Form	99	0
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18

19

For	" 9 9	90										OMB No. 1545-00)47
FUI							cempt Froi					2020	
Depa Inter	irtment nal Rev	of the Treasury venue Service		Do not en	ter social secu	rity numbers o	n this form as it m ctions and the	nav be mad	e public.			Open to Pub Inspection	
Α	For t	he 2020 calen	dar year, or ta	x year begin	ning 7/0	1	, 2020, an	nd ending	j 6/3	30		, 20 2021	
В	Check	if applicable:	С							D Employ	er ident	ification number	
	ХA	ddress change	Universi	tv of Al	aska Fou	ndation				23-	7394	620	
		ame change	1815 Bra	gāw Stre	et #206				ľ	E Telepho	ne num	ber	
	Ir	nitial return	Anchorag	e, AK 99	508					(90	7) 7	86-1111	
	Fi	nal return/terminated							ſ		,		
	A	mended return								G Gross re	eceipts	\$ 137,873	,116.
	A	pplication pending	F Name and ad	ddress of principal	l officer: Tod	Burnett		ŀ	H(a) Is this a	a group returi			,
			Same As	C Above	100	Durneet	-	ŀ	H(b) Are all s	subordinates attach a list.	include	d? Yes	No
I	Tax	-exempt status:	X 501(c)(3)	501(c) ()◀ (in	sert no.)	4947(a)(1) or	527	II INO,	allacii a iisl.	See ins	structions	
J	We	bsite: ► ww	w.alaska	.edu/four	ndation			F	H(c) Group e	exemption nu	ımber 🕨	•	
κ	Forr	n of organization:	X Corporation	Trust	Association	Other ►	L Year	r of formatio	n: 1974	1. MIS	state of I	legal domicile: AK	
Pa	rt I	Summar	y										
	1						tivities:To se						
é		<u>philanth</u>	<u>ropic sup</u>	<u>port to</u>	<u>build</u> e	xcellenc	<u>e_at_the_</u>	<u>Unive</u>	<u>rsity</u>	<u>of Ala</u>	<u>iska</u>	•	
an(·					
Activities & Governance	2	Check this bo		o organizatio	n discontinu	ad its operat	ions or dispose	ad of mor	- <u></u> -	5% of ite			
Gol	2 3						1a)				3	sels.	26
8	4						Part VI, line 1t				4		20
ties	5						rt V, line 2a)				5		0
tivi	6			•							6		33
Ac							e 12				7a	-457	,519.
	b	Net unrelated	l business tax	able income	from Form 9	90-T, Part I,	line 11		-		7b		0.
	-									rior Year		Current Y	
ər	8									,881,8		34,600	
Revenue	9									2,6			<u>,910.</u>
Rev	10 11			-	-		nd 11e)		-	<u>,200,8</u> -36,4		70,081	<u>,962.</u> ,913.
-	12						olumn (A), line			<u>-36,4</u> ,048,9		105,406	
	13)			,604,4		13,734	
	14									,004,4	0.5.	15,754	, 574.
	15	•		•			nn (A), lines 5-		-	,856,7	50	3,253	927
es									-	, <u>830,7</u> 696,6			·
Expenses			5	`		,				090,0	15.	4/6	<u>,486.</u>
Exp		Total fundrais		-		-	3,382,	,193.			_		
_	17	Other expense	es (Part IX, c	olumn (A), lir	nes 11a-11d,	11t-24e)			2	,114,2	74.	2,222	,787.

γ			Beginning of Current Year	End of Year			
Assets Balane	20	Total assets (Part X, line 16)	433,420,168.	564,787,306.			
: Ase	21	Total liabilities (Part X, line 26)	151,850,919.	197,499,258.			
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	281,569,249.	367,288,048.			
Pa	art II	Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
C:/	-	Signature of officer	Date				

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....

Revenue less expenses. Subtract line 18 from line 12.....

2,114,274.

18,272,128.

11,776,782.

2,222,787.

19,687,574.

85,718,799.

Sign	Signature of onicer		D	ale			
Here	Stan Mishin	Han Michin	Dir	of Finance			
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN			
Paid		Self-Prepared		self-employed			
Preparer Use Only	Firm's name						
Use Only	Firm's address	Firm's EIN 🕨					
				Phone no.			
May the IRS discuss this return with the preparer shown above? See instructions							
BAA For Pa	BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 01/19/21 Form 990 (2020)						

Form	n 990 (2020) University of A	laska Foundation	23-7394620) Page 2
Par	rt III Statement of Program Se	ervice Accomplishments		
		response or note to any line in this Part	III	
1	Briefly describe the organization's mis		to build orgallongs at th	
	University of Alaska.		to build excellence at the	<u>ie</u>
2		icant program services during the year which	· —	
			······ [] `	Yes X No
3	If "Yes," describe these new services on	Schedule O. , or make significant changes in how it co	nducts, any program sonvices?	
3	If "Yes," describe these changes on Sche			Yes X No
4	-		ee largest program services, as measured	t by expenses.
	Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	izations are required to report the amount	of grants and allocations to others, the to	tal expenses,
4 a	a (Code:) (Expenses \$	6,796,248. including grants of \$	6,753,743.)(Revenue \$)
			manages, and acts as fiduc	
			ersity of Alaska (UA). Ove	<u>er 50% of</u>
		support academic services,	facilities, and related	
	<u>infrastructure across th</u>	ne_UA_System		
41	Student Financial Aid: T the benefit of the Unive students based on merit,	ersity of Alaska students. _ financial need, outstand ion these criteria In FY2	4,273,029.)(Revenue \$	le_to ized
40		2,665,097. including grants of \$)
			<u>cers charitable gifts inter</u> ent, and public learning.	
			seum, and cooperative exter	
	services among others.		nrough reimbursement of UA	
4 0	d Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
-	e Total program service expenses 🕨	13,875,543.		
BAA	· · · · · · · · · · · · · · · · · · ·	TEEA0102L 10/07/20		Form 990 (2020)

Form 990 (2020)University of Alaska FoundationPart IVChecklist of Required Schedules

1 41	oneckist of required benedules		Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	NO			
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l.</i>	3		Х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .	6		Х			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х				
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.						
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D</i> , <i>Part VI</i> .	11 a		Х			
t	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.	11 b	Х				
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х			
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х			
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х			
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х				
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х			
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		X			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17	Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	X				
19		19		Х			
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	19 20a		X			
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х				
BAA	• · · · · · · · · · · · · · · · · · · ·			(2020)			

Form 990 (2020)

TEEA0103L 10/07/20

Form 990 (2020) University of Alaska Foundation Part IV Checklist of Required Schedules (continued)

1 4				
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	Yes X	No
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? <i>If 'Yes,' complete Schedule J</i> .	23	Х	
24	a 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		Х
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
I	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	• A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	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	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
I	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b	Х	
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		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 12 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	2000
BAA	TEA0104E 10/07/20	rorm	990 (2020)

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	394620	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Yes	No
2. Enter the number of employees reported on Form W.2. Transmittal of Wage and Tay State			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?			Л
-			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizati solicit any contributions that were not tax deductible as charitable contributions?	on 6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7c		Л
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C?	7h		
organization have excess business holdings at any time during the year?			
	· · · · · · O		
 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
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:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b		ļ
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
excess parachute payment(s) during the year?	15		Х
If 'Yes,' see instructions and file Form 4720, Schedule N.			17
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.	_		

 Part VI
 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI.
 2

 Х

Sec	ction A. Governing Body and Management					
		_		Yes	No	
1:	a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members See Sch. 0	26				
	If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
	b Enter the number of voting members included on line 1a, above, who are independent 1b	22				
2			2		X	
-	officer, director, trustee, or key employee?		2		Λ	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervolution of officers, directors, trustees, or key employees to a management company or other person?	/ISION	3		Х	
4			-			
	since the prior Form 990 was filed?		4		Х	
5			5		Х	
6	Did the organization have members or stockholders?		6		Х	
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or r		7.	v		
	members of the governing body?See. Schedule. 0		7 a	Х		
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7 b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:	r by				
i	a The governing body?		8 a	Х		
I	b Each committee with authority to act on behalf of the governing body?		8 b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>		9		х	
Sec	ction B. Policies (This Section B requests information about policies not required by the	e Internal Re	veni	ie Co	ode.)	
		_		Yes	No	
10 a	a Did the organization have local chapters, branches, or affiliates?		10 a		Х	
I	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to e operations are consistent with the organization's exempt purposes?	nsure their	10 b			
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11 a		Х	
I	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Sc	hedule 0				
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	Х		
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х		
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe i Schedule O how this was done	n	12 c	Х		
13	Did the organization have a written whistleblower policy?		13	Х		
14 Did the organization have a written document retention and destruction policy?						
15	Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent				
i	a The organization's CEO, Executive Director, or top management official. See . Schedule0		15a	Х		
	b Other officers or key employees of the organizationSee .Schedule.0.					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).					
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?		16 a		X	
	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 t organization's exempt status with respect to such arrangements?	he	16 b			
	ction C. Disclosure					
17						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99 available for public inspection. Indicate how you made these available. Check all that apply.	·	1(c)(3	3)s or	nly)	
	X Own website Another's website X Upon request Other (explain on					
19	the public during the tax year. See Schedule O		ole to			
20						
	Stan Mishin 1815 Bragaw St, Ste 206 Anchorage AK 99508 (907) 235-1	.625				

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Form 990 (2020) University of Alaska Foundation	23-7394620	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	5	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

				(C)						
(A) Name and title	(B) Average hours	is both an officer and a director/trustee)			I I	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other		
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dan White	0.5									
Director	54.5	Х						0.	322,745.	71,094.
(2) Cathy Sandeen	0.5									
Director	54.5						Х	0.	312,306.	54,081.
(3) Karen Carey	0.5									
Director	54.5	Х						0.	196,667.	26,813.
_(4)_Megan_Riebe	$-\frac{25}{25}$							0	100 004	
AVP, Development	25				Х			0.	170,834.	37,560.
(5) Susan Foley	27.5						х	0	1 (7 ()7	20 001
President	27.5						X	0.	167,627.	38,681.
<u>(6)</u> Bruce Schultz Director	<u>0.5</u> 54.5	х						0.	185,034.	20,400.
(7) Stan Mishin	40	Λ	\vdash					0.	105,054.	20,400.
Dir of Finance	0	•	.	Х				0.	137,448.	49,824.
(8) Pat Pitney	0.5		l l	Λ				0.	137,440.	45,024.
Director	54.5	Х						0.	148,628.	27,332.
(9) David Woodley	40								110/0201	2170021
Chief Data Officer	10	1				Х		0.	113,138.	49,668.
(10) Emily Drygas	40								-,	- /
Sr Dir Principal G	0	1				Х		0.	125,285.	35,850.
(11) Tlisa Northcutt	50									
Chief Donor Relati	0					Х		0.	115,316.	42,850.
(12) Tod Burnett	27.5									
President	27.5			Х				0.	66,839.	5,274.
(13) Alex Slivka	0.75									
Director	0	Х						0.	0.	0.
(14) Cary Keller	0.5		[
Director	0	Х						0.	0.	0.
ВАА	TEEA0	107L	10/07/	/20						Form 990 (2020)

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Pa	ge 8

Part VII Section A. Officers, Directors, Tr		Key		-	es, an	d Highest Con	pensated Emp	oyees (continued)
	(B)			(C)				
(A) Name and title	Average hours per	hours box, unless person is both an			ו is both an	(D) Reportable	(E) Reportable	(F) Estimated amount
	week (list any hours for related organiza - tions below dotted line)	or director				compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
15) Laura Bruce Vice Chair	0.5	Х	Σ	x		0.	0.	0
16) Heather Cavanaugh Director	0.5	X		_		0.	0.	0
17) Aleesha Towns-Bain Director	0.5	X				0.	0.	0
18) Stephanie Erickson	0.5							
Director 19) Roald Helgesen Director	0	X				0.	0.	0
Director 20) Linda Hulbert	0 	X	2	,		0.	0.	0
Secretary 21) Meg Nordale	0.5	X		1				0
Director 22) Stephanie Madsen Director	0.5	X				0.	0.	0
23) Brian Holst Director	0.5	X				0.	0.	0
24) Julee Farley Treasurer	0.5	X	Σ	ζ		0.	0.	0
25) Mary K Hughes Director	0.5	X		-		0.	0.	0
1 b Subtotal					>	0.	2,061,867.	
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limite from the organization ► 0	d to those	listed			►	0. 0. more than \$100,00	0. 2,061,867. 00 of reportable comp	
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, truste ch individu	ee, ke <i>ial</i>	ey emp	oloye	e, or hig	hest compensated	d employee	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	er than \$1:	50,0	00? lf	'Yes,	' comple	ete Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If 'Ye</i>	ue comper s,' comple	nsatio ete So	on fron chedul	n any e J fa	vunrelate or such p	ed organization or	individual	. 5 X
Section B. Independent Contractors	acatad ind		dont o	ontro	otoro the	t received more t	hap \$100,000 of	
1 Complete this table for your five highest compen- compensation from the organization. Report compe	nsation for	the c	alenda	r yea	r ending v	with or within the o	rganization's tax year	
(A) Name and business add	dress					(B) Description) of services	(C) Compensation
Iniversity of Alaska PO Box 756540 Fairba	nks, AK	9977	5-654	0		Foundation St	affing	3,214,596
Ruffalo Noel Levitz LLC 1025 Kirkwood Par	kway SW	Ceda	r Rap	ids,	. IA 52	Fundraising		433,786
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited to	o those	liste	d above)	who received more	e than	
RΔΔ	4	TEEAC	108 1	1/07/20	۰ ۱			Form 990 (202

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number 23-7394620

Part VII	Con	tinu	ation: Of	ficers, Directors	, Trustees, Key	/ Emp
Univers	sity	of	Alaska	Foundation		
Name of the	Organiza	ition				

Part VII Continuation: Officers, I	ation Directors	, Tru	ste	es,	Ke	y En	plo		23-7394620			
Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)		
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truster or director		Officer	Key employee	hat employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
Cindy_Cartledge	1											
Chair	0	Х		Х				0.	0.	0.		
Jo Heckman	0.5	ļ										
Director	0	Х						0.	0.	0.		
Ella Goss	0.5	L										
Director	0	Х						0.	0.	0.		
Todd Greimann	_0.5_	l										
Director	0	Х						0.	0.	0.		
Darroll Hargraves								0	0	0		
Director	0	Х						0.	0.	0.		
Rhonda Oliver	0.5	v						0	0	0		
Director Jennifer Schrage	0.5	Х						0.	0.	0.		
	0.5	Х						0.	0.	0.		
Director Tim Thompson	0.5	~						0.	υ.	0.		
Director	$-\frac{0.3}{0}$	Х						0.	0.	0.		
Jason Gootee	0.5	л						0.	0.	0.		
Director	$-\frac{0.3}{0}$	Х						0.	0.	0.		
Difector	0	Λ						0.	0.	0.		
		ł										
		-										
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Form 990 (2020) University of Alaska Foundation

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

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Page 9

arı	t VIII Statement of Revenue Check if Schedule O contains a response or note to an	y line in this Part VI			
	· · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
nilar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
and Other Similar Amounts	 a dovermine grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 	34,600,588.			
	Business Code				
	2a <u>Student & Public Support</u> 900099 b	1,910.	1,910.		
22	c				
3	d				
5	f All other program service revenue				
5	g Total. Add lines 2a-2f►	1,910.			
	3 Investment income (including dividends, interest, and other similar amounts)►	2,878,591.		-457,519.	3,336,11
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties (i) Real (ii) Personal	1,177.			1,17
	6a Gross rents				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)►				
	7 a Gross amount from sales of assets				
	other than inventory b Less: cost or other basis				
	and sales expenses 7b 32456565.				
	c Gain or (loss) 7c 67203371.				
	d Net gain or (loss)► 8 a Gross income from fundraising events	67,203,371.			67,203,37
	(not including \$ 80,975. of contributions reported on line 1c).				
	See Part IV, line 18 8a 17,000. b Less: direct expenses 8b 10,178.				
	c Net income or (loss) from fundraising events►	6,822.			6,82
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses 9b				
1	c Net income or (loss) from gaming activities►				
ľ	10a Gross sales of inventory, less returns and allowances	-			
	b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory►				
+	C Net income of (loss) from sales of inventory				
1 ع	11a <u>Actuarial Adj. of Remainder T 900099</u>	713,914.	713,914.		
en	b				
Revenue	d All other revenue				
ulu	d All other revenue► e Total. Add lines 11a-11d►	713,914.			
	12 Total revenue. See instructions	105406373.	715,824.	-457,519.	70,547,48

Form 990 (2020) University of Alaska Foundation

 Part IX
 Statement of Functional Expenses

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

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23 /3/4020	i ugo io

	Check if Schedule O contains a re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,461,345.	9,461,345.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,273,029.	4,273,029.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	, ,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	341,438.	0.	250,684.	90,754.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,816,916.	59,713.	268,681.	1,488,522.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	1,010,910.		2007001.	1,100,022.
	employer contributions)	506,733.	15,571.	116,345.	374,817.
9	Other employee benefits	552,955.	16,241.	117,215.	419,499.
10	Payroll taxes	35,885.	897.	7,669.	27,319.
11					,
	a Management	10.001		10.001	
	• Legal	13,801.		13,801.	
	c Accounting	43,482.		43,482.	
	Lobbying				
	e Professional fundraising services. See Part IV, line 17	476,486.			476,486.
	Investment management fees	1,253,581.		1,253,581.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	150,319.		148,598.	1,721.
12	Advertising and promotion.	66,039.		<i>,</i>	66,039.
13	Office expenses	43,653.		24,036.	19,617.
14	Information technology	330,148.	48,747.	24,997.	256,404.
15	Royalties	,	· ·	,	,
16	Occupancy	113,796.		113,796.	
17	Travel	6,825.		6,076.	749.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			,	
19	Conferences, conventions, and meetings	10,201.		10,034.	167.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		8,371.		8,371.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
ä	Fundraising Expenses	89,576.			89,576.
	• Education & Training	54,336.		5,208.	49,128.
	[©] <u>Membership Dues & Subscription</u>	27,754.		10,246.	17,508.
(Licenses, Taxes & Fees	10,905.		6,418.	4,487.
	Total functional expenses. Add lines 1 through 24e	19,687,574.	13,875,543.	2,429,238.	3,382,793.
	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).	19,001,014.	13,013,313.	2,123,230.	3,302,193.
					Earm 000 (2020)

Form 990 (2020) University of Alaska Foundation Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1			1	
2	5 1 5	6,923,304.	2	8,181,055
3	5 5	9,953,653.	3	14,027,551
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
e			-	
	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7			7	
2 8		133,982.	8	133,982
	Prepaid expenses and deferred charges	117,654.	9	171,887
[{] 10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b		10 c	
11	Investments – publicly traded securities	126,323,631.	11	172,802,993
12		288,125,683.	12	366,263,402
13	Investments – program-related. See Part IV, line 11	1,518,821.	13	2,012,332
14		_,,	14	_/ • / • • _
15	o Other assets. See Part IV, line 11	323,440.	15	1,194,104.
16	Total assets. Add lines 1 through 15 (must equal line 33)	433,420,168.	16	564,787,306
17	Accounts payable and accrued expenses	22,788.	17	5,095,751
18		6,184,617.	18	6,215,629
19	Deferred revenue	133,574.	19	776,041
20	Tax-exempt bond liabilities	•	20	•
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
2			23	
24			24	
25		145,509,940.	25	185,411,837
26	Total liabilities. Add lines 17 through 25	151,850,919.	26	197,499,258.
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	28,000,792.	27	32,110,566.
มี 28	Net assets with donor restrictions	253,568,457.	28	335,177,482
27 28 30 31 32 32 33	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
3 30			30	
3 31			31	
32		281,569,249.	32	367,288,048
				50,,200,040

Forr	n 990 (2020) University of Alaska Foundation 23-	739462	0	Pa	age 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,4	06,3	373.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,6		
3	Revenue less expenses. Subtract line 2 from line 1	3	85,7	18,	799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	281,5		
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	367,2	88,()48.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
2	in Schedule O. a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
20			. <u>Za</u>		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a			
	Separate basis, consolidated basis, or both.				
	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ		. 20		
	basis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Audit Act and OMB Circular A-133?		. 3a		Х
I	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
BAA	TEEA0112L 10/19/20		Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

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-F7

2020	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service				► Atta Go to www.irs.gov/Fo		Open to Public Inspection						
Name of the organization								Employer ident	ificatio	on number		
University of Alaska Foundation 23-73946							620					
Par	tl	Reason fo	r Public Cha	rity Status. (All c	organizations must	comple	ete this	s part.) See insti	ructi	ons.		
The c	orga	nization is not	a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school descr	ribed in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:										
5	Х	_ ^ / //										
6		A federal, sta	te, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7		An organizatio in section 17	n that normally r 0(b)(1)(A)(vi).(eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general	publi	c described		
8		A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9		U U	0		tion 170(b)(1)(A)(ix) oper (see instructions). Enter		,	0	•	e		
10		from activities investment in	s related to its e come and unre	exempt functions, sub	han 33-1/3% of its supp oject to certain exceptio e income (less section Part III.)	ns; and	(2) no n	nore than 33-1/3% c	of its	support from gross		
11	\square				ely to test for public safe	ety. See	section	509(a)(4).				
12		or more publi	cly supported o	rganizations describe	ely for the benefit of, to ed in section 509(a)(1) o	or sectio	on 509(a)	(2). See section 50	9(a)(3	the purposes of one 3). Check the box in		
а		Type I. A supp organization(s)	orting organizati	on operated, supervise gularly appoint or elect	upporting organization d, or controlled by its sup t a majority of the directo	ported o	Irganizati	on(s), typically by giv	ring tl	he supported a. You must		
b		Type II. A sup management of	porting organiz	zation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	supporte manage	ed organization(s), the supported organi	by ha zatioi	aving control or n(s). You		
С		Type III functio	onally integrated	. A supporting organizat	tion operated in connectio	n with, ar	nd functio	onally integrated with,	its sı	ipported		
d		Type III non-fu	inctionally intog	rated A supporting or	panization operated in cor must satisfy a distribu S A and D, and Part V.	noction	with itc c	supported organization t and an attentivene	n(s) t ss re	hat is not equirement (see		
e		Check this bo	x if the organiz	ation received a writt	en determination from t supporting organization	the IRS						
f	En			organizations								
				n about the supported								
	(i) Na	me of supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning ment?	(v) Amount of monetar support (see instruction		(vi) Amount of other support (see instructions)		
						Yes	No					
(A)												
(B)												
<u>(B)</u>												
(C)												
(D)												
(E)												
Total												

Schedule A (Form 990 or 990-EZ) 2020 University of Alaska Foundation	L
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	11								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	25948385.	17657330.	22396753.	14202271.	34600588.	114805327.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	39,910.	39,199.	30,392.	30,392.	30,392.	170,285.		
4	Total. Add lines 1 through 3	25988295.	17696529.	22427145.	14232663.	34630980.	114975612.		
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)						0.		
6	Public support. Subtract line 5 from line 4						114975612.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	25988295.	17696529.	22427145.	14232663.	34630980.	114975612.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,004,717.	1,143,706.	3,221,430.	3,567,561.	3,336,110.	13,273,524.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		116,078.	-324,306.	-292,477.	-457,519.	-958,224.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						127290912.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.		
13	First 5 years. If the Form 990 is organization, check this box and	for the organization for the organization for the organization for the second state of	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	►		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20						90.33%		
	Public support percentage from						89.29%		
16a	16a 33-1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►								
b	b 33-1/3% support test–2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances	nd-circumstances test. The organization	s test, check this l ation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization.	VI how the		
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨		
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2020		

Schedule A (Form 990 or 990-EZ) 2020

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				1		
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
c	acquired after June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
	tion C. Computation of Pu		v			I	
	Public support percentage for 20	•			•		00
-	Public support percentage from					16	00
Sec	tion D. Computation of Inv						
17	Investment income percentage f						00
18	Investment income percentage f						010
19a	33-1/3% support tests-2020. If	the organization d	lid not check the l	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	d line 17
h	is not more than 33-1/3%, check		• •			-	
	33-1/3% support tests -2019. If line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization 🕨
20	Private foundation. If the organi	zation and not che	ск а box on line	14, 19a, or 19b, c	THECK THIS DOX AND	see instructions.	

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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 Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c 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 **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 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 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 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 Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI.* 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

TEEA0404L 01/20/21

10b

whether the organization had excess business holdings.).

			-
rt IV Supporting Organizations (continued)			
		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	1a		

the governing body of a supported organization:	
b A family member of a person described in line 11a above?	

C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Part IN

11 Ha

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

Section C. Type II Supporting Organizations

Yes 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 1 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~				
3	By reason of the relationship described in line 2, above, 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played</i>			
	in this regard.	3		
-				

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **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.

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11b 11c

1

2

Yes

No

No

No

Yes

2a

2b

3a

3h

Page 5

Schedule A (Form 990 or 990-EZ) 2020 University of Alaska Foundation Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Page 6

ection 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		
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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		

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

BAA

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3) St	upporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	innorted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide	details in Part VI		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
-	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
c	From 2018				
e	From 2019				
t	Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
C	Excess from 2018				
C	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

(Form 990, 990-EZ, or 990-PE)

0.		•••	,			
De	partm	ent	of	the	Treasur	v

Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization		Employer identification number
University of Alask	23-7394620	
Organization type (check one)	:	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundat	ion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1	1 Page 2
Name of organization	Employer identification number	
University of Alaska Foundation	23-7394620	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1_</u> _		\$ <u>938,910.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>15,503,602.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u>		\$1,960,052.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>1,000,000</u> .	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$1,630,223.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1	1	Page 3
Name of organization	Employer identi	fication nur	nber
University of Alaska Foundation	23-73946	520	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Part II if additiona	·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Investment Securities		
2			
		\$10,160,246.	5/20/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-1	

	B (Form 990, 990-EZ, or 990-PF) (2020)		1 1 Page 4							
Name of organ			Employer identification number							
	sity of Alaska Foundation		23-7394620							
Part III	or (10) that total more than \$1,000 for t the following line entry. For organizations or contributions of \$1,000 or less for the year.	the year from any one contributo completing Part III, enter the total of (Enter this information once. See in	ations described in section 501(c)(7), (8), r. Complete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc., instructions.)							
	Use duplicate copies of Part III if additional	space is needed.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	N/A		+							
			+							
			+							
	(e) Transfer of gift									
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee							
			· · · · · · · · · · · · · · · · · · ·							
(a)										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gift	+							
	Transferee's name, addres		Relationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
			+							
		(e) Transfer of gift								
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Faiti										
			+							
	(e) Transfer of gift									
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee							
	L									
	L		······							
BAA	J		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							

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(Form	990	or	99	90-	EZ)

Political Campaign and Lobbying Activities

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

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

2020 Open to Public Inspection

OMB No. 1545-0047

• ;	Section 501(c)(3) organization	,' on Form 990, Part IV, line 3, or Form 990-EZ , lons: Complete Parts I-A and B. Do not complection 501(c)(3)) organizations: Complete Part I-A only.	lete Part I-C.		
If the	e organization answered 'Yes	,' on Form 990, Part IV, line 4, or Form 990-EZ, ∣	Part VI, line 47 (Lobbyi	ng Activities), then	
		s that have filed Form 5768 (election under sect			
		ons that have NOT filed Form 5768 (election	under section 501(h)): Complete Part II-B. [Do not complete
If the (Pro	xy Tax) (See separate instr	es,' on Form 990, Part IV, line 5 (Proxy Tax) uctions), then organizations: Complete Part III.	(See separate instruc	ctions) or Form 990-EZ	, Part V, line 35c
	e of organization	organizations. Complete Part III.		Employer identific	ation number
		Foundation		23-739462	
Par	iversity of Alaska	organization is exempt under section	on $501(c)$ or is a c		
	Provide a description of th	e organization's direct and indirect political of tion of 'political campaign activities')			241011.
2	Political campaign activity	expenditures (See instructions)		▶\$	}
3	Volunteer hours for politication	al campaign activities (See instructions)			
Par	rt I-B Complete if the	organization is exempt under section	on 501(c)(3).		
1		xcise tax incurred by the organization under		►\$	0.
2	Enter the amount of any e	xcise tax incurred by organization managers	under section 4955.	►\$	
3		a section 4955 tax, did it file Form 4720 for			
	0		5		
	b If 'Yes,' describe in Part IV				
		organization is exempt under section	on 501(c) excen	t section $501(c)(3)$	
1	•	expended by the filing organization for section	• • •		
2	Enter the amount of the fil	ing organization's funds contributed to other ties	organizations for sec	tion	
3	Total exempt function exp	enditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
4		file Form 1120-POL for this year?			
5	amount of political contributi	es and employer identification number (EIN) nts. For each organization listed, enter the a ons received that were promptly and directly de cal action committee (PAC). If additional spa	livered to a separate po	olitical organization, such	as a separate
	(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)					

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

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 University	of	Alaska	Foundation
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Schedule C (Form 990 or 990-EZ) 2020 University of Alaska Foundation		23-739	4620 Page 2
	n is exempt under section 501(c)(3) a	nd filed Form 5768 (e	lection under
address, EIN, expenses, ar	gs to an affiliated group (and list in Part IV each a ad share of excess lobbying expenditures). ecked box A and 'limited control' provisions app		ne,
	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	ublic opinion (grassroots lobbying)		
c Total lobbying expenditures (add lines 1a	and 1b)		0.
d Other exempt purpose expenditures		18,433,993.	
e Total exempt purpose expenditures (add li	nes 1c and 1d)	18,433,993.	0.
f Lobbying nontaxable amount. Enter the ar both columns.	nount from the following table in	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		

g Grassroots nontaxable amount (enter 25% of line 1f)..... 250,000 h Subtract line 1g from line 1a. If zero or less, enter -0-.... 0 i Subtract line 1f from line 1c. If zero or less, enter -0-.... 0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....

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.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.		
c Total lobbying expenditures					0.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.		
f Grassroots lobbying expenditures					0. m 990 or 990 EZ) 2020		

BAA

Schedule C (Form 990 or 990-EZ) 2020

0.

0.

0.

No

Yes

Schedule C (Form 990 or 990-EZ) 2020 University	y of Alaska Foundation
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23-7394620 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)) Part II-B

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			(b)	
				ount	
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:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
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 under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).		, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior y	ear?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part I	, or se II-A, li	ection 5 ne 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		22			

a	Current year.	Za	
Ł	Carryover from last year.	2 b	
c	: Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Page 3

SCHEDULE D Supplemental Financial Statements						OMB No.	1545-0047		
	rm 990)	► Complet	e if the organization answered 'Yes' on Form 990, , 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					2020	
Depar Intern	tment of the Treasury al Revenue Service		► Attach to Form 990. .gov/Form990 for instructions an				Open t Inspec	o Public tion	
Name	of the organization	L				Employer id	lentification r	umber	
II m d		Alacka Foundation				22 720	4620		
Par		Alaska Foundation tions Maintaining Dong	or Advised Funds or Other	Similar Funds (or Acc	23-739	4620		
1 01	Complete	if the organization answ	wered 'Yes' on Form 990, F	Part IV, line 6.		cuntor			
			(a) Donor advised fun	ds	(b) F	unds and	other acco	unts	
1		end of year							
2		ntributions to (during year)							
3		ants from (during year)							
4	00 0	at end of year							
5	are the organizati	ion's property, subject to the	nor advisors in writing that the as organization's exclusive legal cor	ntrol?			Yes	No	
6	Did the organizati	ion inform all grantees, dono	rs, and donor advisors in writing t t of the donor or donor advisor, or	that grant funds can	n be us	ed only			
	impermissible pri	vate benefit?				· · · · · · · ·	Yes	No	
Par	t II Conserva	tion Easements.					_	<u> </u>	
		<u> </u>	wered 'Yes' on Form 990, F						
1			y the organization (check all that						
		of land for public use (for examp	ple, recreation or education)	Preservation of		5 1			
		natural habitat		Preservation of	a certif	fied histori	c structure		
•		of open space							
2	last day of the tax		neld a qualified conservation contribution	ution in the form of a				e e Tax Year	
	Total number of c	conservation easements			2a	ielu at the	End of the	e lax fear	
			ments		2 a 2 b				
	Ũ	,	fied historic structure included in		2 c				
			n (c) acquired after 7/25/06, and						
	structure listed in	the National Register			2 d				
3	Number of conserv tax year ►	vation easements modified, trar	nsferred, released, extinguished, or t	erminated by the org	ganizatio	on during th	e		
4	Number of states v	where property subject to conse	ervation easement is located ►						
5			garding the periodic monitoring, ints it holds?		g of viol	ations,	Yes	No	
6	Staff and volunteer ►	r hours devoted to monitoring, i	inspecting, handling of violations, ar	nd enforcing conserva	ation ea	sements du	iring the ye	ar	
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and er	forcing conservation	easeme	ents during	the year		
8	Does each conse and section 170(h	rvation easement reported or n)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section	170(h)(4)(B)(i)	Yes	No	
9	In Part XIII, descuinclude, if application conservation ease	able, the text of the footnote	ports conservation easements in it to the organization's financial stat	s revenue and exp ements that descri	ense st bes the	atement ai organizati	nd balance on's accou	e sheet, and unting for	
Par	t III Organizat	tions Maintaining Colle	ctions of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or Oth Part IV. line 8.	er Sin	nilar Ass	ets.		
1:	If the organization	n elected, as permitted under	r FASB ASC 958, not to report in Id for public exhibition, education	its revenue statem	ent and	balance s	heet work	s of art,	
	Part XIII the text	of the footnote to its financia	al statements that describes these	items.					
•	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its r or public exhibition, education, or res	search in furtherance	e of publ	ic service,	provide the	art,	
			line 1						
2									
			historical treasures, or other similar a ASC 958 relating to these items:				iowing		
			·····						
			e Instructions for Form 990.				ule D (For	m 990) 2020	

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

Schedule D (Form 990) 2020 Univ	ersity of Alas	ska Foundation	1	23-7394	1620 Page 2
Part III Organizations Mainta	ining Collections	s of Art, Historica	I Treasures, or O	ther Similar Asse	ets (continued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and other	records, check any of	the following that make	e significant use of its o	collection
a Public exhibition		d Loan or ex	change program		
b Scholarly research		e Other			
c Preservation for future gene	rations				
4 Provide a description of the organize Part XIII.	zation's collections and	explain how they furth	er the organization's e	xempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or receive	donations of art, his	torical treasures, or o	other similar assets	
Part IV Escrow and Custodia					Yes No
line 9, or reported an					111 990, Fait IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian or oth	ner intermediary for c	ontributions or other a	assets not included	Yes No
b If 'Yes,' explain the arrangement				L	
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2 a Did the organization include an a	amount on Form 990,	Part X, line 21, for e	scrow or custodial ac	count liability?	Yes No
b If 'Yes,' explain the arrangemen	t in Part XIII. Check h	ere if the explanation	n has been provided o	on Part XIII	
Part V Endowment Funds.					
1 Deniminan of when holders	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	===/=/0/00/0010	210,142,743.	197,664,211.	186,912,041.	157,164,851.
b Contributions	21,161,510.	6,720,021.	9,904,621.	4,201,823.	14,224,864.
c Net investment earnings, gains, and losses	68,091,382.	2,882,061.	11,011,966.	14,551,495.	22,742,776.
d Grants or scholarships	6,123,826.	6,778,762.	6,556,327.	6,315,428.	5,613,949.
e Other expenditures for facilities and programs				0.	
f Administrative expenses		1,692,799.		1,685,720.	1,606,504.
g End of year balance		211,273,264.			186,912,038.
2 Provide the estimated percentage	e of the current year	end balance (line 1g	, column (a)) held as:	:	
a Board designated or quasi-endown	nent 🕨 🥂 🗧	3.00 [%]			
b Permanent endowment ►	77.00%				
c Term endowment ► 1	5.00 %				
The percentages on lines 2a, 2b, a	nd 2c should equal 100)%.			
3a Are there endowment funds not in	the possession of the c	organization that are he	eld and administered fo	r the	
organization by:					Yes No
(i) Unrelated organizations					3a(i) X
(ii) Related organizations					3a(ii) X
b If 'Yes' on line 3a(ii), are the relation	-				3b X
4 Describe in Part XIII the intende		ation's endowment fu	nds. See Part	XIII	
Part VI Land, Buildings, and					
Complete if the organ	ization answered	'Yes' on Form 99	90, Part IV, line 1	1a. See Form 990), Part X, line 10.
Description of property	(a) Cos (in	t or other basis (t vestment)) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other					
Total. Add lines 1a through 1e. (Colum	nn (d) must equal For	m 990, Part X, colun	nn (B), line 10c.)		0.
BAA				Schedu	ule D (Form 990) 2020

Schedule D (Form 990) 2020

Complete if the organization answered	l 'Yes' on Form 99() Part IV line 11b See Form 9	90 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other Cash held for Long-Term Inves	875,075.	End of Year Market Value	9
(A) Futures Contracts	280,546.	End of Year Market Value	<u>;</u>
(B) Debt Securities	61,957,534.	End of Year Market Value	9
(C) Commingled Funds	83,521,426.	End of Year Market Value	9
(D) Hedge Funds	107,929,917.	End of Year Market Value	9
(E) Private Capital Funds	111,979,450.	End of Year Market Value	9
(F)			
<u>(G)</u>			
<u>(H)</u>			
_(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►	366,263,402.		
Part VIII Investments – Program Related.	L'Vac' on Form 000	N/A Dert IV line 11e See Form 9	00 Port V line 12
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX Other Assets.	N/A		00 Davit V line 15
Complete if the organization answered	scription	J, Part IV, line Tru. See Form 9	(b) Book value
(1)	Scription		(b) Dook value
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l	R) line 15)	•	
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
	iption of liability		(b) Book value
(1) Federal income taxes			
(2) Due to LGTF			184,180,071.
(3) Split Interest Obligations (4) Term Endowment Liab			231,766.
(5)			1,000,000.
(6)			
(7)			·
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			185,411,837.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fi	nancial statements that reports the organization's	liability for uncertain

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

Schedule D (Form 990) 2020 University of Alaska Foundation	23-739	4620 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	104,152,792.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	104,152,792.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,253,58	31.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	1,253,581.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	105,406,373.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Retur	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	18,433,993.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1		18,433,993.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		10,400,000.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,253,58	31	
b Other (Describe in Part XIII.)	· - •	
c Add lines 4a and 4b.	4c	1,253,581.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	19,687,574.
Part XIII Supplemental Information.		

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

Part V, Line 4 - Intended Uses Of Endowment Fund

Earnings on endowments are used to support the University of Alaska as specified by our donors including, but not limited to, scholarships, fellowships, professorships and department support. The University of Alaska and the foundation are invested jointly in the University of Alaska Foundation Consolidated Endowment Fund, LP. As of 6/30/21, the University of Alaska's Land Grant Trust Fund accounted for approximately 39% of total endowment assets.

Schedule D (Form 990) 2020

	Supplem	ental Informa	ation Reg	jarding F	undraising or Gamii	ng Activities	OMB No. 1545-0047		
SCHEDULE G (Form 990 or 990-EZ)	Comple	2020							
Department of the Treasury Internal Revenue Service	► G	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 							
Name of the organization						Employer identification	ation number		
University of						23-739462	0		
Part I Fundraisin	g Activities. Comple EZ filers are not re	te if the organization	ation answe	ered 'Yes' o art	on Form 990, Part IV, line	e 17.			
					owing activities. Check	all that apply.			
a X Mail solicita	ations			е	X Solicitation of non-	government grants			
b X Internet and	d email solicitation	S		f	Solicitation of gove	rnment grants			
c X Phone solic	citations			g	X Special fundraising	events			
d X In-person s	olicitations								
employees liste	d in Form 990, Pa	rt VII) or entity	in connect	tion with p	including officers, director rofessional fundraising	services?			
b If 'Yes,' list the compensated a	10 highest paid ind t least \$5,000 by th	dividuals or ent ne organization	ities (fund	raisers) pu	irsuant to agreements ι		ser is to be		
(i) Name and addr or entity (fur		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization		
Ruffalo Noel	Levitz LLC		Yes	No					
1 1025 Kirkwoo	od Parkway SW								
Cedar Rapids				Х	622,108.	401,951.	220,157.		
Donor Relati									
2 808 Hawthorr Charlotte NC				х		58,096.			
G-Hub Inc.	20204					50,050.			
3 3143 E Hamps	shire Ave								
Milwaukee Wi				Х		33,000.			
4									
5									
6									
7									
8									
9									
10									
or licensing.	which the organizati	on is registered	or licensed	to solicit co	622,108. ontributions or has been	493,047. notified it is exempt from	220,157. registration		
<u>AK CA CO M</u>	<u>1A MD ME MN</u>	<u>NH_NY_OH_</u> C 	<u>DR_SC_W</u>	<u>A</u> 					

Schedule G (Form 990 or 990-EZ) 2020 University of Alaska Foundation

23-7394620 Page **2**

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

			(a) Event #1 Blue & Gold Ga	(b) Event #2 <u>Homecoming Bre</u>	(c) Other events None	(d) Total events (add column (a) through column (c))			
anı			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	78,855.	19,120.		97,975.			
ii	2	Less: Contributions	61,855.	19,120.		80,975.			
	3	Gross income (line 1 minus line 2)	17,000.			17,000.			
	4	Cash prizes.							
S	5	Noncash prizes	1,480.			1,480.			
nses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages	8,145.			8,145.			
rect	8	Entertainment							
ā	9	Other direct expenses	553.			553.			
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro							
Dee	-,								
Par	τIII	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered Tes	s on Form 990, Par	t IV, line 19, or re	ported more than			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Å	1	Gross revenue							
ses	2	Cash prizes							
Exper	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes% No	Yes%				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)					
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?									
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 University of Alaska Foundation	23-7394620	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Υε	s No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		s No
13 Indicate the percentage of gaming activity conducted in:a The organization's facility	12.	٥.
b An outside facility.		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco		010
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming revelote b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party: 	renue?	Yes No
Name ►		
Address ►		ļ
16 Gaming manager information:		
Name ►		
Gaming manager compensation 🕨 \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	ne 	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the	_
organization's own exempt activities during the tax year ► \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.		na (v);

SCHEDULEI	Gr	ants and Ot	her Assistance	to Organizatior	ıs.	L	OMB No. 1545-0047				
(Form 990)	Gov	ernments, a	nd Individuals i	n the United St	ates		2020				
Department of the Traceury	Comple	te if the organizati	on answered 'Yes' on F ► Attach to Form 99	Form 990, Part IV, line 2 0.	21 or 22.		Open to Public				
Department of the Treasury Internal Revenue Service		► Go to www.i	rs.gov/Form990 for the	latest information.			Inspection				
Name of the organizationEmployer identification numUniversity of Alaska Foundation23-7394620											
Part I General Information on G	rants and Assista	ance				23 739402	20				
1 Does the organization maintain records the selection criteria used to award the sel	to substantiate the amo he grants or assistance	ount of the grants or ce?	assistance, the grantees	' eligibility for the grants	or assistance, and		X Yes No				
2 Describe in Part IV the organization's pr		°									
Part II Grants and Other Assista											
Form 990, Part IV, line 21				;		a space is neede	d.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) University of Alaska											
PO_Box_755000						Airline	Program & Other				
Fairbanks, AK 99775 (2)	92-6000147		9,417,515.	43,830.	F.WA	vouchers	Support				
<u>(</u> 2)											
(3)											
(4)											
(4)											
(5)											
(6)											
<u>(6)</u>											
(7)											

2 Enter total number of section 501(c)(3) and government o	rganizations listed	in the line 1 table	 	
3 Enter total number of other organizat	ions listed in the line	1 table		 	

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

(8)

Schedule I (Form 990) 2020

1

0

►

►

23-7394620

Part III 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.

(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
1 Student Aid	1,550	4,273,029.		Book value	
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. F	Provide the information	n required in Part I	, line 2; Part III, co	olumn (b); and any othe	er additional information.

Part IV - Additional Supplemental Information

Part I, Line 2: All grants & assistance payments to the university are required to

include appropriate documentation providing details of expenditures, including

authorized signature authority. All scholarship requests are reviewed against the

eligibility criteria.

Part III, column (b): Approximate number of student aid recepients based on the foundation's scholarship tracking system.

SCHEDULE J	
(Form 990)	

OMB No. 1545-0047

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

	Complete if the organization answered 'Yes' on Form 990, Part IV, line 23				
Department of the Treasury Internal Revenue Service	Attach to Form 990.		Open to Inspe		ic
Name of the organization	Go to www.irs.gov/Form990 for instructions and the latest informati	Employer identification	•	cuon	
-		23-7394620	on number		
	Alaska Foundation s Regarding Compensation	25 7554020			
				Yes	No
1 - Check the appror	priate box(ec) if the organization provided any of the following to or for a person listed on Fu	orm 990 Part		res	NO
VII, Section A, I	priate box(es) if the organization provided any of the following to or for a person listed on Fo ine 1a. Complete Part III to provide any relevant information regarding these items.	Jiii 550, 1 art			
First-class o	or charter travel Housing allowance or residence for	personal use			
Travel for co	pmpanions Payments for business use of person	onal residence			
Tax indemn	ification and gross-up payments Health or social club dues or initiat	ion fees			
Discretionar	y spending account Personal services (such as maid, c	hauffeur, chef)			
b If any of the base	s on line 1e are checked, did the organization follow a written policy regarding payment or				
reimbursement	es on line 1a are checked, did the organization follow a written policy regarding payment or or provision of all of the expenses described above? If 'No,' complete Part III to expla	ain	1b		
	ation require substantiation prior to reimbursing or allowing expenses incurred by all of ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
Executive Direct	any, of the following the organization used to establish the compensation of the organization of the organization. Check all that apply. Do not check any boxes for methods used by a related organ ensation of the CEO/Executive Director, but explain in Part III.	n's CEO/ nization to			
Compensati	on committee Written employment contract				
Independen	t compensation consultant Compensation survey or study				
Form 990 of	f other organizations Approval by the board or compensations	ation committee			
4 During the year, organization or	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f a related organization:	iling			
a Receive a sever	ance payment or change-of-control payment?				Х
•	receive payment from a supplemental nonqualified retirement plan?				Х
•	receive payment from an equity-based compensation arrangement?		4 c		Х
If 'Yes' to any o	f lines 4a-c, list the persons and provide the applicable amounts for each item in Par	t III.			
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
-	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compension	sation			
a The organization	n?		5a		Х
b Any related orga	anization?		5b		Х
If 'Yes' on line 5a	a or 5b, describe in Part III.				
6 For persons lister contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen- ie net earnings of:	sation			
a The organization	۱?		6a		Х
	anization?		6b		Х
If 'Yes' on line 6a	a or 6b, describe in Part III.				
7 For persons lister payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe escribed on lines 5 and 6? If 'Yes,' describe in Part III	ed	7		х
to the initial con	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was s tract exception described in Regulations section 53.4958-4(a)(3)? e in Part III		8		х
					17

If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement	(D) Nontavahla	(E) Total of	(F) Compensation
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Stan Mishin	(i)	0.	0.	0.	0.	0.	0.	0.
1 Dir of Finance	(ii)	137,448.	0.	0.	20,119.	29,705.	187,272.	0.
Pat Pitney	(i)	0.	<u> </u>	0.	<u> </u>	0.	0.	0.
2 Director	(ii)	148,628.	0.	0.	21,592.	5,740.	175,960.	0.
Karen Carey	(i)	0.	<u> </u>	0.	<u> </u>	0.	0.	0.
3 Director	(ii)	196,667.	0.	0.	26,813.	0.	223,480.	0.
Dan White	(i)	0.	<u> </u>	0.	<u> </u>	0.	0.	0.
4 Director	(ii)	322,745.	0.	0.	43,113.	27,981.	393,839.	0.
Bruce Schultz	(i)	0.	<u> </u>	0.	<u> </u>	0.	0.	0.
5 Director	(ii)	185,034.	0.	0.	3,213.	17,187.	205,434.	0.
Megan Riebe	(i)	0.	<u> </u>	0.	<u> </u>	0.	0.	0.
6 AVP, Development	(ii)	170,834.	0.	0.	23,966.	13,594.	208,394.	0.
Tlisa Northcutt	(i)	0.	<u> </u>	0.	0.	0.	0.	0.
7 Chief Donor Relati	(ii)	115,316.	0.	0.	3,213.	39,637.	158,166.	0.
Emily Drygas	(i)	0.	<u> </u>	0.	0.	0.	0.	0.
8 Sr Dir Principal G	(ii)	125,285.	0.	0.	3,213.	32,637.	161,135.	0.
David Woodley	(i)	0.	<u> </u>	0.	0.	0.	0.	0.
9 Chief Data Officer	(ii)	113,138.	0.	0.	3,213.	46,455.	162,806.	0.
Susan Foley	(i)	0.	<u> </u>	0.	0.	0.	0.	0.
10 President	(ii)	167,627.	0.	0.	21,252.	17,429.	206,308.	0.
Cathy Sandeen	(i)	0.	0.	0.	0.	0.	0.	0.
11 Director	(ii)	312,306.	0.	0.	37,413.	16,668.	366,387.	0.
	(i)						\bot]
12	(ii)							
	(i)						\bot]
13	(ii)							
	(i)						\bot]
14	(ii)							
	(i)						L	
15	(ii)							
	(i)							
16	(ii)		T				[=]
BAA			TEEA4102L 09/25	5/20			Schedule	J (Form 990) 2020

Page 2

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BAA

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered 'Yes'	' on Form 990,	Part IV, lines 29 or 30.
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► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

23-7394620

Department of the Treasury Internal Revenue Service Name of the organization

University of Alaska Foundation

		(a) Check if applicable	(b) Number of	(c) Noncash contribution		(d)	
		applicable	contributions or items contributed	on Form 990, Part VIII, line 1g	Metho noncash c	d of d	etermin	iing mounts
1 Art	– Works of art							
2 Art	– Historical treasures							
	– Fractional interests.							
	oks and publications.							
	othing and household goods							
	rs and other vehicles							
	ats and planes							
	ellectual property	Х	22	10 400 505	T"N 45 7			
	curities – Publicly traded	Λ	32	10,496,505.	ΓMV			
	curities – Partnership, LLC, or trust interests.							
	curities – Miscellaneous.							
13 Qua	alified conservation contribution –							
	alified conservation contribution – Other.							
	al estate – Residential							
	al estate – Commercial							
	al estate – Other							
18 Col	llectibles							
19 Foc	od inventory							
20 Dru	ugs and medical supplies							
21 Tax	xidermy							
22 Hist	storical artifacts							
23 Sci	ientific specimens							
	cheological artifacts							
	ner (Fundraisers)	Х	1	1,480.				
	ner (Airline Voucher)	Х	106	61,968.	FMV			
	ner► ()							
	ner► ()							
	mber of Forms 8283 received by the organization d janization completed Form 8283, Part V, Donee				29			
org					25		Yes	No
aa D				" 1 H L 00 H L			105	110
	ring the year, did the organization receive by contri nust hold for at least three years from the date				sed			
	exempt purposes for the entire holding period					30 a		Х
b If '\	Yes,' describe the arrangement in Part II.							
31 Doe	es the organization have a gift acceptance poli	cy that requi	res the review of any r	nonstandard contribution	ns?	31	Х	
	es the organization hire or use third parties or in the second second second second second second second second	0				32 a		Х
b lf 'እ	Yes,' describe in Part II.							
	he organization didn't report an amount in colu scribe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2020

23-7394620 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.

Schedule M - Additional Information

Part I, Column (b): Lines 9 & 25 -number of contributions; Line 26- number of items

received

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

OMB No. 1545-0047
2020
Open to Public Inspection

Employer identification number

23-7394620

Department of the Treasury Internal Revenue Service Name of the organization

University of Alaska Foundation

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The executive committee consists of no more than six members, who are also members of the governing body. The committee acts only during intervals between meetings of the board of directors and may exercise all of authority and powers of the board of directors in the management of the affairs of the foundation, with the exception that they may not amend the bylaws.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The board includes between 20 and 30 voting members, as determined from time to time by the board. There are also four classes of members:

-Ex-officio directors include the president of the university and the university chancellors, as voting members;

-Regent directors include two members of the board of regents, annually appointed by the chair of the board of regents, as voting members;

-Elected directors include not less than 14 and no more than 24 directors, as voting members. They are elected by a majority vote of the board of directors present at a duly noticed meeting of the board from the slate of candidates prepared by the committee on membership;

-Emeritus directors are honorary lifetime members of the board who do not have the ability to vote and their number is not included in calculating the total number of directors and quorum.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is prepared by the foundation's director of finance, who presents the draft return to the finance & audit committee of the board for review before filing it with the IRS. The review includes a presentation by the director of finance highlighting key sections of the return and any material changes from the prior

TEEA4901L 07/28/20

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The foundation's compensation system is administered by the University of Alaska's human resources department in accordance with the university's salary administration policies.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Same as Line 15a above.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The foundation's governing documents, key policies, and audited financial statements are posted on the organization's website at www.alaska.edu/foundation

Part I Line 15 / Part IX Functional Expense Reporting:

The reporting of compensation in the form 990 reflects the amounts paid to the University of Alaska for compensation, benefits and related costs of foundation staff who are employees of the university. The reimbursements are reported as salaries, benefits and payroll taxes of the foundation within the form 990, since the foundation directly reimburses the university for these expenses.

Part V, Line 2A - Reporting of Employees on Form W-3:

The University of Alaska pays employees and files Form W-3 on behalf of the foundation.

Part VI, Section B, Line 12C - Conflict Of Interest Policy Monitoring

The foundation has a conflict of interest policy which applies to board members, committees, officers, employees, and volunteers having board delegated powers. This policy is distributed annually and each recipient reviews the policy, signs it and returns it to the board coordinator indicating either no conflicts or disclosing any existing or foreseeable conflicts. Any disclosures are then forwarded to the executive committee for review and action. If a conflict is disclosed in a meeting, the nature of the potential conflict, the determination by the board or committee, and details of any notes taken are documented in the minutes of the meeting.

Part IX- Compensation Reporting:

Foundation staff are all employees of the University of Alaska. The foundation reimburses the university for all compensation and related expenses. For the purpose of the functional expense reporting, amounts paid to the university for salaries, pension plan contributions, other employee benefits, payroll taxes are included in their natural line categories

BAA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

^{ization} University of Alaska Foundation

23-7394620

Employer identification number

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded e	ntity	(b) Primary ac	tivity	Legal dom or foreign	c) icile (state i country)	Тс	(d) otal income	End-c	(e) f-year assets	Direc	(f) entity	lling
<u>(1)</u> 												
(2)												
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganization	ons. Complete s during the ta	if the org x year.	ganization	answere	d 'Yes	' on Form 99	0, Parl	IV, line 34,	becau	se it	
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal dom or foreigr	c) licile (state li country)	(d) Exempt sectio	Code on	(e) Public charity (if section 501	status (c)(3))	(f) Direct contro entity	olling	(g Sec 512(controlled Yes) (b)(13) 1 entity? No
(1) University of Alaska PO Box 756540 Fairbanks, AK 99775 92-6000147 (2)	throug	lcation h Teaching Research	1	AK	11	5			N/A		Tes	X
<u>(4)</u>												

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

Schedule **R** (Form 990) 2020 University of Alaska Foundation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controllir entity	excluded fro under sect	elated, m tax ions	(f) Share o incor	f total	Sha end-c	g) re of of-year sets	Disp tioi	h) ropor- nate ations?	K-1 (Form	mana	ral or aging	(k) Percentage ownership
See Part VII		country)		512-514)					Yes	No	1065)	Yes	No	
(1) UAFCEF, LP															
<u> 125 High Street</u>															
<u>Boston, MA 02110</u>	Investment														
46-2876772	Management	DE	N/A			16,539	,994.	3405	36733.		Х	-457,029	•	Х	99.99
(2)															
(3)															
Part IV Identification of line 34, because	of Related Organise it had one or	nizations more rela	Taxable a ted organ	s a Corporationizations treate	on or d as a	Trust. Co a corpora	mplete	e if the c trust du	organiza uring the	tion a tax y	nswei vear.	red 'Yes' on I	Form 9	90, Pa	art IV,
(a) Name, address, and EIN	of related organizat	ion Prima	(b) ary activity	(c) Legal domicile (state or foreign		(d) Direct htrolling	(Type o	e) of entity , S corp,	(f) Share total in	e of		(g) are of end-of- year assets	(h) Percentag ownership	e Sec	(i) : 512(b)(13) rolled entity?
				country)		entity		rust)		come			ownersni	Ye	
(1)															-5 110
											_			_	
(2)															
		+													
(3)														_	
		1													
		<u> </u>													
BAA				TEEA	45002L	07/15/20						S	chedule F	(Form	990) 2020

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х
b Gift, grant, or capital contribution to related organization(s)			1b	Х	
c Gift, grant, or capital contribution from related organization(s)			1c	Х	
d Loans or loan guarantees to or for related organization(s).			1d		Х
e Loans or loan guarantees by related organization(s)			1e		Х
f Dividends from related organization(s).			1f		Х
g Sale of assets to related organization(s)			1g		Х
h Purchase of assets from related organization(s)			1h		Х
i Exchange of assets with related organization(s)			1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				Х	
I Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		Х
o Sharing of paid employees with related organization(s)			10	Х	
p Reimbursement paid to related organization(s) for expenses			1p	Х	
q Reimbursement paid by related organization(s) for expenses.			1q	Х	
r Other transfer of cash or property to related organization(s).			1r		Х
s Other transfer of cash or property from related organization(s)			1s		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covere	ed relationships and trans	action thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	dotorn	ainina
Iname of related organization	type (a-s)	Amount involveu	amount		
(1) University of Alaska	b	13,734,374.	Book va	1110	
	D	10,704,074.	DOOK VC	iruc	
(2) Haimensites of Alaska		000 004		1	
(2) University of Alaska	С	922,064.	BOOK Va	irue	
				-	
(3) University of Alaska	k	113,796.	Book va	i⊥ue	
(4) University of Alaska	0	3,253,926.	Book va	lue	

1,445,693.Book value

р

q

(5) University of Alaska

(6) University of Alaska

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated, excluded	Are all sec 501(organiz	tion	(f) Share of total income	(g) Share of end-of-year assets	tior	(h) (i) Dispropor- tionate Illocations? 20 of Schedule K-1 (Form 1065)		s? 20 of Schedule partr K-1		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No	ł
(1)													
	-												
	1												
	-												
(2)	_												
	-												
	-												
(2)													
<u>(3)</u>	•												
	-												
	-												
(4)													
	1												
	1												
	1												
(5)													
	-												
(6)	-												
	-												
	-												
(7)													
(7)	1												
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Provide additional information for responses to questions on Schedule R. See instructions.

Part III - Partnership Full Name, Address, FEIN

UAFCEF, LP 46-2876772 125 High Street Boston, MA 02110

Part VII - Supplemental Information

Schedule R, Part II

The University of Alaska does not meet the definition of a 'related organization' for required reporting on form 990, schedule R. Although the university is supported by the University of Alaska Foundation, the foundation is a public charity under section 170(B)(1)(A)(VI) rather than under section 509(a)(3). The University of Alaska Foundation is voluntarily reporting data in Part VII and schedule R as though there were a 509(a)(3) supporting/supported relationship in place with the university, because management believes that donors and other readers of the form 990 have an expectation for this information to be included.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
UAFCEF, LP	b	17,327,479.	Book value
UAFCEF, LP	С	14,862,699.	Book value
UAFCEF, LP	m	1,178,135.	Book value