Form **990**

Return of Organization Exempt From Income Tax

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

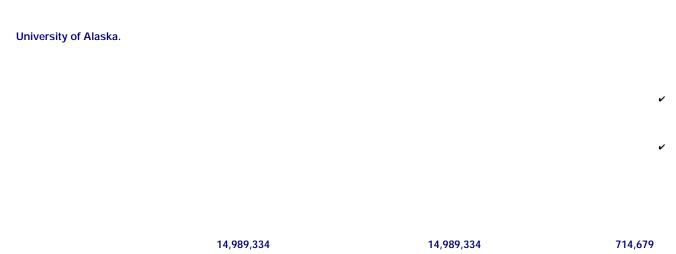
OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 2015, and ending For the 2015 calendar year, or tax year beginning 20 C Name of organization D Employer identification number В Check if applicable: Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return **G** Gross receipts \$ Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No **H(b)** Are all subordinates included? ☐ **Yes** ☐ **No** If "No," attach a list. (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ **H(c)** Group exemption number ▶ Association Form of organization: Corporation Trust M State of legal domicile: L Year of formation: Part I **Summary** Briefly describe the organization's mission or most significant activities: **Activities & Governance** 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 34 7b Revenue Expenses



The Foundation is a partner with the University of Alaska (UA) in raising private funds to benefit students, programs and projects across UA's 16-campus system. The Foundation provides strategic counsel, research, data, and technical assistance to campuses, helping to ensure coordinated and efficient fund development efforts for the UA system. Private gifts to the University of Alaska

assets of UA's Land Grant Trust Fund. The Foundation is responsible for gift acceptance, investment and disbursement to UA, ensuring private contributions are used in accordance with donors' wishes. More than 1600 separate named and/or endowed funds are managed and invested for the benefit of the University. In the Fiscal Year ending 2016, the Foundation distributed grants of \$15.9 million, including \$3.5 million which funded more than 2300 scholarships.

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Part	V Checklist of Required Schedules		
		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		
	complete Schedule A		
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		
	candidates for public office? If "Yes," complete Schedule C, Part I		
4	Section 501(c)(3) organizations. 3)		•

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Part IV	Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 26 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with V 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body?

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

				((C)					
(A)	(B)	ļ , .			ition			(D)	(E)	
Name and Title	Average					e than o		Reportable	• • • • • • • • • • • • • • • • • • • •	
	hours per					or/trus		compensation		
	week (list any hours for	or Inc	Ins	Q _f	, G	em, Hiç	Fo	from the		
	related	Individual trustee or director	titut	Officer	Key employee	ploy	Former	organization		
	organizations below dotted	ual i	iona		oldt	t co		(W-2/1099-MISC)		
	line)	trust	l tr		yee	mpe				
		ee	Institutional trustee			Highest compensated employee				
			()			ed				1
Amy Humphroye	۱ ،	l		ı	ı	I	ı			
Amy Humphreys Trustee	0	"								0
Thomas Jensen	0	Ť	\vdash		\vdash		\vdash			0
Trustee	0	1								0
Scott Jepsen	0.6	١Ť			\vdash		\vdash			
Board Chair and Trustee	0.0	1		1						0
Jim Johnsen	0.6	Ť		Ť	\vdash		\vdash			
Trustee	55	1							108,992	25,885
Trustee	1.4	Ť			\vdash		\vdash		100,772	25,005
	0	1		1						0
	0			<u> </u>	\vdash		\vdash			
Trustee	0	1								0
Jo Michalski	0.6									
Trustee	0	1								0
Lisa Parker	0.9									
Trustee	3.9	1								0
Frank Paskvan	0.6									
Trustee	0	1								0
Karen Polley	0.9									
Vice Chair and Trustee	0	'		~						0
Mike Powers	0.2	•				•				
Trustee	40	~							83,708	19,535
John Pugh	0.2]
Trustee	40	~		_		_		_	110,115	8,330
Brian Rogers	0.4									
Trustee	40	~			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	<u></u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			36,226
Marilyn Romano	0.4									
Trustee	0	~								0

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Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (D) (do not check more than one box, unless person is both an officer and a director/trustee) Name and title Average Reportable hours per compensation week (list any hours for related Individual trustee or director Reportable Highest compensated employee Institutional trustee Key employee organizations below dotted line)

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, , , (20 .	3)
Part VIII	Statement of Revenue

		Check if Schedule O contains a	a resp	oonse or note to	any line in this	Part VIII		🗌
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
s, Grants Amounts	b	Membership dues	1b					
	С	Fundraising events	1c					
Gifts, ilar Ar	d	Related organizations	1d					
ons, Gift Similar	е	Government grants (contributions)	1e					
Contributions, and Other Sim	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
ntri A Q	g	Noncash contributions included in lines 1a-	-1f: \$					
Col	h	Total. Add lines 1a-1f						
ne				Business Code				
ven	2a							
Re	b							
vice	С							
Ser	d							
am	е							
Program Service Revenue	f	All other program service revenu	e.					

Form 990 (2015) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) Management and general expenses (B) Program service expenses 8b, 9b, and 10b of Part VIII.

1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		
2	Grants and other assistance to domestic		
_	individuals. See Part IV, line 22		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		
4	Benefits paid to or for members		
5	Compensation of current officers, directors, trustees, and key employees		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		
9	Other employee benefits		
10	Payroll taxes		
11	Fees for services (non-employees):		
a	Management		
b c	Legal		
d	Lobbying		
e	Professional fundraising services. See Part IV, line 17		
f	Investment management fees		
g	Other. (If line 11g amount exceeds 10% of line 25, column		
	(A) amount, list line 11g expenses on Schedule O.)		
12	Advertising and promotion		
13	Office expenses		
14 15	Information technology		
16	Occupancy		
17	Travel		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		
19	Conferences, conventions, and meetings .		
20	Interest		
21	Payments to affiliates		
22 23	Depreciation, depletion, and amortization . Insurance		
	Other expenses. Itemize expenses not covered		
24	above (List miscellaneous expenses in line 24e. If		
	line 24e amount exceeds 10% of line 25, column		
	(A) amount, list line 24e expenses on Schedule O.)		
а			
b			
C			
d	All other eveneses		
е 25	All other expenses Total functional expenses. Add lines 1 through 24e		
26	Joint costs. Complete this line only if the		
_~	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		. 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	29,641,014	2	32,886,168
	3	Pledges and grants receivable, net	6,367,452	3	2,741,559
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	2,277,515	7	2,047,675
As	8	Inventories for sale or use	55,166	8	23,360
	9	Prepaid expenses and deferred charges	0	9	141,252
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	24,372,967	11	23,648,493
	12	Investments—other securities. See Part IV, line 11	309,920,354	12	284,983,479
	13	Investments—program-related. See Part IV, line 11	1,148,239	13	1,160,558
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	484,545	15	473,161
	16	Total assets. Add lines 1 through 15 (must equal line 34)	374,267,252	16	348,105,705
	17	Accounts payable and accrued expenses	277,875	17	333,520
	18	Grants payable	2,473,856	18	1,720,298
	19	Deferred revenue	14,817	19	48,483
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	U	23	1,000,000
	24	Unsecured notes and loans payable to unrelated third parties	367,338	24	275,685
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	140,593,290		127,825,677
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	144,756,267	26	131,203,663
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets	25,950,882	27	24,188,450
Ва	28	Temporarily restricted net assets	101,324,088	28	89,025,930
Net Assets or Fund Balances	29	Permanently restricted net assets	102,236,015	29	103,687,662
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S	33	Total net assets or fund balances	229,510,985	33	216,902,042
	34	Total liabilities and net assets/fund balances	374,267,252	34	348,105,705
					Form 990 (2015)

Form 990 (2015) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI V Total revenue (must equal Part VIII, column (A), line 12) 16,441,166 18,906,760 -2,465,594 229,510,985 -9,383,517 0 0 0 -759,832 216,902,042

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

Pai	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
ne (organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	A school described in section 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	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	\square An organization that normally receives: (1) more than 33 1 / $_{3}$ % of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to θ eFtain

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 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 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 (b) and (c) below.
- **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.
- c Did the organization ensure that all support to

		Yes	No
ng <i>by</i>			
	1		
us ed			
	2		
er			
	3a		
nd he			
	3b		

instructions).

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

• Se	ction 501(c)(4), (5), or (6) orga	inizations: Complete Part III.		
Name (of organization			Employer identification number
UNIVE	RSITY OF ALASKA FOUND			23-7394620
Part	I-A Complete if the	e organization is exempt unde	er section 501(c) or is a	section 527 organization.
1		the organization's direct and indire		
2	Political expenditures .			• \$
3	Volunteer hours			· · · · · <u></u>
Part	I-B Complete if the	e organization is exempt unde	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ition under section 4955 .	• \$
2	3	excise tax incurred by organization	· ·	
3	<u> </u>	ed a section 4955 tax, did it file For		
4a	Was a correction made?			Yes No
b	If "Yes," describe in Part			
Part		e organization is exempt unde		
1		ly expended by the filing organiz		•
2		filing organization's funds contrib		
		vities		
3	-	expenditures. Add lines 1 and 2.		
4		n file Form 1120-POL for this year?		
5				political organizations to which the filing
				the filing organization's funds. Also enter
				to a separate political organization, such
	as a separate segregated	fund or a political action committe	ee (PAC). If additional space i	s needed, provide information in Part IV.
	(a) Name	(b) Address	(c) EIN	

0 0 0 18,906,760 18,906,760 1,000,000

> 250,000 0 0

3,974,529	1,000,000	1,000,000	974,529	1,000,000
5,961,794				
0	0	0	0	0
993,632	250,000	250,000	243,632	250,000
1,490,448				
0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2015

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led I	Form	5768	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)
		Yes	No	Am	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 b	Volunteers?		-		
c	Media advertisements?		-		
d	Mailings to members, legislators, or the public?				
е	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?	/F\		dia.	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), C	or sec	tion	
					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 expenditures from the prior year? .			3	
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."	Ř (b)	Part		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
a	Current year	. [2a		
b	Carryover from last year	.	2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
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 lobby	ing			
	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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pai			or Accounts.
	Complete if the organization answered "		
1 2 3 4	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	e organization's exclusive legal control?	· · · · · □ Yes □ No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or for a	any other purpose
Par	Conservation Easements. Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	organization (check all that apply). tion or education) Preservation of a l Preservation of a	certified historic structure
a b c d	Total acreage restricted by conservation easement Number of conservation easements on a certified humber of conservation easements included in historic structure listed in the National Register	nistoric structure included in (a) (c) acquired after 8/17/06, and not on	2b 2c a 2d
3	Number of conservation easements modified, transtax year ►		ated by the organization during the
4 5	Number of states where property subject to conser Does the organization have a written policy requiviolations, and enforcement of the conservation ear	garding the periodic monitoring, inspec	
6 7	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing con	servation easements during the year

Schedu	le D (Form 990) 2015							Page 2
Part	III Organizations Maintaining Co	llections of A	rt, Hist	torical T	reasures	, or Otl	ner Similar Ass	ets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and oth	er recor	ds, chec	k any of th	e follow	ring that are a sig	gnificant use of its
а	☐ Public exhibition		d	Loan	or exchanç	ge progr	ams	
b	☐ Scholarly research							
С	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	's collections ar	nd expla	nin how th	ney further	the org	anization's exem	pt purpose in Par
5	During the year, did the organization sol assets to be sold to raise funds rather that							Yes No
Part	IV Escrow and Custodial Arrang	ements.						
	Complete if the organization an 990, Part X, line 21.	swered "Yes"					·	
1a	Is the organization an agent, trustee, cu							
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part X	KIII and complet	e the fo	llowing ta	ıble:			
							An	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount o					ustodial	account liability?	Yes No
b	If "Yes," explain the arrangement in Part >							
Par				•		•		
	Complete if the organization an	swered "Yes"	on For	m 990, F	Part IV, line	e 10.		
	(a) Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	170,798,533	170	5,183,504	157,1	60,895	143,702,788	142,210,370
b	Contributions	2,342,193	4	4,210,753	5,9	947,369	5,770,434	7,224,184
С	Net investment earnings, gains, and							
	losses	-8,568,377	-2	2,621,207	19,2	276,289	13,913,111	375,418
d	Grants or scholarships	5,720,992	Į	5,306,615	4,7	709,970	4,907,811	4,787,727
е	Other expenditures for facilities and							
	programs	О		0		0	0	c
f	Administrative expenses	1,686,506		1,667,902	1,4	191,079		1,319,457
g	End of year balance	157,164,851		0,798,533		83,504	157,160,895	
2	Provide the estimated percentage of the						IS:	
а	Board designated or quasi-endowment							
b	Permanent endowment ► 66 9	%						
С	Temporarily restricted endowment ▶	9 %						
	The percentages on lines 2a, 2b, and 2c s		0%.					
3a	Are there endowment funds not in the poorganization by:			zation tha	nt are held	and adr	ministered for the	Yes No
	(i) unrelated organizations							3a(i) 🗸
	(ii) related organizations							3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related organ	nizations listed a	as requi	red on Sc	hedule R?			3b
4	Describe in Part XIII the intended uses of	the organization	n's endo	wment fu	ınds.			
Part	VI Land, Buildings, and Equipme	ent.						
	Complete if the organization an		on For	m 990, F	Part IV, line	e 11a. S	See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or othe (investmen	er basis	(b) Cost o	r other basis ther)	(c) A	Accumulated preciation	(d) Book value
1a	Land							
b	Buildings							
c	Leasehold improvements							

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment

Schedule D (Form 990) 2015 Page **3**

Part VII Investments—Other Securities.		
Complete if the organization answered "Yes" on Forr	n 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a)

Schedule D (Form 990) 2015 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6,265,288 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -9.383.517 Donated services and use of facilities 0 2c 0 2d -135,814 2e -9,519,331 Subtract line **2e** from line **1** 3 3 15,784,619 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 958 965 4b -302,418 Add lines 4a and 4b 4c 656,547 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 16,441,166 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 18.874.231 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 0 2b 0 2c 0 2d

Part XIII Supplemental Information.

3

Subtract line **2e** from line **1**

Amounts included on Form 990. Part IX. line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Add lines 4a and 4b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

4a

4b

Schedule D, Part V, Line 4 - 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 Consolidated Endowment Fund. The University has 45% ownership and the Foundation has 55% ownership.

Schedule D, Part X, Line 2 - The foundation is an organization exempt from income tax under Section 501(c)(3) of the Internal Revenue Code and is generally not subject to federal income taxes. Contributions to the foundation are deductible for tax purposes by the donor, subject to the normal limitations imposed by the taxing authorities. However, the foundation is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purposes for which it was granted exemption. Accordingly, the foundation recorded federal and state income tax liabilities of \$41,708 and \$0 for the years ended June 30, 2016 and 2015, respectively, primarily originating from certain investments in private capital. The income tax expense is reported on the Consolidated Statements of Activities as a reduction in investment income. The foundation is no longer subject to U.S. federal or state income tax examinations by tax authorities for fiscal years prior to June 30, 2013. The foundation recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs.

Schedule D, Part XI, Line 2d - Loss on pledges totaled <\$62,276>, contributions refunded to donors totaled <\$15,000>, adjustments to remainder trust liability totaled <\$38,673>, and gifts in kind write down reversals totaled <\$19,865>.

Schedule D, Part XI, Line 4b - Event expenses totaled <\$295,456> were included in the revenue section, revenues and expenses were grossed-up by \$14,196 for event expenses paid by outside sources, and costs of goods sold totaled <\$21,158> was deducted from inventory.

Schedule D, Part XII, Line 2d - Direct event expenses totaled \$295,456 were reported in the revenue section, costs of goods sold totaled \$21,158 was reported in the revenue section, and gift in kind write down reversal totaled <\$19,865>.

296,749

958,965

-629,687

2e

5

296,749

329,278

18,906,760

18,577,482

Part XIII - Supplemental Information (Continued)

Schedule D, Part XII, Line 4b - Event expenses paid by outside sources totaled \$14,196, endowment fund transferred to a new trustee totaled <\$643,883>.	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF ALASKA FOUNDATION

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

23-7394620

Part II

Dinner	Dinner	18	
102,040	101,185	482,587	685,812
72,840	69,685	273,915	416,440
29,200	31,500	208,672	269,372
0	0	558	558
0	0	0	0
0	0	9,259	9,259
7,492	18,014	83,870	109,376
305	5,650		17,781
14,740	15,248	127,775	157,763
			294,737 -25,365

cneau	le G (Form 990 or 990-EZ) 2015	: 3
11 12	Does the organization conduct gaming activities with nonmembers?	
13	Indicate the percentage of gaming activity conducted in:	Ü
а	The organization's facility	6
b	An outside facility	6
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	lo
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided ►	
	□ Director/officer □ Employee □ Independent contractor	
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	o
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
		-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

UNIVERSITY OF ALASKA FOUNDATION	I						23-7394620
Part I General Information of							
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants	or assistance?					
	istance to Do	mestic Organiz	zations and Dom	nestic Governm	nents. Complete if	the organization nal space is need	answered "Yes" on Form ded.
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 non-cash assistanc	(h) Purpose of grant e or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 53 Enter total number of other org							• 1

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals.

UNIVERSITY OF ALASKA FOUNDATION

Form: **Schedule I (2015)** EIN: **23-7394620**

Page: 1 Part II, Line 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

	Recipient EIN	Amt. of cash	Amt. of non-			
		grant	cash asst.			
University of Alaska	92-6000147	14,888,423	70,911			
PO Box 755000						
Fairbanks, AK 99775-5000						
State of Alaska						
FMV on date property received						
Airline Vouchers and Auction Items						
Student, Program, and other departmental support for the University.						
	University of Alaska PO Box 755000 Fairbanks, AK 99775-5000 State of Alaska FMV on date property received Airline Vouchers and Auction Items	University of Alaska 92-6000147 PO Box 755000 Fairbanks, AK 99775-5000 State of Alaska FMV on date property received Airline Vouchers and Auction Items	Recipient EIN Amt. of cash grant University of Alaska 92-6000147 14,888,423 PO Box 755000 Fairbanks, AK 99775-5000 State of Alaska FMV on date property received Airline Vouchers and Auction Items			

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Schedule J (Form 990) 2015

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

For each individual

Patrick Gamble, Trustee	0	0	0	0	0	0	0
	262,904	0	24,456	31,276	15,130	333,766	0
Carla Beam, President and	0	0	0	0	0	0	0
Trustee	199,540	0	390	27,158	131	227,219	0
Tom Case, Trustee	0	0	0	0	0	0	0
	249,774	0	5,225	38,955	24,894	318,848	0
David Woodley, Advancement	0	0	0	0	0	0	0
Services Director	116,617	0	0	3,213	37,821	157,651	0
Megan Riebe, Executive Director	0	0	0	0	0	0	0
	116,011	0	690	17,634	29,835	164,170	0
Brian Rogers, Trustee	0	0	0	0	0	0	0
	254,596	0	7,007	34,300	1,926	297,829	0
Jim Lynch, Treasurer	0	0	0	0	0	0	0
	138,743	0	390	24,886	1,381	165,400	0
Tamera Weaver, Chief	0	0	0	0	0	0	0
Investment Officer	130,365	0	990	3,213	21,610	156,178	0

Schedule J (Form 990) 2015 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 J, Part I, Line 3 - Compensation for the President and the Executive Director of the University of Alaska Foundation is not approved by the Board of Trustees since she is not compensated by the University of Alaska Foundation.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

UNIVE	ERSITY OF ALASKA FOUNDATION						23-7394620		
1 2 3 4 5		contribution—	-Historic	9) [Fair Market Value Market Quotation		
14 15 16 17 18 19	Qualified conservation contribution—Other Real estate—Residential Real estate—Commercial Real estate—Other								
	Alaska Airline ticket: Various Auction iten	V	:	2 293			Average ticket pri Fair market value		
30a								Yes	No
32a	Does the organization hire or u	se third part	ties or related organizat	tions to s	solicit, pro	cess, or se	ell noncash	V	

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

33

Schedule M (Form 990) (2015) 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, Part I - Our organization is reporting the number of contributions received in column (b).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

UNIVERSITY OF ALASKA FOUNDATION

23-7394620

Form 990, Part I, Line 6 - In FY16 there were 33 individuals that volunteered as trustees and committee members for the foundation. They provided over 1,100 hours of service based on meeting attendance and preparation, and conference attendance representing the organization during calendar year 2015.

Form 990, Part VI, Section A, Line 1a - The Executive Committee consists of no more than 6 members, who are also members of the governing body. The committee acts only during intervals between meetings of the Board of Trustees and may exercise all of the authority and powers of the Board of Trustees in the management of the affairs of the Foundation, with the exception that they may not amend the Bylaws.

family relationship as well as a business relationship.

Foundation President, Treasurer, Chief Investment Officer, and Chairman of the Finance and Audit Committee for discussion. At this meeting the staff resolved issues and defined key components of this filing. A full comprehensive review was performed by an exempt organization tax professional prior to the final executive summary presentation made to the Finance and Audit Committee during a regularly scheduled meeting. All trustees were invited to this presentation, and full copies of the Form 990 were posted and available for review on a secure section of the Foundation's website. In addition, the Form 990 was made available at the University of Alaska Foundation website within 10 days of filing, which was accessible by all board members as well as the general public.

members, all committees, subcommittees, 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. The policy provides that potential conflicts are to be disclosed to the board, committee, officer or supervisor as soon as practicable after becoming aware of a potential conflict. If a conflict is disclosed in a meeting, the person of interest is asked to leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict. If appropriate, another person or committee may be appointed to investigate alternatives to the proposed transaction or arrangement. The nature of the potential conflict, the determination by the board or committee, and the details of any votes taken are documented in the minutes of the meeting. Any person violating the Conflict of Interest Policy shall be subject to appropriate discipline, including dismissal or removal from office.

Form 990, Part VI, Section B, Line 15 - Compensation is not approved by the Board of Trustees since these individuals are not compensated by the University of Alaska Foundation.

Form 990, Part VI, Section C, Line 19 - The articles of incorporation and financial statements are available to the general public on the Foundation website, www.alaska.edu/foundation. The conflict of interest policy is available to the general public upon request.

Form 990, Part XI, Line 9 - Actuarial adjustment of remainder trust liability was reclassified for <\$38,673>. Uncollectible pledges were reclassified for <\$62,276>. The Foundation refunded two contributions for a total of \$15,000. An endowment totaling \$643,883 was transferred out of the Foundation to a new trustee at the direction of the donor.

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.

OMB No. 1545-0047

Open to Public Inspection

23-7394620

Department of the Treasury Internal Revenue Service

Part I

UNIVERSITY OF ALASKA FOUNDATION

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

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 entity			(b) aary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct con entity	
<u>(1)</u>								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organizations du one or more related tax-exempt organizations du	ations Col uring the ta	mplete if thax year.	ne organization	answered "Yes" o	n Form 990, Part	IV, line 34 beca	use it ha	d
(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (sta or foreign country	(d) te Exempt Code section	(e)	(f) S Direct controlling	Section !	g) 512(b)(13) rolled tity?
	Education		AK			N/A	Yes	No 🗸
PO Box 756540, Fairbanks, AK 99775-6540 (2)	teaching, re	esearch						
(3)								
(4)								
(5)								
(6)								
(7)								

Page 2

Schedule R (Form 990) 2015 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year. Name, address, and EIN of Direct controlling Primary activity Legal Predominant Share of total Share of end-of- Disproportionate Code V—UBI Percentage General or income (related, related organization domicile entity allocations? amount in box 20 income year assets managing ownership unrelated, of Schedule K-1 (state or partner? excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (d) (g) (h) (i) Section 512(b)(13) Name, address, and EIN of related organization Primary activity Direct controlling Type of entity Share of total Share of Legal domicile Percentage controlled (state or foreign country) (C corp, S corp, or trust) income end-of-year assets ownership entity? Yes No

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

Not	e. 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 listed in Parts II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h		1h		
i		1i		
i		1j		
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
- 1		11		
m		1m		
n		1n		
0		10	~	
_				
g	Reimbursement paid to related organization(s) for expenses	1p		
q		1g		
٦	The initial content of gainzane (c) is a superior of the initial content of the initial con	7		
r	Other transfer of cash or property to related organization(s)	1r		
s		1s	~	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction		-	
	Name of related organization Transaction Amount involved Method of determining a	moun	t invol	ved
	type (a–s)			
(1)				
(-/				
(2)	5,117,500			
(=/				
(3)				
<u>, , , , , , , , , , , , , , , , , , , </u>				
(4)				
\''/				
(5)				
\ <u>\</u>				
(6)				
(5)				

Schedule R (Form 990) 2015 Page 5 **Supplemental Information** Provide additional information for responses to questions on Schedule R (see instructions). Schedule R, Part II - Schedule R, Part II - The University of Alaska does not meet the definition of a 'related organization' for required reporting on Form 990, R. Although the University is supported by the University of Alaska Foundation, the Foundation is a public charity under Section 170(b)(1)(A)(iv) rather than under Section 509(a)(3). The University of Alaska Foundation is voluntarily reporting data upon 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 that this information will be included on this Form