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		֝֝֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜		
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**Paid** 

Preparer Use Only

				29493	Opposon				
,, 1 <sub>Com</sub>	99	n	Return of Organization Exempt From Income	Tax	OMB No 1545-0047				
Forn		,							
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private		2018				
Depa	artment of	the Treasury	<ul> <li>Do not enter social security numbers on this form as it may be made put of the body of the body of the latest information.</li> </ul>		Open to Public Inspection				
_		ue Service	2010						
				June 30	, 20 19 identification number				
В			Name of organization Food Bank of Alaska, Inc.  Doing business as	<b>⊣</b> ''					
님	Address	- F	Number and street (or P O. box if mail is not delivered to street address)  Room/suite	E Telephone	92-0073175 number				
H	Name ch	·		· ·	07-272-3663				
H	Initial retu	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	101-212-3003				
H	Amended		Anchorage, AK 99501	G Gross rec	eipts \$ 17,249,13				
					bordinates? Yes No				
	Applicati	I			ncluded? Yes No				
	Tax-exen	npt status			st. (see instructions)				
J	Website:			oup exemption n	umber ▶				
K	Form of o	rganization 🔽	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 19	79 M State o	legal domicile AK				
	art I	Summa							
	1	Briefly des	cribe the organization's mission or most significant activities: Food Bank of Al	aska believes	no one deserves to be				
e		hungry. W	e are dedicated to eliminating hunger in Alaska by obtaining and providing food to j	oartner agenci	es feeding hungry				
nan			through anti-hunger leadership.						
Ven			s box $lacktriangle$ If the organization discontinued its operations or disposed of more the	nan 25,% of it:	s net assets.				
Activities & Governance	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	1 1				
<b>ಿ</b> ಶ	4	Number o	f independent voting members of the governing body (Part VI, line 1b) FECE.	VE 174	1:				
ij	5	lotal num	ber of individuals employed in calendar year 2018 (Part V, line zaj	.   5   12					
cţi	l		ber of volunteers (estimate if necessary)		1,70				
Ă	l		lated business revenue from Part VIII, column (C), line 12	. 7a	43,44				
_	b	Net unrela	ted business taxable income from Form 990-T, line 38	34 dt   T	Current Year				
		04-5-4	<u> </u>						
ne	1		ons and grants (Part VIII, line 1h)	15,290,673	16,515,15				
Revenue	1	_	ervice revenue (Part VIII, line 2g)	775,057	679,24				
æ	1		t income (Part VIII, column (A), lines 3, 4, and 7d)	13,620 56,582	11,25 43,47				
	l		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,135,932	17,249,13				
_			d similar amounts paid (Part IX, column (A), lines 1–3)	84,495	90,85				
	1		aid to or for members (Part IX, column (A), line 4)	0.7.00					
ø,	1		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	1,961,451	2,084,59				
Jses			ial fundraising fees (Part IX, column (A), line 11e)	0					
Expense			raising expenses (Part IX, column (D), line 25) ▶						
ũ			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,123,647	14,047,019				
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,169,593	16,222,46				
		Revenue I	ess expenses. Subtract line 18 from line 12	(1,003,661)	1,026,66				
es o			Beginning o	f Current Year	End of Year				
sets	20	Total asse	ts (Part X, line 16)	4,330,581	5,356,04				
Net Assets or Fund Balances	21		ıtıes (Part X, line 26)	319,989	318,78				
			or fund balances. Subtract line 21 from line 20	4,010,592	5,037,25				
	art II		re Block						
Un tru	der penal e, correct	ties of perjury , and comple	r, I declare that I have examined this return, including accompanying schedules and statements, and be Declaration of preparer (other than officer) is based on all information of which preparer has any known and the control of the	to the best of my owledge	knowledge and belief, it i				
			Com De Bullini	1/31/2	2020				
Sig			ufe of officer	Date					
He	re		nes Baldwin, Chief Executive Officer						
		l ▼ Type ∈	or print name and title						

Preparer's signature

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Print/Type preparer's name

Firm's name

Fırm's address ▶

Cat. No. 11282)

Firm's EIN ▶

Phone no.

Date

Yes No
Form **990** (2018)

PTIN

Check if self-employed

Page	2
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Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1 •	
	Food Bank of Alaska believes no one deserves to be hungry. We are dedicated to eliminating hunger in Alaska by obtaining and
	providing food to partner agencies feeding hungry people and through anti-hunger leadership.
	Did the annual translation and significant program converse during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 14,775,418 including grants of \$ 66,615) (Revenue \$ 679,168)
	Acquiring, storing and distributing donated, government and purchased food to families and seniors who need food assistance in
	order to enjoy a healthy, active life.
	•
	•••••••••••••••••••••••••••••••••••••••
4b	(Code: ) (Expenses \$ 482,345 including grants of \$ 24,241) (Revenue \$ 74)
	(2000)
	Through advocacy and policy development, removing barriers to food assistance for all Alaskans in need and reducing
	or eliminating the root causes of hunger. Providing assistance to eligible Alaskans in applying for SNAP benefits.
	of climinating the root causes of hanger. Frostang assistance to engage reasons in appring to some solution
	•
4-	(Code: \(\sum_{\text{Conseq}}\) \(\sum_{\text{Conseq}}\)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

Form 99	0 (2018)	1	U	Ī	Page 3
Part	V . Checklist of Required Schedules				
			_	Yes	No
1、	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes complete Schedule A	,"	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	✓_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part I		3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501( election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part		5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which dono have the right to provide advice on the distribution or investment of amounts in such funds or accounts? "Yes," complete Schedule D, Part I	If	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	e,	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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, debt negotiation services? If "Yes," complete Schedule D, Part IV.	a or	9		1
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 $V$	:d	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VIII, VIII, IX, or X as applicable.	<b>/</b>  ,			
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	1	
	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		✓
	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 asser 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		11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		12a	✓	
	Was the organization included in consolidated, independent audited financial statements for the tax year? "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13 14a		<b>✓</b>
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking	_	144		<b>  •</b>
b	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		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to off or any foreign organization? If "Yes," complete Schedule F, Parts II and IV	or	15		1
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.	∋r	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	'n	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	'n	18		<b>✓</b>
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	<b>√</b> _	
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 of domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	or	21	1	

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		1
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		1
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		<b>✓</b>
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b>✓</b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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		<b>✓</b>
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
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? <b>Note.</b> 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	<del></del>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   11		162	1
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) with backup withholding rules for reportable payments to vertuois and reportable gaming (gambling) withnings to prize winners?	1c	<u></u>	J
			n <b>990</b>	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	
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,			
74	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:	<del></del>		<u> </u>
	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		•
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- oa		<u> </u>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<b>√</b>
<b>h</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	_
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		1
4	If "Yes," indicate the number of Forms 8282 filed during the year	70		· 1
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>-</b>
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u> </u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			i
8	sponsoring organization have excess business holdings at any time during the year?			
٥	Sponsoring organizations maintaining donor advised funds.	-		
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0	-	
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
• •	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
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	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			1
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75		
15	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			<del>-                                    </del>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u></u> _
10	If "Yes," complete Form 4720, Schedule O.			<del>'</del> 1
	ii res, complete i citii 4720, conecule c.			

Form 99				Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	٠.,	<u> </u>
Secti	on A. Governing Body and Management		T	<del></del>
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	3	Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	<b>├</b> °	<u> </u>	_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<b>✓</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
a	The governing body?	8a	1	
ь	Each committee with authority to act on behalf of the governing body?	8b	•	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>V</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	<b>V</b>	
14	Did the organization have a written document retention and destruction policy?	14	<b>/</b>	
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?	15.		
a	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	
b	Other officers or key employees of the organization	150	<b>V</b>	<del></del> i
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			•
16a	with a taxable entity during the year?	16a		<u> </u>
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	16h		
Section	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a convent this Form 200 is required to be filed. Alaska			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>P</b>	

Pa	ae	7

Form 990 (2018)

Part VII c	Compensation of Officers, I	Directors, Trustees	Key Employees	, Highest Compens	sated Employees, and
	Independent Contractors				

ion 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 employees."
- 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 org	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average		to not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
Trains and Tries	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	9 5	5	Q	~	욕포	7	from the	related organizations	other compensation
	related	Individual trustee or director	stat	Officer	Key employee	흥흥	Former	organization	(W-2/1099-MISC)	from the
	organizations	ctal	g	,	를	yee c	=	(W-2/1099-MISC)		organization
	below dotted line)	ੋੜ੍ਹ	al tr		) ye	) j				and related organizations
	,	stee	Institutional trustee		"	Highest compensated employee				3
			ě			ited				
(4) Alliana Diagonal										
(1) Allison Biastock	2	1								
President	2		Н				-	<del> </del>		
(2) Katie Pesznecker	<del>-</del>	1								
Past President	-	_	Н		$\vdash$			<u> </u>		
(3) Amy DeBruhl	2	1								
Secretary (4) 50 and 10	2	•	Н					<u> </u>		
(4) Elizabeth Nobmann	<del>-</del>	1	l							
Treasurer (5)		_	Н		┝					
(5) Mark Carr	2	1								
Member (6)			Н		<del> </del>		$\vdash$			
(6) Katrıa Kangas	2	1								
Member (7)		•	H		_		$\vdash$			
(7) Jennifer Coughlin	2	1								
Member (9)	<del></del>	_			$\vdash$		$\vdash$			
(8) Milena Sevigny	2	1								
Member (0)		_	Н		$\vdash$		├			
(9) Jody Spansel	2	1								
Member		<b>V</b>	Н		H		-			<del></del>
(10) Jon Schultz	2	1								
Member (44)		<b>V</b>	Н							
(11) Claudia Russell	2	,					ŀ			
Member	<u>-</u>	<b>✓</b>	Н			_				
(12) Robin Phillips	2	,								
Member	-	<b>/</b>	Н				ļ			<del></del>
(13) Jason Hart	2									
Member	ļ	<b>\</b>	$\square$				ļ			
(14) Reino Bellio	2									
Member		✓					L .			

Part	VII. Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			iignes	St C	ompensated E	mpioyees (co	ontinued	<u>"                                    </u>		_
	• (A) Name and title		(do not check no				is both	an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	rom	other	nated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fron organ and r	ensation in the lization related izations	
(15)	James Baldwin	40											-	
	Executive Officer				✓	L			78,670				34,7	48
	Barb Seibel Financial Officer	40			/				82,397				16,3	25
	riiaiciai Ollicei				Ť				02,337				10,0	
(18)								. <u>.                                   </u>						_
(19)														_
(20)														_
(21)														_
(22)														
(23)														_
(24)														
(25)					,									_
1b	Sub-total		· ·		•		•	<b>&gt;</b>	161,067				51,0	73
d	Total from continuation sheets to Part Total (add lines 1b and 1c)						•		161,067				51,07	_ 73
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received mo	ore than \$10	0,000 o	f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete						-	emp	oloyee, or high	est compen	sated	3	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ole d	com	nper	nsatio	n a s,"	nd other comp	ensation froi edule J for	n the			
5	individual									ation or indiv		5	✓ ✓	J
Section	on B. Independent Contractors		<u>. حر</u>								,			_
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax	
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C) empensa	ation	
											···			_
		-					_							_
2	Total number of independent contractor	ers (includir	na hu	t n	ot I	ımıt	ed to	th	ose listed abo	ove) who				_ _i
~	received more than \$100,000 of compens		-						0	, , ,,,,,,				

Par	.€VIII.	Check if Schedule O contains a response or note	to any line in this l	Part VIII		
		Check if defleatile of contains a response of note	(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	]			
S, E	С	Fundraising events 1c	]			
Sift lar	d	Related organizations 1d				
is,	e	Government grants (contributions) 1e 931,27	9			
tior er S	f	All other contributions, gifts, grants,				
혈美		and similar amounts not included above 1f 15,583,87				
ğ	g	Noncash contributions included in lines 1a–1f \$ 12,209,56	2			
<u>ठ</u> ह	h	Total. Add lines 1a–1f	16,515,158			
Ę	_	Business Code				
eve	2a	Fees and Services 624210	679,242	679,242		
ë Œ	b		<del>                                     </del>			
<u>Ş</u>	C		+		<del></del>	
Š	d					
ran	e	All other program convex revenue	-		····	
Program Service Revenue	f   g	All other program service revenue .  Total. Add lines 2a–2f	679,242			
<u> </u>	3	Investment income (including dividends, interest,				
		and other similar amounts)	11,257	11,257		
	4	Income from investment of tax-exempt bond proceeds ▶	11,207	11,207		
	5	· · · · · · · · · · · · · · · · · · ·		-		
		Royalties				
	6a	Gross rents	7			
	b	Less rental expenses	]			
	С	Rental income or (loss)			<del></del>	
	d	Net rental income or (loss) ▶				<u> </u>
	7a	Gross amount from sales of (i) Securities (ii) Other	]			
		assets other than inventory	]			
	b	Less cost or other basis				
		and sales expenses	-			
	C	Gain or (loss)	<del></del>			
	d	Net gain or (loss)	<del>                                     </del>			
ne	8a	Gross income from fundraising				
ē		events (not including \$		ì		
Other Revenue		of contributions reported on line 1c).				
P		See Part IV, line 18 a				
¥	b	Less: direct expenses b	1			
0		Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a 43,47	7			
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities	43,477		43,477	
	10a	Gross sales of inventory, less				
		returns and allowances a	_			
	b	Less: cost of goods sold b	+			
	<u> </u>	Net income or (loss) from sales of inventory ▶		-		
	<u></u>	Miscellaneous Revenue Business Code	+			
	11a		+		<del></del> -	
	b		+			
	6	All other revenue	+			
	de	All other revenue	+ +	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	12	Total revenue. See instructions	17,249,134	690,499	43,447	
			, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin			
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	and domestic governments. See Part IV, line 21	90,856	90,856		
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	188,849		188,849	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	100,043		100,045	
7	Other salaries and wages	1,434,302	1,124,135	184,777	125,390
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,601	13,222	7,698	1,681
9	Other employee benefits	302,880	220,436	64,548	17,896
10	Payroll taxes	135,962	95,462	30,033	10,467
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	25,250		25,250	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			,	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	00.400	40.445	4.000	0.474
40	- · ·	23,186	19,415	1,600	2,171
12 13	Advertising and promotion	200 274	40.001	21 747	170 522
14	Information technology	260,271 72,547	49,001 44,180	31,747 14,957	179,523 13,410
15	Royalties	72,347	44, 160	14,557	13,410
16	Occupancy	333,122	299,503	16,194	17,425
17	Travel	82,068	64,882	12,904	4,282
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	02,000	04,002	12,304	7,202
19	Conferences, conventions, and meetings .				
20	Interest	5,033	5,033		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	192,007	178,903	9,360	3,744
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	12,597,007	12,597,007		
b	Shipping and Freight	355,674	355,674		
C	Vehicle Operations, Maintenance & Fuel	92,054	92,054		. <u> </u>
d	Misc, other	8,800	8,000		800
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	16,222,469	15,257,763	587,917	376,789
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)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 453,086 310,712 1 2 2 Savings and temporary cash investments . . . . . . 784,972 1,052,714 3 3 307,617 689,272 4 213,285 263,410 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . . . . 6 Assets 7 7 671,408 8 8 1,256,996 9 Prepaid expenses and deferred charges . . . 37,428 41,411 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 3,602,411 Less: accumulated depreciation . . . . 10b 1,706,801 10c 1,575,964 Ь 2.026.447 <u>155,</u>984 Investments—publicly traded securities . . . . 11 165,568 11 12 Investments—other securities. See Part IV, line 11. 12 13 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 5,356,047 16 4,330,581 222,998 17 233,029 17 18 18 19 19 20 Tax-exempt bond liabilities . . . . . . . . . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other pavables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 96,991 23 85,760 Unsecured notes and loans payable to unrelated third parties . . . 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . 319,989 318,789 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 3,763,809 27 4,258,571 246,783 28 28 778,687 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 4,010,592 5,037,258 5.356.047 34 Total liabilities and net assets/fund balances . 4.330.581 Form **990** (2018)

_	4	•
Page	1	-

0,,,,	70 (2010)					90
Par	XI, Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1.	Total revenue (must equal Part VIII, column (A), line 12)	1			17,24	19,134
2	Total expenses (must equal Part IX, column (A), line 25)	2			16,22	22,469
3	Revenue less expenses. Subtract line 2 from line 1	3			1,02	26,66 <u>5</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			4,01	10,592
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			5,03	37,258
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u> </u>	
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın			
	Schedule O.		_			لبب
2a			` <b>⊢</b>	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		-			
b	Were the organization's financial statements audited by an independent accountant?		.	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			]
	separate basis, consolidated basis, or both:		1			ı
	Separate basis Consolidated basis Both consolidated and separate basis		-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			_	,	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			2c	<b>✓</b>	<del></del>
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın			
	Schedule O.		.  -			
За	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?		<u> </u>	3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a supplier when the product of a production of the control of the organization did not undergo such a supplier when the product of the organization did not undergo such a supplier when the product of the organization did not undergo such as the organization did not undergo such as the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?			зь	,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Juns.			. 000	(2018)
				Forn	1 990	(2018)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/a% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  11	FOOL	D BANK OF ALASKA, INC.						73175
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A chool described in section 170(b)(1)(A)(iii). A chool described in section 170(b)(1)(A)(iii). A chool described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:    A medical research organization operated for a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.)   An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Complete Part III.)   An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(v). (Complete Part III.)   An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(v). (Complete Part III.)   An organization that normally receives: (1) more than 33/3/6 of its support from contributions, membership fees, and gir receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/3/6 of its support from contributions, membership fees, and gir receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/3/6 of its support from gores investment income and unrelated business taxable income (less section 509(a)(4).   An organization organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the pure of one or more publicly supported organizations described in section 509(a)(4). See section 509(a)(4).   An organization organization and complete Part III.   An organization organization operated exclusively for the benefit of, to perform the functions of, or to carry out the pure of one or								ons.
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E. (Form 990 or 990-EZ).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   Enter the hospital's name, city, and state:	The c							4
3	1		,					$\wedge$
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:	2	☐ A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit descrisection 170(b)(1)(A)(v). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(vi). operated in conjunction with a land-grant col or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college of university:  An organization that normally receives: (1) more than 331-3% of its support from contributions, membership fees, and greepits from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331-3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), Complete Part III.  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the pure of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 500(a)(2). See section 500(a)(2) in section 500(a)(3) or section 500(a)(4).  Type II a supporting organization operated, supervised, or controlled by its supported organization(s), by having organization operated unity appoint or elect a majority of the directors or trustees of the supporting organization (3) volument organization vested in the same persons that control or manage the supporting organization operated in section 500(a) volument organization (5), volument organization ve	3							,
S	4	<del></del>	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
section 170(b)(1)(A)(iv). (Complete Part II.)  6								
7	5	section 170(b)(1)(A)(iv). (Comp	plete Part II.)			-		tal unit described in
An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant coll or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  10 An organization that normally receives: (1) more than 331/34 of its support from contributions, membership feess, and greepits from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/34 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.)  11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the pure of one or more publicly supported organizations described in section 509(a)(1) escention 509(a)(2). See section 509 (check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and the supporting organization operated, supervised, or controlled by its supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization vested in the same persons that control or manage the supporting organization vested in the same persons that control or manage the supporting organization operated in connection with, and functionally integrated. A supporting organization operated in connection with its supported organization of organization operated in connection with its supported organization (s) (see instructions). You must complete Part IV, Sections A and D, and Part V.  e		✓ An organization that normally	receives a subs	tantial part of its sup				n the general public
or university or a non-land-grant college of agniculture (see instructions). Enter the name, city, and state of the college of university:  10	8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3/5 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  11	9	or university or a non-land-gra						
12	10	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses						
of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 508 Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, an    Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by g the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.    Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supporting organization(s). You must complete Part IV, Sections A and C.    Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.    Type III non-functionally integrated. A supporting organization operated in connection with its supported organization that its not functionally integrated. The organization generally must satisfy a distribution requirement and an attentive requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.    Enter the number of supported organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.    Enter the number of supported organizations   (iv) ElN   (iv) Type of organization (see instructions)   (iv) Amount of monetary support (see instructions)	11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  b	12	2 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						
control or management of the supporting organization vested in the same persons that control or manage the support organization(s). You must complete Part IV, Sections A and C.  c	а	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the						
Its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d	b	control or management of t	the supporting o	rganization vested in	the same			
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentive requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e	С							ally integrated with,
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations	d	that is not functionally integ	grated. The orga	nization generally mus	st satisfy	a distribi	ution requirement an	_
g Provide the following information about the supported organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions))  (A)  (B)  (B)  (III) Type of organization (described on lines 1–10 above (see instructions))  (IV) Amount of monetary support (see instructions)  (Vi) Amount of monetary support (see instructions)  (Vii) Amount of monetary support (see instructions)  (IV) Amount of monetary support (see instructions)	е							e II, Type III
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions))  (iv) Amount of monetary support (see instructions)  (vi) Amount of monetary support (see instructions)  (vii) Amount of monetary support (see instructions)  (viii) Amount of monetary support (see instructions)	f	Enter the number of supported of	organizations .					
(described on lines 1–10 above (see instructions))    Steed in your governing document?   Support (see instructions)	g	Provide the following information	about the supp	orted organization(s).				
(A) (B) (C)		(i) Name of supported organization	(ii) EIN	(described on lines 1-10	listed in you	ur governing	support (see	(vi) Amount of other support (see instructions)
(B)					Yes	No		
(C)	(A)							
	(B)							
(D)	(C)							
	(D)							
(E)	(E)							

Total

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,156,129	14,665,889	16,068,285	15,290,673	16,515,158	76,696,134
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	14,156,129	14,665,889	16,068,285	15,290,673	16,515,158	76,696,134
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)						5,783,360
6	Public support. Subtract line 5 from line 4						70,912,774
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	14,156,129	14,665,889	16,068,285	15,290,673	16,515,158	76,696,134
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(96)	(4,455)	9,412	13,620	11,257	29,738
9	Net income from unrelated business activities, whether or not the business is regularly carried on				56,582		100,059
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						76,825,931
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				<u> </u>	• • • • •	· · <u>-                                  </u>
	on C. Computation of Public Suppor			4 1 (0)			
14	Public support percentage for 2018 (line 6		-			15	92.30 %
15	Public support percentage from 2017 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organi						91.41 %
104	box and <b>stop here.</b> The organization qua						
b	331/3% sùpport test—2017. If the organi						
U	this box and <b>stop here.</b> The organization						
47-	•		• • • •	-			_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumsta umstances" te	ances" test, ch	ieck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the neets the	e "facts-and-o s-and-circums	circumstances" stances" test.	' test, check t The organizati	this box and s	top here.
18	Private foundation. If the organization durinstructions	d not check a l	box on line 13,	16a, 16b, 17a	, or 17b, checi		

Part	III Support Schedule for Organiza						
	(Complete only if you checked the						nder Part <b>I</b>
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	İ			i	<	
3	Gross receipts from activities that are not an						,
	unrelated trade or business under section 513					/	
4	Tax revenues levied for the				<del></del>	/	<del></del>
•	organization's benefit and either paid to					/	
	or expended on its behalf					/	1
_	The value of services or facilities		<del> </del>				
5	furnished by a governmental unit to the						
	organization without charge					/	
_	-		-			/	
6	Total. Add lines 1 through 5		·			<b>/</b> /	
/a	Amounts included on lines 1, 2, and 3				/	1	
	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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			/	1		
	line 6.)						
Secti	on B. Total Support	•			•		
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .				i		
b	Unrelated business taxable income (less						<u> </u>
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
G	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						
40	- · ·						
12	Other income. Do not include gain or loss from the sale of capital assets						,
	(Explain in Part VI.)				1		
12	Total support. (Add lines 9, 10c, 11,				-		
13	and 12.)						
4.4	· · · · · · · · · · · · · · · · · · ·		'a first sees	d thurd for with	or fifth toy w	000 00 0 0000	501(0)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			_		
<u> </u>				<u> </u>		<del></del>	🕨 🗀
	on C. Computation of Public Suppor			10 1 101		Tabl	
15	Public support percentage for 2018 (line						<u> %</u>
16	Public support percentage from 2017 Sci			<u> </u>	<u> </u>	16	
	on D. Computation of Investment In		_			T -= 1	
17 、	Investment income percentage for 2018 (						<u>%</u>
18	Investment/income percentage from 2017						- %
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2017. If the organize						
	√line 18 is not more than 331/3%, check this l	box and <b>stop h</b>	ere. The organi	ızatıon qualıfıes	as a publicly s	upported orgar	nization 🕨 🔲
20	Private foundation If the organization di	d not abook a	hay an line 14	100 or 10h	shook this how	and can instru	ctions -

#### 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		14	
4	Are all of the experimentarie comparted experimentarion listed by name in the experimentaries governing		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.	_		
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			
_	organization was described in section 509(a)(1) or (2).	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		—	
	(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)			i
	purposes? If "Yes," explain in Part VI 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 Part VI how the organization had such control and discretion		<b> </b>	
	despite being controlled or supervised by or in connection with its supported organizations.	4b	ļ	-
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		
5а	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 organizating document authority under the organization of the supported organization or removed; (iii) the reasons for each such action; (iii) the authority under the organization or removed and 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 or removed and the supported organization or removed and the supported organization or removed; (iii) the reasons for each such action; (iii) the authority under the organization or removed; (iii) the reasons for each such action; (iii) the authority under the organization or removed; (iii) the reasons for each such action; (iii) the authority under the organization or removed; (iii) the reasons for each such action; (iii) the authority under the organization or removed and the such action; (iii) the authority under the organization or removed and the such action of the such action or removed and the such action of the such action of the such action or removed and the such action of the such action			
_	was accomplished (such as by amendment to the organizing document).	5a		L.,
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		L
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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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?	<del></del>		
_	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	<del></del>	
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	<del></del>	
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	IV Supporting Organizations (continued)			
			Yes	No
11 ·	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		l	
	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,	ŀ		
	supervised, or controlled the supporting organization.	2		
Secti	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
_	organization's tax year, (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			
	supported organizations played in this regard.	3		
Secti	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b		

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

	e A (Form 990 or 990-EZ) 2018			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)	
Secti	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	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			_
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			i i
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			j
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017		·	
е	Excess from 2018			
				<del>~ ~ ~~</del>

D	_	2
Page	Ð.	c

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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	<del></del>
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#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

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

		that have NOT filed Form 5700 (electic			
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	y Tax) (see separat	e instructions) or Form 990	P-EZ, Part V, line 35c (Prox)
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
	of organization		· · · · · · · · · · · · · · · · · · ·	Employer ide	ntification number
FOOD	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	definition of "political car	f the organization's direct and in mpaign activities")			
2	Political campaign activit	ty expenditures (see instructions)			S
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1		excise tax incurred by the organiza			
2	-	excise tax incurred by organization	-		
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	
4a					Yes No
<u>b</u>	If "Yes," describe in Part				
Part	<del></del>	e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			; 
2		filing organization's funds contributions			
3		expenditures. Add lines 1 and 2			
4		n file Form 1120-POL for this year			🔲 Yes 📙 No
5	Enter the names, address organization made paymente amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro I fund or a political action committe	mber (EIN) of all s enter the amount mptly and directly	ection 527 political organi paid from the filing organi delivered to a separate p	zations to which the filing ization's funds. Also enter political organization, such
	(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)					

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າລເ	76	~

Pa	rt II-A	Complete if the organization section 501(h)).					
A	Check ►	if the filing organization belo address, EIN, expenses, and				liated group memb	er's name,
В	Check ►	Check ▶ ☐ If the filing organization checked box A and "limited control" provisions app					
		Limits on Lob (The term "expenditures" n	bying Expendineans amount		.)	(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lo	obbying expenditures to influence					
	<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)					<u></u>	
		bbying expenditures (add lines	-				
		exempt purpose expenditures .					
		xempt purpose expenditures (ac				,	
		ng nontaxable amount. Enter					
	If the ar	nount on line 1e, column (a) or (b) i	: The lobbying	g nontaxable amoun	nt is:		
	Not ove	\$500,000	20% of the a	mount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	is 15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.			i	
,	g Grassr	oots nontaxable amount (enter 2	5% of line 1f)				
- 1	h Subtra	ct line 1g from line 1a. If zero or	ess, enter -0-				
į		ct line 1f from line 1c. If zero or l					···
j	If there	e is an amount other than zero	on either line	e 1h or line 1i, did	d the organization	file Form 4720	<b>-</b>
	reportii	ng section 4911 tax for this year	? . <u></u>			<u> L</u>	Yes No
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					ns below.		
		Lobbyin	g Expenditure	s During 4-Year A	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total
2	a Lobbyı	ng nontaxable amount					
١		ng ceiling amount of line 2a, column (e))					
(	c Total lo	obbying expenditures					
(	d Grassr	oots nontaxable amount					
(		oots ceiling amount of line 2d, column (e))					
1	Grassr	pots lobbying expenditures					
						Schodulo C (Form	990 or 990-EZ) 2018

	(election under section 501(h)).	(2	2)	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes		Amount	
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>-</b>		,	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1		, <b>i</b>	
c	Media advertisements?		<b>✓</b>		
d	Mailings to members, legislators, or the public?		<b>✓</b>		
е	Publications, or published or broadcast statements?	✓		100	
f	Grants to other organizations for lobbying purposes?		✓	_	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		3,250	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<b>✓</b>	_	
i	Other activities?	_	✓		
j	Total. Add lines 1c through 1i		<del>-</del>	3,350	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_		
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1	
Part		(5).	or se		
	501(c)(6).	,,,,,			
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?	prior (5), c	year? or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	Ř (b)	Part	III-A, line 3, is	
1	Dues, assessments and similar amounts from members	•	1	<u> </u>	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	<del></del>	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby				
	and political expenditure next year?	9	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pari					
Provid	te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, lines 1 and	
Part 1	A, Line 1:				
Food I	Bank of Alaska (FBA) lobbies on legislation that deals with the operation of government nutrition program	s, affe	cts th	e welfare of	
low-in	come Alaskans at risk of hunger, or otherwise impacts the organization's work or mission. Lobbying activ	ities I	nclud	e: direct contact	
with le	gislators and staff through telephone, e-mail, letter and in-person visits; distribution of advocacy alerts b	y e-ma	ail to a	n in-state	
netwo	rk of advocates, research, printing, and distribution of reports containing legislative recommendations, as	nd a li	mited	number of	

speaking engagements.

Schedule C (For	m 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
•••••		

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOOD BANK OF ALASKA, INC. 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 Total number at end of year . . . . . . . Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 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 conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II 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 Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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: **b** Assets included in Form 990, Part X . \_ . . . . . . . . . . . .

Par	III. Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (c	ontir	nued)
3 .	Using the organization's acquisition, collection items (check all that apply):		her record	ds, chec	k any of th	ne follov	ving that are a	significal	nt use	of its
а	☐ Public exhibition		d [	Loan	or exchang	ge prog	rams			
b	☐ Scholarly research		e [	Other						
С	☐ Preservation for future generations									
4	Provide a description of the organizat XIII.	tion's collections a	and explai	n how th	hey further	the org	janization's exe	mpt pur	ose i	ın Part
5	During the year, did the organization									
	assets to be sold to raise funds rather	than to be mainta	uned as p	art of the	e organizat	ion's co	llection?	<u> </u>	<u>/es [</u>	□ No
Part										
	Complete if the organization 990, Part X, line 21.								n Fo	rm 
	Is the organization an agent, trustee included on Form 990, Part X?								ſes [	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the foll	lowing ta	able:					
								Amount		
C	Beginning balance					1c	<del></del>			
d	Additions during the year					1 <u>d</u>	<del>-</del>			
е	Distributions during the year					<u>1e</u>				
f	Ending balance					l 1f				
2a	Did the organization include an amount									_  No
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planation	n has been	provide	ed on Part XIII .			
Par		1.004	. –	000 5	S	40				
	Complete if the organization						(d) Three years bad			- h-al
		(a) Current year	(b) Prior		(c) Two yea	<del></del>		+ ` `		s back
1a	Beginning of year balance	155,984		134,843		124,014	127,0		1	29,180
b	Contributions	2,828		12,040		518	8	86		1,225
С	Net investment earnings, gains, and	İ								
	losses	6,756		9,101		10,311	(2,17	(6)		<u>(3,330)</u>
d	Grants or scholarships	<del></del>				<del></del>		-		
е	Other expenditures for facilities and programs									
	· -				-					
f	Administrative expenses End of year balance	405 500		155.004		134.843	124.0	14		27.075
g 2	Provide the estimated percentage of t	165,568		155,984				141		27,075
a	Board designated or quasi-endowmer		0%	(iiiie ig	, coluitiii (a	a)) Helu a	25			
b		%								
	Temporarily restricted endowment ▶	· <sup>/0</sup>								
·	The percentages on lines 2a, 2b, and		00%							
3a	Are there endowment funds not in the			ation tha	at are held	and ad	ministered for t	he		
- Ou	organization by:	o pocococión di un							Yes	No
	(i) unrelated organizations						. <b></b>	3a(i)		1
	(ii) related organizations							3a(ii	4	1
b	If "Yes" on line 3a(ii), are the related o							3b	1	<b></b> _
4	Describe in Part XIII the intended uses					• •				Т.
	VI Land, Buildings, and Equip									
	Complete if the organization		on Forn	n 990. F	Part IV. line	e 11a. S	See Form 990	. Part X.	line	10.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	r other basis ther)	(c) /	Accumulated epreciation	-	ok valu	
1a	Land		543,097			سيني			5	43,097
b	Buildings		1,857,705				1,161,764			95,941
c	Leasehold improvements		.,,.00				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d	Equipment		1,201,609				864,683		3	36,926
e	Other		-,,,,,,,,,				201,000	_		,
	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part X.	column	(B), line 10	Oc.)	▶		1.5	75,964

Part VII.	Investments — Other Securities.  Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Meti	nod of valuation of-year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)			_	
(D)				
(E)			<u>.                                    </u>	<del>.</del>
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	OOO Dort IV lin	a 11a Cas Form	000 Port V line 12
	Complete if the organization answered "Yes" on Fo			
	(a) Description of investment	(b) Book value		hod of valuation of-year market value
(1)				
(2)		<u> </u>		
(3)		<del> </del>		
(4)		<del></del>		
(5)		-	-	
(6)				
(7)		+		<del></del> ,
(8)		-		
(9) Total (Column II	b) must equal Form 990, Part X, col. (B) line 13.) ▶		-	
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	
	(a) Description			(b) Book value
(1)				_
(2)				
(3)				
(4)		·		
(5)				
(6)		<del></del>		
(7)	···			
(8)				_
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, line		Form 990, Part X,
1.	(a) Description of liability (b) Book value			
(1) Federal in	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)		•		
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 25 ) ▶			
	uncertain tax positions. In Part XIII, provide the text of the footr			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Che	eck here if the text of t	ne footnote has bee	n provided in Part XIII

Part				Return.	
	Complete if the organization answered "Yes" on Form 990,	-			
1.	Total revenue, gains, and other support per audited financial statements			1	17,583,493
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments	2a			
þ	Donated services and use of facilities	2b	289,359		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	<del></del>		
e	Add lines 2a through 2d			2e	289,359
3	Subtract line 2e from line 1	i . i		3	17,294,134
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	10			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			
b	Other (Describe in Part XIII.)			4c	0
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	17,294,134
Part				•	
ı aı t	Complete if the organization answered "Yes" on Form 990,			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Total expenses and losses per audited financial statements			1	16,511,828
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				10/011/020
a	Donated services and use of facilities	2a	289,359		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	289,359
3	Subtract line 2e from line 1			3	16,222,469
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	<u>`</u>		
b	Other (Describe in Part XIII.)	4b	-		
C	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ie 18.) .	<u> </u>	5	16,222,469
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				ie 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provi	de any additional in	jormation.	
	1				
PART Y	V, LINE 4:	<b></b>			
TO PR	OVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALA	SKA WHI	LE SEEKING TO MAI	NIAIN IHE	VALUE OF THE
ENDO	WMENT ASSETS.				
	··				
	,				
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		age 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **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.

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

2018

Inspection

**Employer identification number** Name of the organization 92-0073175 FOOD BANK OF ALASKA, INC. 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. e Solicitation of non-government grants ☐ Mail solicitations а f ☐ Solicitation of government grants ☐ Internet and email solicitations Special fundraising events Phone solicitations d In-person solicitations 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 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) fundraiser listed in col. (i) (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts custody or control of contributions? (ii) Activity from activity organization Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exempt from registration or licensing.

Pa	irt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions	ion answered "Yes" o and gross income on	n Form 990, Part IV, lin Form 990-EZ, lines 1 a	e 18, or reported more and 6b. List events with
	,		(a) Event #1	(event type)	(c) Other events  (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	(event type)	(event type)	(Otal Humber)	
<u></u>	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra <b>Gaming.</b> Complete if th \$15,000 on Form 990-E2	act line 10 from line 3, o	olumn (d)		or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Rev	_1	Gross revenue			43,477	43,477
ses	2	Cash prizes	<del>,</del>			
ect Expenses	3	Noncash prizes			,	
Direct	4	Rent/facility costs				
	5	Other direct expenses .		П <b>У</b> сс	□ <b>V</b> 0/	<del></del>
	6	Volunteer labor	☐ Yes% ☐ No	│	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from I	ine 1, column (d)	<b>.</b>	43,477
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activitie	s in each of these states	s?	
10		ere any of the organization's g	amıng licenses revoked	d, suspended, or termin		? . ☐ Yes ☑ No

Schedu	ıle G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	✓ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	<b></b> No
13	Indicate the percentage of gaming activity conducted in.		
а	The organization's facility		o %_
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		
100	revenue?	✓ Yes	□No
b	name in the second seco		
_	amount of gaming revenue retained by the third party ▶ \$	2	
С	If "Yes," enter name and address of the third party:	·	
•	,,		
	Name ► JOHN K POWERS, POWER BROTHERS INC.		<del></del>
	Address ► PO BOX 241113, ANCHORAGE, AK 99521-1113		<b></b>
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	Mandatory distributions:		
'' a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	✓ Yes	☐ No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	_	
-	spent in the organization's own exempt activities during the tax year ▶ \$		
Part (	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (I Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and ( nal inforr	v); and nation.
<del>-</del> -			
<del>-</del>			

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

Part I

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.

20 <b>18</b>
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Open to Public Inspection

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. . . . . . . . . . . .

**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 General Information on Grants and Assistance FOOD BANK OF ALASKA Name of the organization

the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE **GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE** GENERAL ASSISTANCE GENERAL ASSISTANCE (h) Purpose of grant or assistance (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (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 3,971 1,576 22,851 3,246 3,003 3,003 216 1,000 149 (d) Amount of cash 32,162 599 grant (c) IRC section (if applicable) (P) EIN (9) LUTHERAN SOCIAL SERVICES (4) FAIRBANKS COMMUNITY (2) CATHOLIC SOCIAL SERVICES (5) FRONTLINE MISSION (6) KENAI PENINSULA FOOD (7) KODIAK ISLAND FOOD BANK 1 (a) Name and address of organization (1) BETHEL LIONS CLUB (10) NEW HOPE ON THE LAST (11) NOME COMMUNITY CENTER (3) CHUGIAK EAGLE RIVER (8) LOVE IN ACTION FOOD PANTRY **FOOD BANK** FRONTIER Part II BANK

Schedule I (Form 990) (2018)

**GENERAL ASSISTANCE** 

CONTINUED CONTINUED

> . ٠ .

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

(12) NONDALTON TRIBAL COUNCIL

N

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

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

1,000

Cat No 50055P

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

OMB No 1545-0047

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, GENERAL ASSISSTANCE **GENERAL ASSISSTANCE** GENERAL ASSISSTANCE GENERAL ASSISSTANCE (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 . . . . . . . . . . . . (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non-cash assistance (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1,149 1,000 4,003 (d) Amount of cash 11,928 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 (**9**) EIN (1) PORT GRAHAM VILLAGE 1 (a) Name and address of organization (4) SOUTHEAST ALASKA FOOD (3) SALVATION ARMY SAXMAN **FOOD BANK OF ALASKA, INC.** (2) SALVATION ARMY Part II COUNCIL Partl BANK 9 (12) 8 9 5 Ξ E <u>@</u> 9

Schedule I (Form 990) (2018)

Cat. No. 50055P

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. Schedule I (Form 990) (2018)

Part III Grants ar

Part III can be duplicated it additional space is needed.	nai space is neede	a.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
2					
4					
5		(			
9					
PartIV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information r	equired in Part I, lir	ie 2; Part III, columr	(b); and any other additi	onal information.
					r
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					Schedule I (Form 990) (2018)

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

29

### **Noncash Contributions**

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

**Employer identification number** Name of the organization 92-0073175 FOOD BANK OF ALASKA, INC. Part I Types of Property (c) (d) (a) (b) Noncash contribution Method of determining Check If Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . . 1 Art - Historical treasures . . . 2 3 Art - Fractional interests . . . 4 Books and publications . . . 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 . Securities - Partnership, LLC, 11 or trust interests . . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution - Historic structures . . . . . . 14 Qualified conservation contribution-Other . . . 15 Real estate - Residential . . . Real estate—Commercial 16 Real estate - Other . . . . 17 Collectibles . . . . . . . 18 12,209,562 Feeding America audited rate 19 Food inventory . . . . . . 8,116 Drugs and medical supplies . . 20 21 Taxidermy . . . . . . 22 Historical artifacts . . . Scientific specimens . . . 23 Archeological artifacts . . . 24 Other ► ( \_\_\_\_\_) 25 Other ► ( \_\_\_\_\_) 26 27 Other ► (\_\_\_\_\_) 28

Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a 1 b If-"Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

Number of Forms 8283 received by the organization during the tax year for contributions for

which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . .

Page	4

Part II	Supplemental Information. 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.
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FOOD BANK OF ALASKA, INC.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

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 ACCEPTANCE 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 ANY 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 BOARD 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, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC AT WWW.FOODBANKOFALASKA.ORG OR UPON REQUEST.
FORM 990. PART XI, LINE 9:
OTHER CHANGES IN NET ASSETS OR FUND BALANCES: \$1 DUE TO ROUNDING.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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