nai Revenue	e Service	- do to 1/1/1//3	gov/Formsso for it	istractions and th	ic lates.	· intormation	· 1 00 °	IIIspec	tion
<u> </u>	For the 2	2017 cale	endar year, or tax year beginnir	9 July 1	, 2017, a	nd endi	ng Ju	ine 30	, 20 ₁₈	
В	Check if a	pplicable	C Name of organization, Food Bar	k of Alaska	·			D Employ	er identification n	umber
	Address c	hange	Doing business as						92-0073175	
	Name cha	inge	Number and street (or P O box if	mail is not delivered to	street address)	Room/s	uite	E Telepho	ne number	
	Initial retur	m	2121 Spar Avenue						907-272-3663	
	Final return	/terminated		untry, and ZIP or foreig	n postal code					
	Amended	return	Anchorage, AK 99501					G Gross re	eceipts \$ 1	6,135,932
$\overline{\Box}$			F Name and address of principal off	cer James Baldw	an		Halls this a		subordinates? Yes	
			Same as C above		 <i>T</i>	YY	//-		es included? Tes	
	Tax-exem	nt status	✓ 501(c)(3)	/) ◀ (insert no	.) 4947(a)(1) or	<u> </u>			a list (see instruction	
<u>. </u>	Website:		w.foodbankofalaska.org	T Tuiser 10	.) == 4547(a)(1) 0i 1	<u> </u>	-4	p exemption	·	·
K			Corporation Trust Assoc	ation ☐ Other ▶	l Vea	r of form		· — :	of legal domicile	AK
	art I	Summ		Jacon Other P	i Liea	01101111	137	J IN State	or legal domicile	AN
			escribe the organization's mis	reion or most sign	ificant activities:	Food	Rank of Alas	ka holiovo	e no one deser	vos to bo
S		-	-	~	•					
Actionities & Kiby Shafaroog 19			Ve are dedicated to eliminating		by obtaining and p	providir	ig tood to pa	rtner agen	icies reeaing nu	ngry
eŠ.	l a B		nd through anti-hunger leaders					- 050/ -4		
SEC	2 (is box ▶ ☐ if the organization			•		1	its net assets.	
30	3 1	Number (of voting members of the gov	erning body (Part	VI, line 1a)			. 3		14
₹	4 N	Number (of independent voting memb	era of the boyerning	ng body (Part VI,	line 1b)			14
橐	5 T		nber of individuals employed		2017 (Part V, line	2a)		5		46
	6 T		nber of volunteers (esturiate i					. 6		2,000
×	7a T	Total unre	elated business revenue from	Part VIII, colump	(C), line 12 .			. 7a		56,582
3	b N	Net unrel	ated business taxable incom	e from Form 990-	T, line 34			. 7b		0
			/ / Wx.	/\6\/			Prior \	r ear	Current Y	ear
, au	8 0	Contribut	tions and grants Part VIII, In	(D)//				16,068,285	1	5,290,673
Revenue			service revenue Rart VIII, (II)					899,509		775,057
Š			nt income (Part VIII, column		7d)			15,607		13,620
æ			enue (Part VIII, column (A), lii					0		56,582
	1		enue—add lines 8 through 11					16,983,401	f	6,135,932
	 		nd similar amounts paid (Part					164,756		
			paid to or for members (Part		•					84,495
			•	, ,	•			0		- 0
ses	1 -		other compensation, employee	•	,	5-10)		1,867,230	1	1,961,451
Expenses	1		onal fundraising fees (Part IX,		•			. 0		0
×	1		draising expenses (Part IX, co			1,293				
_	1		penses (Part IX, column (A), li		•			14,863,643		<u>5,123,647</u>
	1		enses. Add lines 13-17 (mus	-) .		16,895,629	1	<u>7,169,593</u>
		Revenue	less expenses. Subtract line	18 from line 12 .				87,772		<u>,033,661)</u>
Ses							Beginning of C	Surrent Year	End of Ye	ear
Net Assets or Fund Balances	20 T	Total ass	ets (Part X, line 16)					5,294,730		<u>4,330,581</u>
절물	21 T		ılıtıes (Part X, line 26)					250,477		319,989
			ts or fund balances. Subtract	line 21 from line 2	20			5,044,253		<u>4,010,592</u>
Pa	art II	Signat	ture Block							
			ry, I declare that I have examined this						my knowledge and	d belief, it is
tru	e, correct, a	and compl	ete Declaration of preparer (other that	in officer) is based on a	ill information of whic	n prepare	er has any knov	wledge		
		\	130	leu	•			3/4	1/19	
Sig		Sign	ature of officer				C	ate	<i>'</i>	
He	re	J	ames Baldwin, Chief I	Executive Offi	cer					
			or print name and title							
Pa	id	Print/Typ	pe preparer's name	Preparer's signature	-		ate	Check	☐ _{if} PTIN	
								self-em		
	eparer		ame ►	-		<u> </u>	Fu	m's EIN ▶		
US	e Only		ddress ▶		- -			none no		
Ma	y the IRS		s this return with the preparer	shown above? (s	ee instructions)				Ye	s 🗌 No
	•		ction Act Notice, see the separ			Cat	No 11282Y			990 (2017)
	· apciwo	v i i cuui	outen not itoute, acc uie sepai	ale monuclions.		υaι.	140 112021		1 01111 1	(2011)

Part Part	0 (2017)				Page
4		ment of Program Servi	ce Accomplishments a response or note to any line in this	Port III	_
1		cribe the organization's mi		raitii	<u> </u>
-	-	_	leserves to be hungry. We are dedicated to	eliminating hunger in Alaska by o	btaining and
			ding hungry people and through anti-hung		
2	_	•	significant program services during the	year which were not listed on the	Yes ☑ No
	•	escribe these new services			
3	Did the or	ganization cease conduc	eting, or make significant changes in	how it conducts, any program	
	If "Yes," de	escribe these changes on s	Schedule O.		
4	expenses.	Section 501(c)(3) and 501	service accomplishments for each of r (c)(4) organizations are required to repony, for each program service reported.		
4a	(Code.) (Expenses \$	15,779,678 including grants of \$	61,056) (Revenue \$	773,650)
			ated, government and purchased food to		
4b	(Code:		451,228 including grants of \$		
			ment, removing barries to food assistance		ing
			nent, removing barries to food assistance er. Providing assistance to eligible Alaskar		ing
					ing
	or eliminati	ng the root causes of hunge	er. Providing assistance to eligible Alaskai	ns in applying for SNAP benefits.	ing
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	or eliminati	ng the root causes of hunge	er. Providing assistance to eligible Alaskai	ns in applying for SNAP benefits.	ing)

) (Revenue \$

16,230,906

Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$
Total program service expenses > 1

4d

4e

Legitura Checklist of Required Schedule	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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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	•	✓
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? <i>If "Yes," complete Schedule C, Part II</i>	4	1	
5		_	•	
3	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		1
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		1
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		· ✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	_	· ✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	✓	
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		√
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		√
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	I	✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓	
		Forn	990	(2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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	✓	
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		✓
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	\	
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		✓
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		✓
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		✓
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		✓
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		✓
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):			
_		000		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	-	✓
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		•
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		_	
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
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		1
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		\
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
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	✓	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	· ·	
4.	5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to veridors and	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16		
24				
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 46 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	7	_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		_	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		.	
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ė
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			,
		7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	76 7f	-	V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\dashv	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\dashv	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8		
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		
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12		,	1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		.	1
11	Section 501(c)(12) organizations. Enter:		.	1
a b	Gross income from members or shareholders	i l	.	l
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	. <u>a</u>	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		,	ĺ
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			L_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins		ions.					
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. <u>V</u>					
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	4							
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.	ľ							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14	ŀ							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		✓					
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1					
4									
5									
6 7a	Did the organization have members or stockholders?	_6_		 √					
14	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		✓_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	8b	\						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
Coati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	-do 1	1					
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		1					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ					
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<u> </u>	 					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		,						
13	Did the organization have a written whistleblower policy?	12c	- /	 					
14	Did the organization have a written document retention and destruction policy?	14							
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?	_							
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓	1					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	102		-					
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		✓					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b	—	i					
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed Alaska			-					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)					
	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest :	policy	, and					
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>						
	Barb Seibel, Food Bank of Alaska, 2121 Spar Ave., Anchorage, AK 99501 (907)222-3110								

	~~~	(A)
rorm.	990	(2017)

Part VII	Compensation of Officers, Directors,	<b>Trustees, Key Employees</b>	, Highest Compensated	Employees, and
_	Independent Contractors			

Check if Schedule O contains a res	sponse or note to any line in this Part VII		. [	П

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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	, or trustee.
				(0	C)				_	
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
Mano and Ame	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	임크	5	Q	Ž	ŒΞ	بتر	from the	related organizations	other compensation
	related	divi	stnt	Officer	уe	콩	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	한	٦	픮	st c	4	(W-2/1099-MISC)		organization
	below dotted	ָ בַּ	nal tı		Key employee	omp				and related organizations
		Individual trustee or director	Institutional trustee		"	ens				v.g
			8			Highest compensated employee				
(1) Katie Pesznecker	2									
President		✓								
(2) Jennifer Coughlin	2									
Past President		✓								
(3) Diamond Redmond	2									
Secretary		✓								
(4) Elizabeth Nobmann	2									
Treasurer		✓								
(5) Chris Burns	2							]		
Member		✓								
(6) Robin Phillips	2									
Member		<b>✓</b>					L			
(7) Jason Hart	2									
Member		✓				ļ				
(8) Deborah Sandar	2									
Member		✓	_			<u> </u>	<u> </u>			
(9) Tammy Gray	2									
Member		✓					_			
(10) Mark Carr	2						ŀ			
Member		<b>✓</b>				<u> </u>	_			
(11) Amy DeBruhl	2									
Member		<b>✓</b>		Ш,	<u> </u>	ļ				
(12) Katria Strauch	2									
Member		<b>✓</b>			Ш.	<u> </u>				
(13) Allison Biastock	2									
Member	<u> </u>	✓				<u> </u>				
(14) Melina Sevigny	2									
Member	<u>l</u>	✓_			<u> </u>	<u> </u>				

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, aı	nd H	lighes	st C	ompensated E	mployees (cont	inued)		
					•	C)							
	(A)	(B)	/do n	ot ch		ition	than o	nna.	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportable		Estimated	
		hours per week (list any	office	r and	dad	irect	rector/trust		compensation from	compensation from related	n an	nount o	f
		hours for	유교	SG	♀	G.	활동	δ	the	organizations	com	pensati	on
		related	dire.	<u>\$</u>	Officer	en	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	om the	
		organizations below dotted	ctor	Š		Key employee						anızatıo d relate	
		line)	Individual trustee or director	al tr	ŀ	yee	mpe					anizatio	
			tee	Institutional trustee			ensate						
(15)	James Baldwin	40				$\vdash$	<u> </u>	<u> </u>					
Chief	Executive Officer				✓				73,874				13,312
(16)	Barb Seibel	40			١.								
	Financial Officer				⊻				45,413				3,860
	Judith Rockwell	20						١,					
	r Finance Director	<del> </del>			$\vdash$			<b>-</b>	25,095				752
(18)													
(19)													
(20)									-				
(21)													
(22)													
(23)										-			
(24)													
(25)											<u> </u>		
	Cub Antal										<del> </del>		
1b c	Sub-total		 n A	•	•		•		144,382		+		17,924
d	Total (add lines 1b and 1c)			•	•		•		144,382		<del> </del>		17,924
2	Total number of individuals (including but reportable compensation from the organic	not limited					above	e) w			00 of		17,324
												Yes	No
3	Did the organization list any former of									•			
_	employee on line 1a? If "Yes," complete										3	1	L
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater tha	an \$1	50,	000	? #	"Yes	s, "	complete Sch	edule J for su		-	لا،
_	individual						•				4	-	✓
5	Did any person listed on line 1a receive of for services rendered to the organization		•				-			ation or individ	ual	<u> </u>	.
Section	on B. Independent Contractors								2017 poi 0017				<u> </u>
1	Complete this table for your five highest	compensate	ed inc	lepe	end	ent	contra	acto	ors that receive	d more than \$1	00,000	of	
	compensation from the organization. Repyear.	ort compe	nsatio	n fo	or th	ie c	alend	ar y	ear ending wit	h or within the o	organizat	ion's t	ax
	(A) Name and business add	ress							(B) Description of se	anucas	(C Comper		
									- Jesonphon of si		Compe	Janui	
							[						
2	Total number of independent contractor received more than \$100,000 of compens		-					th	ose listed abo	ove) who			

Par	VIII	Statement of Revenue					
		Check if Schedule O contains a resp	onse or note to				· · · · · · · · · · · · · · · · · · ·
				(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 campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts,	C	Fundraising events 1c					
بَعَ قَة	d	Related organizations 1d					
Sir	e f	Government grants (contributions)  All other contributions, gifts, grants,	987,334				
e ë	'	and similar amounts not included above	14,303,339				
혈	g	Noncash contributions included in lines 1a-1f. \$	11,878,894				
S E	h	Total. Add lines 1a-1f		15,290,673			
			Business Code				
ven	2a	Fees and Services	624210	775,057	775,057		<u>-</u>
e T	b						
Ž	C					_	
J Se	d					-	
Program Service Revenue	e f	All other program service revenue .				_	
Pro	g	<b>Total.</b> Add lines 2a–2f	▶	775,057			
	3	Investment income (including divide	ends, interest,				
		•	▶ [	13,620	13,620		
	4	Income from investment of tax-exempt bo	nd proceeds ►				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents		1			
	b	Less rental expenses  Rental income or (loss)		}			
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(II) Other	İ			
		assets other than inventory					
	b	Less. cost or other basis					
		and sales expenses .					
	ب د	Gain or (loss)			<del></del>		
	d	Net gain or (loss)	<u> ▶  </u>			,	
venue	8a	Gross income from fundraising events (not including \$					
Other Reven		of contributions reported on line 1c). See Part IV, line 18 a					
₹		Less: direct expenses <b>b</b> [					<u> </u>
		Net income or (loss) from fundraising e	events . ►	-			
	9a	Gross income from gaming activities.  See Part IV, line 19	50 500				
	b	Less: direct expenses b	56,582				
		Net income or (loss) from gaming activ	rities ▶	56,582		56,582	·
		Gross sales of inventory, less		55,552		00/002	
		returns and allowances a					
	b	Less: cost of goods sold <b>b</b> [	,				<u></u>
	С	Net income or (loss) from sales of inve				<u> </u>	
	44	Miscellaneous Revenue	Business Code	<del></del>  .			
	11a						
	b			<del></del>			
	d	All other revenue	<del></del>		-		
	e	<b>Total.</b> Add lines 11a–11d	▶				
	12	Total revenue. See instructions		16,135,932	788,677	56,582	

### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respons	·		· · · · · · ·	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	84,495	84,495		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	183,237		183,237	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1,394,607	1,087,454	183,090	124,063
	section 401(k) and 403(b) employer contributions)	22,267	14,975	5,820	1,472
9	Other employee benefits	126,839	87,533	28,920	10,386
10	Payroll taxes	234,501	167,959	48,483	17,699
11	Fees for services (non-employees).				
a	Management				
b	Legal				
C	Accounting	39,400		39,400	
d e	Lobbying				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column		-		
	(A) amount, list line 11g expenses on Schedule O.)	87,440	70,434	9,267	7,739
12	Advertising and promotion	57,110	70,101	0,20,	7,700
13	Office expenses	267,462	79,056	51,806	136,600
14	Information technology	70,762	44,141	15,487	11,134
15	Royalties	,		,	
16	Occupancy	332,154	311,097	10,257	10,800
17	Travel	77,881	63,380	9,231	5,270
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	5,630	5,630		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	190,324	172,350	12,036	5,938
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Food Distribution	13,601,975	13,601,975		
b	Shipping and Freight	353,646	353,646	-	
С	Vehicle Operations, Maintenance & Fuel	86,781	86,781		
d	Misc. Other	10,192			10,192
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,169,593	16,230,906	597,394	341,293
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

34

4,330,581 Form **990** (2017)

5,294,730 34

	n 990 (2	<u> </u>					Page 11
P	art X						
_		Check if Schedule O contains a response of	r note to	any line in this Par	t X	<u></u>	<u> </u>
				•	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			301,108	1	453,086
	2	Savings and temporary cash investments		[	730,754	2	784,972
	3	Pledges and grants receivable, net			409,577	3	307,617
	4	Accounts receivable, net			188,892	4	213,285
	5	Loans and other receivables from current and trustees, key employees, and highest c Complete Part II of Schedule L	ompensat	ted employees.		5	
ts	6	Loans and other receivables from other disqualified per 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) volui organizations (see instructions). Complete Part II of School	nd contribu ntary empl	iting employers and loyees' beneficiary		6	
Assets	7	Notes and loans receivable, net		[		7	-
Ą	8	Inventories for sale or use			1,667,236	8	671,408
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or			59,328		37,428
		other basis. Complete Part VI of Schedule D	10a	3,561,931			
	ь	Less: accumulated depreciation	10b	1,855,130	1,802,993	100	1,706,801
	11	·			134,842		155,984
	12	Investments—other securities. See Part IV, line			137,072	12	133,384
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			5,294,730		4,330,581
	17	Accounts payable and accrued expenses			142,852		222,998
	18	Grants payable				18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and f	ormer off	icers, directors,			
Liabilities		trustees, key employees, highest comper	nsated e	mployees, and			
abi		disqualified persons. Complete Part II of Schedi	ule L .	[*		22	
=	23	Secured mortgages and notes payable to unrela	ated third	parties	107,625	23	96,991
	24	Unsecured notes and loans payable to unrelated	d third pai	rties		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25			250,477	26	319,989
ces		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		here ► ☐ and			
<u>a</u>	27	Unrestricted net assets			4,669,742	27	3,763,809
Ba	28	Temporarily restricted net assets			374,511		246,783
밀	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	58), check	here ► ☐ and			
ġ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or e				31	
Ţ	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances		[	5,044,253	33	4,010,592
	24	Total liabilities and not assets/fund balances				24	

Total liabilities and net assets/fund balances .

<b>.</b>	4	7
Page	- 1	_

Form	000	(201	71
ronn	990	1201	11

Part .					
	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		16,13	35,932
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,16	69,593
	Revenue less expenses. Subtract line 2 from line 1	3		(1,03	3,661)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	5,04	14,253
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
	Prior period adjustments	8			
	Other changes in net assets or fund balances (explain in Schedule O)	9			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4,01	10,592
Part >					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990 🔲 Cash 🔣 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın ıı	n		
	Schedule O.				
	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled o	r		
_	reviewed on a separate basis, consolidated basis, or both:				1
-	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	a		
	separate basis, consolidated basis, or both				
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		. —		
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts in the second s			<b>✓</b>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ıı	ו ו		
	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?			✓	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	I ./	l

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

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		NK OF ALASKA, INC.						73175
Pai		Reason for Public Cha						ons.
The		ization is not a private founda				-	•	
1 2		A church, convention of churc A school described in <b>section</b>						$(\ )\ /$
3		hospital or a cooperative ho		•				
4		A medical research organization of the medical research organization organization of the medical research organization orga	on operated in co					(iii). Enter the
5		An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7								
8		community trust described i	n <b>section 170(b)</b>	(1)(A)(vi). (Complete	Part II.)			
9	C	An agricultural research organ or university or a non-land-gra iniversity:						
10	r	on organization that normally in eceipts from activities related support from gross investment acquired by the organization a	to its exempt full t income and uni	nctions—subject to c related business taxal	ertain exi ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33 ¹ / ₃ % of its
11		An organization organized and		-		-	•	
12	c	In organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in <b>sect</b> i	ion 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
_	_	_	•	•••		•	•	•
а	_	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(						ally integrated with,
d		Type III non-functionally in that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	- ' '
е		Check this box if the organ functionally integrated, or						e II, Type III
f	En ⁻	ter the number of supported of				•		[
g		ovide the following information						
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		<u>.</u>			Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	<u> </u>							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Secti</u>	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,806,530	14,156,129	14,665,889	16,068,285	15,290,673	73,987,506
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	13,806,530	14,156,129	14,665,889	16,068,285	15,291,673	73,987,506
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,267,509
6	Public support. Subtract line 5 from line 4						67,719,997
Secti	on B. Total Support						0.77.10700.
	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	13,806,530	14,156,129	14,665,889	16,068,285	15,290,673	73,987,506
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,917	(96)	(4,455)	9,412	13,620	37,398
9	Net income from unrelated business activities, whether or not the business is regularly carried on					56,582	56,582
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,825,447	14,156,033	14,661,434	16,077,697	15,360,875	74,081,48 <b>6</b>
11	Total support. Add lines 7 through 10						<del></del>
12	Gross receipts from related activities, etc.					12	<del></del>
13	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop her			<u> </u>	<u> </u>	· · · · ·	<u> </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6	, ,	•			14	91.41 %
15 160	Public support percentage from 2016 Sch 33 ¹ /3% support test—2017. If the organi		•			15	91.54 %
IVa	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2016. If the organi			-			_
•	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20		• • •	-			_
174	10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts-	-and-circumsta umstances" te	ances" test, ch	neck this box a zation qualifies	and <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in	ition meets the	e "facts-and-c s-and-circums	circumstances' stances" test.	" test, check t	this box and s	a publicly
40	supported organization				471		▶ 📙
18	<b>Private foundation.</b> If the organization di instructions						

### 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.)

Secti	on A. Public Support	diadi tilo to	2010 110100 1201	ow, picase o	ompioto i art		
	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
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				/		
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						
	line 6.)						
	on B. Total Support			, . <u>-</u>			
Calen	dar year (or fiscal year beginning in)	(a) 2013	, <b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends,	/	1				
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources.						<del></del>
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	/					
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.)						
12		··· ·· - · · ·	1				
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the		a's first sees	ما خام الم			E01/a)/2)
14	organization, check this box and stop he	-			-		
Sacti	on C. Computation of Public Suppor			<u> </u>	<del></del>		· · · <u> </u>
<u> 15</u>	Public support pergentage for 2017 (line to			3 column (f)		15	<u></u> %
16	Public support percentage from 2016 Sci					16	
	on D. Computation of Investment In			· · · · ·		1 10 1	70
17	Investment income percentage for 2017 (			v line 13 colu	mn (fl)	17	%
18	Investment income percentage for 2017 (		• •	•		18	
19a	33 ¹ / ₃ % support tests—2017. If the organ						
134	17 is not more than 33½%, check this box						
b	33 ¹ /3% support tests—2016. If the organiz		-			_	_
D	line 18/is not more than 331/3%, check this						
20	Private foundation. If the organization di		_			-	_
	ato roundations is the organization di	a not oneck a	SUA ULTIME 14	104,01130,0	SHOOK HIIS DUX	and see moud	5.10113 <u>-</u> _

### 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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported		ļ	
32	organization was described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		<u> </u>
Ja	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		L
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			,
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 <b>Part VI</b> .			
7		6		<del>                                     </del>
,	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		
8	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	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		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part I	V Supporting Organizations (continued)			
_,			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ĺ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	ļ	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Section	on B. Type I Supporting Organizations		V	l M =
1	Did the directors, trustees, or membership of one or more supported argenizations have the newer to		Yes	No
	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	ľ		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			ŀ
	controlled the organization's activities. If the organization had more than one supported organization,	Ì		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	_		
Sactio	on D. All Type III Supporting Organizations	1		L
occu	D. All Type III Oupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ĺ		
	supported organizations played in this regard	_		
Casti		3		
	on 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 i	nstru	ctions	s).
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 in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	- OF		اـــــا
2	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		1
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		<b> </b>
U	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	Ť		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III support	ng organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	. 2501
	on D - Distributions	,		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6	<del></del>		
<u>10</u>	Line 8 amount divided by line 9 amount	<del> </del>		
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2017			
<u>a</u>	From 2012			
<u>b</u>	From 2013	· · · · · · · · · · · · · · · · · · ·		
<u>c</u>	From 2014			
	5 0010			
<del>c</del>	Total of lines 3a through e			
<u>_</u>	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	1		
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			·
	Section D, line 7:			!
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
<u>a</u>	Excess from 2013			
<u>b</u> _	Excess from 2014			
<u>c</u>	Excess from 2016			
<u>u</u>	Excess from 2017		<del></del>	
	LAUCOO HUHI ZUTT	l		

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.)
***************************************	
	······································
***************************************	
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### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

20 **1 7** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

. 42)	ree separate mondentino,, t	11011			
• S	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ide	ntification number
<b>FOOD</b>	BANK OF ALASKA, INC.				92-0073175
Part	I-A Complete if th	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1		f the organization's direct and in	direct political ca	ampaign activities in Par	t IV. (see instructions for
•	definition of "political car				
2		ty expenditures (see instructions)			
3 Post		cal campaign activities (see instruc			
Part	•	e organization is exempt und excise tax incurred by the organiza			<u> </u>
1					
2		excise tax incurred by organization			
3	<del>-</del>	ed a section 4955 tax, did it file Fo	•		
4a	If "Yes," describe in Part				LYes LNo
b Part		e organization is exempt und	or coation 501/	a) execut coetion FO1	(0)(2)
			·		(6)(3).
1		ly expended by the filing organiz		527 exempt function	<u>.</u>
_					S 
2		filing organization's funds contrib			
3		expenditures. Add lines 1 and 2			
4					Voc Ma
4		n file Form 1120-POL for this year			
5		ses and employer identification nui ents. For each organization listed,			
		ents. For each organization listed, ontributions received that were pro			
		I fund or a political action committe			
			T	<del>                                     </del>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)					
(3)	-				
(4)					
(5)					
(6)					

_			2
۲a	ıa	е	~

Schedule C	(Form	990 or	990-	EZ)	2017

							raye 🛋
Par	t II-A	Complete if the organization 501(h)).	tion is exempt (	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A C	Check In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
ВС	Check ►	I if the filing organization che	ecked box A and	"limited control" pi	ovisions apply.		
		Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated
	. ,	(The term "expenditures"		<u> </u>	<del></del>	organization's totals	group totals
1a		bbying expenditures to influen					
b		bbying expenditures to influen	•	- '	••		
C		obbying expenditures (add lines	•				
d		exempt purpose expenditures					
е		xempt purpose expenditures (a		•			
f	Lobbyi	ng nontaxable amount. Ente is.	r the amount fi	rom the following	table in both		
	If the an	nount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
		\$500,000		nount on line 1e.			
	Over \$50	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,	500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	-	7,000,000	\$1,000,000.				
g		oots nontaxable amount (enter	•				
h		ct line 1g from line 1a. If zero o					<u></u> _
į		ct line 1f from line 1c. If zero or					
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization reporting section 4911 tax for this year?						]Yes ☐ No
	(Som	e organizations that made a s See t	section 501(h) ele he separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbyi	ng Expenditures	During 4-Year Av	veraging Period	· · · · · ·	
	Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	( <b>c)</b> 2016	(d) 2017	(e) Total
2a	Lobbyıı	ng nontaxable amount					
b		ng ceiling amount of line 2a, column (e))					
С	Total lo	bbying expenditures					
d	Grassro	oots nontaxable amount					
е		oots ceiling amount of line 2d, column (e))					
f	Grassro	oots lobbying expenditures					

LIMITED NUMBER OF SPEAKING ENGAGEMENTS.

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	iled	Form	5768	,	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)		(p)	
	iption of the lobbying activity.	Yes	No	A	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	✓				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓				
C	Media advertisements?	<b>✓</b>				3
d	Mailings to members, legislators, or the public?	<b>✓</b>				2,07
e	Publications, or published or broadcast statements?	✓_				10
f	Grants to other organizations for lobbying purposes?		<b>✓</b>	· .		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<b>√</b>				6,91
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	✓	1			-
i	Other activities?		•			0.13
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		7		<del></del>	9,120
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ŀ			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		(5). c	or se	ction		
	501(c)(6).	. ,,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	$oxed{oxed}$	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	$oxed{oxed}$	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	$oxed{L}$	
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members	.	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the second death and					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?		_			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par			3			
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou	ın lıst	): Par	II-A. I	ines 1	1 and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	,	.,,			
PART	I-A, LINE 1					
	······································					
FOOD	BANK OF ALASKA (FBA) LOBBIES ON LEGISLATION THAT DEALS WITH THE OPERATION OF GOVERNM	1ENT	NUTR	ITION		
PROG	RAMS, AFFECTS THE WELFARE OF LOW-INCOME ALASKANS AT RISK OF HUNGER, OR OTHERWISE IM	PACT	S THE	<del>.</del>		
ORGA	VIZATION'S WORK AND MISSION. LOBBYING ACTIVITIES INCLUDE: DIRECT CONTACT WITH LEGISLATO	IRS A	ND S	AFF T	HROU	JGH
IELEF	HONE, E-MAIL, LETTER AND IN-PERSON VISITS; DISTRIBUTION OF ADVOCACY ALERTS BY E-MAILS TO	<u>AN I</u>	N-STA	TE NE	IWOF	₹K
OE AD	MOCATES: DESEADON DDINTING AND DISTDIRITION OF DEDODES CONTAINING LEGISLATIVE DECOM	ARAERI	יידאתו	TRIC. A	NID A	
OF MU	VOCATES; RESEARCH, PRINTING, AND DISTRIBUTION OF REPORTS CONTAINING LEGISLATIVE RECON	INICIA	ייאוו	ziyə; A	NU A	

Schedule C (For	m 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
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····		
		****
<b></b>		

### SCHEDULE D (Form 990)

**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

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number FOOD BANK OF ALASKA, INC. 92-0073175 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 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 ☐ Yes ☐ No 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ 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 5 violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . ☐ Yes ☐ No 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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 . . . . . . . . . . . . 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: 

Assets included in Form 990, Part X .

Part						
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the fo	llowing that are a	significant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange p	rograms	
b	☐ Scholarly research					
С	Preservation for future generations					
4	Provide a description of the organizat XIII.	ion's collections a	nd explain how t	hey further the	organization's exe	mpt purpose in Part
5	During the year, did the organization	solicit or receive of	donations of art,	historical treas	ures, or other simil	lar
	assets to be sold to raise funds rather	than to be maintai	ned as part of the	e organization's	collection?	☐ Yes ☐ No
Part						
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 9,	or reported an ar	mount on Form
	990, Part X, line 21.					
1a						
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following to	able: r		Amount
_	Danisana balanca			-		
C	Beginning balance				1c	
d	Additions during the year			Г	<del></del>	
e	Distributions during the year				1e	
f	Ending balance					v? 🗌 Yes 🗌 No
2a	Did the organization include an amour If "Yes," explain the arrangement in Pa					
	Endowment Funds.	art Alli. Check here	ii tile explanatio	i nas been pro	vided off fait Air .	· · · · ·
ı aı	Complete if the organization	answered "Yes"	on Form 990 F	Part IV line 10	) <u>.</u>	
	Complete ii tilo organization	(a) Current year	(b) Prior year	(c) Two years bac		ck (e) Four years back
1a	Beginning of year balance	134,843	124,014		<del></del>	<del>                                     </del>
b	Contributions	12,040	518		386 1,2	<del></del>
c	Net investment earnings, gains, and	12,040	310	•	1,2	
•	losses	9,101	10,311	(2,1	76) (3,33	0) 16,780
d	Grants or scholarships		10,511	<u> </u>	(0,00	10,7.00
e	Other expenditures for facilities and					
	programs					
f	Administrative expenses			-		
g	End of year balance	155,984	134,843	124,0	127,0	75 129,180
2	Provide the estimated percentage of the	ne current year end	d balance (line 1g	, column (a)) he	eld as:	
а	Board designated or quasi-endowmer	it ▶ 100	%			
b	Permanent endowment ▶	<u></u> %				
C	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2					
3а	Are there endowment funds not in the	possession of the	e organization the	at are held and	administered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related or					3b
4	Describe in Part XIII the intended uses	<u>~</u>	n's endowment f	unds.		
Part					0 5 000	D 1 1 10
	Complete if the organization				1	
	Description of property	(a) Cost or oth (investme		or other basis ther)	(c) Accumulated depreciation	(d) Book value
	Land	(	<del>-'</del>	· · · · · · · · · · · · · · · · · · ·		
1a	Land		543,097		057.204	543,097
b	Buildings	1	,857,705	-	857,201	1,000,504
d	Equipment		161 120		907 020	162 200
a e	Other	<u> </u>	,161,129		997,929	163,200
	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0. Part X. columr	(B), line 10c.)	•	1,706,801

Part VII	Complete if the organization and		rm 99	0, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or catego (including name of security)			) Book value	(c) Met	hod of valuation -of-year market value
(1) Financia	derivatives					
(2) Closely-I	neld equity interests					-
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col (B) line 12.) 🕨				·	
Part VIII	Investments — Program Relate Complete if the organization and		rm 99	0, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b	) Book value		hod of valuation of-year market value
(1)						
(2)						<u> </u>
(3)						<u></u>
(4)		· · · · · · · · · · · · · · · · · · ·				
(5)						
(6)						
(7)			ļ			<del></del> .
(8)			ļ			
(9)	N					
	b) must equal Form 990, Part X, col (B) line 13)		<u></u>			
Part IX	Other Assets.	wared "Vee" on Fe	00	O Dowt IV Ivon	11d Con Form	000 Dark V Ivan 15
	Complete if the organization ans	(a) Description	1111 99	o, Fart IV, fine	Tiu. See Form	(b) Book value
/4\		(a) Decomption				(b) Dook value
(1) (2)	<del></del>	· · · ·				
(3)						·
(4)						<del>-</del>
(5)						
(6)					-	
(7)						
(8)		<del></del>			_	
(9)		······				-
Total. (Colui	mn (b) must equal Form 990, Part X, o	col. (B) line 15.)		<del></del>		-
Part X	Other Liabilities.					·
	Complete if the organization and line 25.	swered "Yes" on For	rm 99	0, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2)						
(3)				i		
(4)	-					
(5)						
(6)						
(7)						
(8)						
(9)						
	n) must equal Form 990, Part X, col (B) line 25.) ▶					
2. Liability for	uncertain tax positions. In Part XIII, prov	ride the text of the footn	ote to	the organization'	s financial stateme	nts 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

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		•	Return.	
1	Total revenue, gains, and other support per audited financial statements			1	16,297,675
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				10/201/010
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		161,743		
С	Recoveries of prior year grants		101,710	1 1	
d	Other (Describe in Part XIII.)			1	
е	Add lines 2a through 2d			2e	161,743
3	Subtract line 2e from line 1			3	16,135,932
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.)			]	
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	2 12.) .		5	16,135,932
Part				r Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, I	ne 12a.		
1	Total expenses and losses per audited financial statements			1	17,331,336
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	161,743		
b	Prior year adjustments	2b		]	
C	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		11	
е	Add lines 2a through 2d			2e	161,743
3	Subtract line 2e from line 1			3	17,169,593
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 <b>4a</b> and <b>4b</b>			4c	0
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.) .		5	17,169,593
	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				ne 4; Part X, line
DADT	V, LINE 4:				
	OVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALA				
		SKA WHILI	E SEEKING TO MAI	INTAIN THE	VALUE OF THE
ENDO	WMENT ASSETS.				
		•••••			
			·		
	•••••••••••••••••••••••••••••••••••••••				
					•••••
		•••••			

Schedule D (Fol	rm 990) 2017	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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest instructions. Name of the organization **Employer identification number** FOOD BANK OF ALASKA, INC. 92-0073175 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants а ☐ Solicitation of government grants ☐ Internet and email solicitations ☐ Phone solicitations ☐ Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) organization fundraiser listed in col (i) or entity (fundraiser) from activity Yes No 2 3 5 8 q 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

		than \$15,000 of fundraising gross receipts greater that	n \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
Œ	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ot Exp	7	Food and beverages				
Ore	8	Entertainment				
	9	Other direct expenses .	<u>.</u> .			
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	▶ [	
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	0, Part IV, line 19, or r	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant	(a) Other serves	(d) Total gaming (add
Şe.			,,,	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
_	1	Gross revenue	1, 0	bingo/progressive bingo	(c) Other gaming 56,582	
	2	Gross revenue		bingo/progressive bingo		col (a) through col (c))
				bingo/progressive bingo		col (a) through col (c))
	2	Cash prizes		bingo/progressive bingo		col (a) through col (c))
Direct Expenses F	2	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		col (a) through col (c))
	2 3 4	Cash prizes	☐ Yes%	bingo/progressive bingo  Yes % No		col (a) through col (c))
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	☐ Yes%	☐ Yes%	56,582	col (a) through col (c))
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	☐ Yes % ☐ No	☐ Yes% No	56,582  ☐ Yes%  ☑ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No d lines 2 through 5 in c	☐ Yes % ☐ No Olumn (d)	56,582  ☐ Yes%  ☑ No	col (a) through col (c))  56,582
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No d lines 2 through 5 in c  Subtract line 7 from linganization conducts gain activities	Yes % No  Dolumn (d)  ne 1, column (d)  ming activities: ALASK, sin each of these states	☐ Yes % No	col (a) through col (c))  56,582  0  56,582  ✓ Yes □ No
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No d lines 2 through 5 in c  Subtract line 7 from linganization conducts gain activities	Yes % No  Dolumn (d)  ne 1, column (d)  ming activities: ALASK, sin each of these states	56,582  Yes%  No	col (a) through col (c))  56,582  0  56,582  ✓ Yes □ No
Olirect Expenses	2 3 4 5 6 7 8 En a Is b If '	Cash prizes	Yes % No d lines 2 through 5 in co Subtract line 7 from linganization conducts ga anduct gaming activities aming licenses revoked	Yes % No  Dolumn (d)  ne 1, column (d)  ming activities: ALASK, in each of these states	☐ Yes % ☑ No	0 56,582 ✓ Yes □ No

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

11	ule G (Form 990 or 990-EZ) 2017  Does the organization conduct gaming activities with nonmembers?	□ <b>v</b> -	Page
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		:2 <u>~</u> 14
-	formed to administer charitable gaming?		s 🗸 N
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		100 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	_	
	Name ► BARB SEIBEL		
	Address ► FOOD BANK OF ALASKA, 2121 SPAR AVE., ANCHORAGE, AK 99501		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	✓ Ye	s □ N
b b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 56,582 and the amount of gaming revenue retained by the third party ▶ \$		
	Name ► JOHN K POWERS, POWERS BROTHERS INC.		•••••
	Address ► PO BOX 241113, ANCHORAGE, AK 99524-1113		
16	Gaming manager information		
	Name ► BARB SEIBEL		
	Gaming manager compensation ► \$		
	Description of services provided ► MAINTAINS GAMING RECORDS FOR FOOD BANK OF ALASKA		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	✓ Ye	s □ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	V IE	3 🗀 IV
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.		
	······		
	······································		

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

2

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.

Open to Public Inspection 

**Employer identification number** 

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990

Schedule I (Form 990) (2017) **%** ∑ GENERAL ASSISTANCE GENERAL ASSISTANCE **GENERAL ASSISTANCE** GENERAL ASSISTANCE **GENERAL ASSISTANCE GENERAL ASSISTANCE** GENERAL ASSISTANCE **GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE** GENERAL ASSISTANCE **GENERAL ASSISTANCE** CONTINUED CONTINUED Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance □ Yes 92-0073175 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat. No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4,207 2,500 1,000 1,980 1,000 990 213 20,524 367 143 1,000 31,046 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (e) NATIVE VILLAGE OF KALSKAG (1) BIG LAKE COMMUNITY FOOD 1 (a) Name and address of organization (9) KODIAK ISLAND FOOD BANK (10) LOVE IN ACTION (4) CALYPSO FARM AND (3) BRISTOL BAY 4-H CULTURE (8) KENAI PENINSULA FOOD (6) FAIRBANKS COMMUNITY (5) DILLINGHAM CHRISTIAN ***OOD BANK OF ALASKA, INC.** (11) MAT-SU FOOD BANK COMMUNITY FOOD BANK (2) BREAD LINE INC. (7) HE WILL PROVIDE or government **ECOLOGY CENTER** YOUTH CENTER **FOOD BANK** Parti Part II PANTRY CLUB (12)

N 6

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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# 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.

OMB No 1545-0047

**%** ∑ GENERAL ASSISTANCE GENERAL ASSISTANCE **GENERAL ASSISTANCE** GENERAL ASSISTANCE **GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE** GENERAL ASSISTANCE GENERAL ASSISTANCE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** ☐ Yes 92-0073175 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance . . . . . . . . . . . . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 800 600 222 990 367 213 10,122 813 5,397 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization (4) NONDALTON TRIBAL (6) SEWARD SENIOR CENTER (7) SOUTHEAST ALASKA FOOD (3) NOME COMMUNITY CENTER (5) SALVATION ARMY SAXMAN (2) NEW HOPE ON THE LAST FOOD BANK OF ALASKA, INC. (9) UPPER SUSITNA FOOD (1) NATIVE VILLAGE OF (8) THE CHILDREN'S Name of the organization UNALAKLEET LUNCHBOX **FRONTIER** Partl Part II **PANTRY** COUNCE BANK

<del>(</del>00

(12)

E

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

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

(f) Description of noncash assistance								tional information.						Schedule I (Form 990) (2017)
(e) Method of valuation (book, FMV, appraisal, other)								n (b); and any other addi						
(d) Amount of noncash assistance								line 2; Part III, colum						
(c) Amount of cash grant								required in Part I,		5 1 1 1 2 3 4 6 6 6 6 7 9 9 9 9 9 9 9 9 9 9 9 9 9				
(b) Number of recipients								e the information						
(a) Type of grant or assistance	-	2	3	4	5	9	7	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						

### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

OMB No 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOOD BANK OF ALASKA, INC.

Employer identification number

92-0073175

Part	Questions Regarding Compensation				
				Yes	No
1a		ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use			
	☐ Travel for companions	☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
b		he organization follow a written policy regarding payment penses described above? If "No," complete Part III to			
	explain		1b		
2		or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line	2		
3		panization used to establish the compensation of the hat apply. Do not check any boxes for methods used by a the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract			
	☐ Independent compensation consultant	☐ Compensation survey or study			
	☐ Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 organization or a related organization:	), Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	ol payment?	4a		<b>✓</b>
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b		<b>✓</b>
C	Participate in, or receive payment from, an equity-l	based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of	organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of:				
а	The organization?		5a	<u> </u>	<b>✓</b>
	•		5b		1
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of.	a, line 1a, did the organization pay or accrue any			
а	The organization?		6a		✓
b	Any related organization?		6b		✓
	If "Yes" on line 6a or 6b, describe in Part III.				_
7		on A, line 1a, did the organization provide any nonfixed describe in Part III	7		<b>√</b>
8	to the initial contract exception described in	paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		✓
9	<del>_</del>	llow the rebuttable presumption procedure described in	9		

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

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

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

NOTE: THE SAME OF COMMINICAL MANAGEMENT OF COMMINICAL MANAGEMENT OF THE PROPERTY OF COMMINICAL PROPERTY OF COMMINI							(a)	יס מימר וויסיאומים:
		(B) Breakdown o	t W-2 and/or 1099-MI	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-()(B)	in column (B) reported as deferred on prior Form 990
JUDITH ROCKWELL 1FORMER FINANCE DIRECTOR	€ €	25,095				752	25,847	
	ε							
2	Ξ							
	(E)							
3	Ξ							
	€ :		1					
4	3							
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	ε							
9	Ξ							
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7	(ii)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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8	Ξ							
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	€ (							
10	<u> </u>							
	Ξ:							
11	<b>E</b>							
	€ :							
12	3							
	Ξ:							
13	€							
	Ξ							
14	3							
	<b>E</b>							
15	<b>E</b>							
	Ξ:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
16								

Schedule J (Form 990) 2017

s, and for Part II. Also complete this par,		Schedule J (Form 990) 2017
i, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.		

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Employer identification number 92-0073175

	BANK OF ALASKA, INC.					92-00731	175		
Pari	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conto amounts repo Form 990, Part V	rted on	Method of noncash con			-
1	Art-Works of art				_				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded								
10	Securities—Closely held stock .								
11	Securities - Partnership, LLC,								
	or trust interests					<u> </u>			
12	Securities-Miscellaneous								
13	Qualified conservation								
	contribution—Historic					ĺ			
	structures								
14	Qualified conservation								
	contribution—Other								
15	Real estate—Residential								
16	Real estate - Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory	<b>✓</b>	7,236		11,872,010	Feeding Am	<u>erica a</u>	udited	<u>d rate</u>
20	Drugs and medical supplies								
21	Taxidermy					ļ			
22	Historical artifacts								
23	Scientific specimens		=						
24	Archeological artifacts								
25	Other ► ( Dodge Van )	<b>/</b>	1			Fair market v			
26	Other ► ( Tote Trailer )	1	1			Fair market v			
27	Other ► ( Misc. supplies )	<b>✓</b>	3		924	Fair market v	value		
28	Other ► ( )					<del>- ,</del>			
29	Number of Forms 8283 received which the organization completed								
	which the organization completed	011110200	s, Fait IV, Donee Acknowled	agement		29		Yes	No
	B						$\longrightarrow$	162	NO
30a	During the year, did the organizat								1
	28, that it must hold for at least to be used for exempt purposes to								اا
			e notaing period:				30a		<u>1</u>
	If "Yes," describe the arrangemen		stones notice that raming	no the review	of one -	anotandard		- 1	
31	Does the organization have a contributions?	•			•	Instandard			<b>-</b>
20-	Does the organization hire or use						31	$\dashv$	
<b>32</b> a		•	•		-		00-		
							32a		<u> </u>
	If "Yes," describe in Part II.  If the organization didn't report an	amount in	column (a) for a time of are	norty for which -	oluma (a)	e chooked			
33	describe in Part II.	amount in	columnit (c) for a type of pro	perty for writion c	olumni (a)	s checkeu,			

Schedule M (	Form 990) 2017 Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	or a combination of both. Also complete the part is any additional mismation
	-

### 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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

FOOD BANK OF ALASKA, INC.	92-0073175
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FEDERAL FORM 990 IS PROVIDED TO ALL BOARD MEMBERS VIA EMAIL BEFORE THE 990 IS	FILED. THE AUDIT AND FINANCE
COMMITTEE PRESENTS THE FEDERAL FROM 990 TO THE BOARD OF DIRECTORS FOR ACCEPTA	NCE AT A BOARD MEETING BEFORE
THE 990 IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
FOOD BANK OF ALASKA (FBA) CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH	THE CONFLICT OF INTEREST POLICY.
ACCORDING TO THE STATEMENT OF INEREST, ALL OFFICERS AND DIRECTORS SHALL AVOID A	NY CONFLICT BETWEEN THEIR OWN
PERSPECTIVE INDIVIDUAL, PROFESSIONAL OR BUSINESS AND THE INTERESTS OF FBA, IN ANY	AND ALL ACTIONS TAKEN BY THEM
ON BEHALF OF FBA IN THEIR RESPECTIVE CAPACITIES.	
FORM 990, PART VI, SECTION B, LINE 15A:	
PAY INCREASES ARE SUBJECT TO THE APPROVAL OF THE NECESSARY BUDGET BY THE BOAR	D OF DIRECTORS; SALARY
INCREASES ARE ADDRESSED ANNUALLY, ACCOMPANYING ANNUAL PERFORMANCE REVIEWS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AN	D FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC AT WWW.FOODBANKOFALASKA.ORG OR UPON REQUEST.	
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