

2013 Exempt Org. Return
prepared for:

United Way of Anchorage
701 W 8th Ave Suite 230
Anchorage, AK 99501

Altman, Rogers & Company
44539 Sterling Highway, Suite 205
Soldotna, AK 99669

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue ServiceFor calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 2014.▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2013**

Name of exempt organization

UNITED WAY OF ANCHORAGE

Name and title of officer

LEN LAMBERT**CFO**

Employer identification number

92-0027948**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6,952,391.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ALTMAN, ROGERS & COMPANY to enter my PIN 07948 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

92036440551

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

TOM J DOMAGALA CPA

Date ▶

11-14-14

ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.Form **8879-EO** (2013)

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning <u>7/01</u> , 2013, and ending <u>6/30</u> , 2014															
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> C UNITED WAY OF ANCHORAGE 701 W 8TH AVE #230 ANCHORAGE, AK 99501 </td> <td style="width:40%; vertical-align: top;"> D Employer identification number 92-0027948 E Telephone number 907-263-2000 G Gross receipts \$ <u>7,290,851.</u> </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: <u>MICHELE BROWN</u> <u>SAME AS C ABOVE</u> </td> </tr> <tr> <td colspan="2"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions) </td> </tr> <tr> <td colspan="2"> I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="2"> J Website: <u>WWW.LIVEUNITEDANCHORAGE.ORG</u> </td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> </tr> <tr> <td colspan="2"> L Year of formation: <u>1961 M State of legal domicile: <u>AK</u> </u></td> </tr> </table>	C UNITED WAY OF ANCHORAGE 701 W 8TH AVE #230 ANCHORAGE, AK 99501	D Employer identification number 92-0027948 E Telephone number 907-263-2000 G Gross receipts \$ <u>7,290,851.</u>	F Name and address of principal officer: <u>MICHELE BROWN</u> <u>SAME AS C ABOVE</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: <u>WWW.LIVEUNITEDANCHORAGE.ORG</u>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1961 M State of legal domicile: <u>AK</u> </u>	
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF ANCHORAGE CREATES PATHWAYS TO A BETTER LIFE FOR ALL BY DRIVING MEASURABLE CHANGES IN THE AREAS OF EDUCATION, INCOME, AND HEALTH, THE BUILDING BLOCKS OF A GOOD LIFE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	59
	6	Total number of volunteers (estimate if necessary)	1,700
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
		Prior Year	
8		Contributions and grants (Part VIII, line 1h)	6,094,321.
9		Program service revenue (Part VIII, line 2g)	6,333,870.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	246,252.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,908.
12		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,123.
		518,257.	
		288,485.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,942,738.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	6,952,391.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,352,219.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,980,060.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,216,630.</u>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,770,362.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,867,060.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	1,594,838.
	20	Total assets (Part X, line 16)	1,717,346.
	21	Total liabilities (Part X, line 26)	7,717,419.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,564,466.
		-774,681.	
		-612,075.	
		Beginning of Current Year	
		13,397,044.	
		13,583,320.	
		5,055,089.	
		5,326,893.	
		8,341,955.	
		8,256,427.	

Part 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.

Sign Here	Signature of officer		Date	
	<u>LEN LAMBERT</u>		<u>CFO</u>	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	<u>TOM J DOMAGALA CPA</u>		<u>TOM J DOMAGALA CPA</u>	
	Firm's name ▶ <u>ALTMAN, ROGERS & COMPANY</u>		Check <input type="checkbox"/> if self-employed PTIN <u>P00122688</u>	
	Firm's address ▶ <u>44539 STERLING HIGHWAY, SUITE 205</u> <u>SOLDOTNA, AK 99669</u>		Firm's EIN ▶ <u>92-0143182</u> Phone no. <u>(907) 274-2992</u>	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

UNITED WAY OF ANCHORAGE CREATES PATHWAYS TO A BETTER LIFE FOR ALL BY DRIVING
MEASURABLE CHANGES IN THE AREAS OF EDUCATION, INCOME, AND HEALTH, THE BUILDING BLOCKS
OF A GOOD LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,998,702. including grants of \$ 952,038.) (Revenue \$ 257,913.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,957,022. including grants of \$ 1,568,022.) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 795,132. including grants of \$ 460,000.) (Revenue \$)
SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 5,750,856.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	22		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X	
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		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

BAA

Form 990 (2013)

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

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 29		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 5		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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.	2 a 59		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b	X	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
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? Note. See the instructions for additional information the organization must report on Schedule O.	13 a		
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.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

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 in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section 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. 1 a 20 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.		
b Enter the number of voting members included in line 1a, above, who are independent. 1 b 20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a 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? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 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	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O 15 a	X	
b Other officers of key employees of the organization. SEE SCHEDULE O 15 b	X	
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 with a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. AK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
LEN LAMBERT 701 W 8TH AVE, STE 230 ANCHORAGE AK 99501 907-263-3810

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE ABBOT DIRECTOR	2 0	X						0.	0.	0.
(2) BIJ AGARWAL DIRECTOR	2 0	X						0.	0.	0.
(3) BELINDA BREAU CHAIRPERSON	5 0	X		X				0.	0.	0.
(4) JAY BUTLER DIRECTOR	2 0	X						0.	0.	0.
(5) JOE EVERHART DIRECTOR	2 0	X						0.	0.	0.
(6) KITTY FARNHAM DIRECTOR	2 0	X						0.	0.	0.
(7) ERNIE HALL DIRECTOR	2 0	X						0.	0.	0.
(8) KEITH HAND TREASURER	5 0	X		X				0.	0.	0.
(9) DIANE INGLE DIRECTOR	2 0	X						0.	0.	0.
(10) TOMMY KIBLER DIRECTOR	2 0	X						0.	0.	0.
(11) DAN COFFEY DIRECTOR	2 0	X						0.	0.	0.
(12) DICK MANDSAGER VICE CHAIR	2 0	X		X				0.	0.	0.
(13) JORDAN MARSHAL DIRECTOR	2 0	X						0.	0.	0.
(14) JOEL NEIMEYER DIRECTOR	2 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SUSAN PARKES DIRECTOR	2 0	X						0.	0.	0.
(16) DAVID WIGHT DIRECTOR	2 0	X						0.	0.	0.
(17) FRANK PASKVAN DIRECTOR	2 0	X						0.	0.	0.
(18) DAN CLARK DIRECTOR	2 0	X						0.	0.	0.
(19) RICK FOX DIRECTOR	5 0	X						0.	0.	0.
(20) JANET WEISS DIRECTOR	2 0	X						0.	0.	0.
(21) LEN LAMBERT CFO/VP OF FIN.	37 0			X				102,903.	0.	6,174.
(22) MICHELE BROWN PRESIDENT	37 0			X				174,668.	0.	12,556.
(23)										
(24)										
(25)										
1 b Sub-total								277,571.	0.	18,730.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								277,571.	0.	18,730.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WALSH-SHEPPARD 111 W 9TH AVE. ANCHORAGE, AK 99501	MARKETING	101,427.
ALASKA SPORTS HALL OF FAME PO BOX 110201 ANCHORAGE, AK 99511	CHILDREN FITNESS	102,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of RevenueCheck if Schedule O contains a response 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a 4,918,298.			
	b Membership dues.....	1 b			
	c Fundraising events.....	1 c			
	d Related organizations.....	1 d			
	e Government grants (contributions).....	1 e 594,084.			
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f 821,488.			
	g Noncash contributions included in lines 1a-1f: \$	62,250.			
	h Total. Add lines 1a-1f.....	6,333,870.			
PROGRAM SERVICE REVENUE	Business Code				
	2 a DESIGNATION FEES	900099	257,913.	257,913.	
	b				
	c				
	d				
	e				
	f All other program service revenue...				
	g Total. Add lines 2a-2f.....	257,913.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		71,517.		71,517.
	4 Income from investment of tax-exempt bond proceeds.....				
	5 Royalties.....				
	6 a Gross rents.....	(i) Real 407,574.			
	b Less: rental expenses.....	272,690.			
	c Rental income or (loss).....	134,884.			
	d Net rental income or (loss).....	134,884.			134,884.
	7 a Gross amount from sales of assets other than inventory..	(i) Securities 61,250.			
	b Less: cost or other basis and sales expenses.....	60,644.			
	c Gain or (loss).....	606.			
	d Net gain or (loss).....	606.	606.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	a			
	b Less: direct expenses.....	b			
	c Net income or (loss) from fundraising events.....				
	9 a Gross income from gaming activities. See Part IV, line 19.....	a 107,697.			
	b Less: direct expenses.....	b 5,126.			
	c Net income or (loss) from gaming activities.....	102,571.		102,571.	
	10 a Gross sales of inventory, less returns and allowances.....	a			
b Less: cost of goods sold.....	b				
c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue		Business Code			
11 a CONTRACTED SERVICE	900099	23,764.	23,764.		
b OTHER REVENUE	900099	16,678.	16,678.		
c TABLE RESERVATION	900099	10,588.	10,588.		
d All other revenue.....					
e Total. Add lines 11a-11d.....	51,030.				
12 Total revenue. See instructions.....	6,952,391.	309,549.	102,571.	206,401.	

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.

☒ X

Do not include amounts reported on lines 6b, 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 governments and organizations in the United States. See Part IV, line 21.	2,980,060.	2,980,060.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	280,829.	171,993.	33,058.	75,778.
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.	1,939,206.	1,184,229.	228,276.	526,701.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	467,258.	270,289.	78,393.	118,576.
10 Payroll taxes.	179,767.	103,988.	30,160.	45,619.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	866,011.	675,709.	105,246.	85,056.
12 Advertising and promotion.	58,720.	38,325.	970.	19,425.
13 Office expenses.	133,128.	43,982.	29,323.	59,823.
14 Information technology.	29,251.	20,543.	8,673.	35.
15 Royalties.				
16 Occupancy.	1,980.	891.	382.	707.
17 Travel.	45,613.	20,246.	6,040.	19,327.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	45,477.	25,418.	6,753.	13,306.
20 Interest.	42,491.	42,491.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	48,954.		48,954.	
23 Insurance.	29,478.		29,478.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GAMING EXPENSES	120,723.			120,723.
b MEMBERSHIP DUES	90,463.	5,240.	83,986.	1,237.
c BANKING AND INVESTMENT FEES	89,020.	261.	70,252.	18,507.
d MISCELLANEOUS	54,400.	152,739.	-197,855.	99,516.
e All other expenses.	61,637.	14,452.	34,891.	12,294.
25 Total functional expenses. Add lines 1 through 24e.	7,564,466.	5,750,856.	596,980.	1,216,630.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	1,278,925.	1	403,006.
	2 Savings and temporary cash investments	1,611,507.	2	2,062,892.
	3 Pledges and grants receivable, net	2,258,569.	3	2,182,537.
	4 Accounts receivable, net	55,856.	4	50,732.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,913.	9	98,049.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,596,110.		
	b Less: accumulated depreciation	10b 1,263,901.		
	11 Investments – publicly traded securities	2,377,845.	10c	2,332,209.
	12 Investments – other securities. See Part IV, line 11	5,767,429.	11	6,453,895.
	13 Investments – program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,397,044.	15		
LIABILITIES	17 Accounts payable and accrued expenses	13,397,044.	16	13,583,320.
	18 Grants payable	822,091.	17	739,536.
	19 Deferred revenue	3,503,809.	18	3,986,913.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties	705,145.	23	576,854.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	24,044.	25	23,590.
	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	5,055,089.	26	5,326,893.
28 Unrestricted net assets				
29 Temporarily restricted net assets	5,146,565.	27	5,144,543.	
30 Permanently restricted net assets	2,573,405.	28	2,317,287.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.	621,985.	29	794,597.	
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances.	8,341,955.	33	8,256,427.	
36 Total liabilities and net assets/fund balances.	13,397,044.	34	13,583,320.	

BAA

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck 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	6,952,391.
2	Total expenses (must equal Part IX, column (A), line 25).	2	7,564,466.
3	Revenue less expenses. Subtract line 2 from line 1.	3	-612,075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	8,341,955.
5	Net unrealized gains (losses) on investments.	5	526,547.
6	Donated services and use of facilities.	6	
7	Investment expenses.	7	
8	Prior period adjustments.	8	
9	Other changes in net assets or fund balances (explain in Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	8,256,427.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X

BAA

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The 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.)
- 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 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Non-functionally integrated
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 - f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990 or 990-EZ) 2013

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,172,007.	10258909.	10525637.	6,094,321.	6,333,870.	41,384,744.
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						0.
4 Total. Add lines 1 through 3	8,172,007.	10258909.	10525637.	6,094,321.	6,333,870.	41,384,744.
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)						4,275,499.
6 Public support. Subtract line 5 from line 4						37,109,245.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	8,172,007.	10258909.	10525637.	6,094,321.	6,333,870.	41,384,744.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	201,889.	245,955.	427,502.	456,882.	479,091.	1,811,319.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-22,954.	-1,751.	82,959.	38,332.	102,571.	199,157.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	51,050.	80,308.	297,257.	106,951.	51,030.	586,596.
11 Total support. Add lines 7 through 10						43,981,816.
12 Gross receipts from related activities, etc (see instructions)					12	674,333.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	84.37 %
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	87.31 %

16a **33-1/3% support test – 2013.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒b **33-1/3% support test – 2012.** 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 **10%-facts-and-circumstances test – 2013.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐b **10%-facts-and-circumstances test – 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c 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 IV.)						
13 Total Support. (Add lns 9, 10c, 11 and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

- 19a **33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐
- b **33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

[illegible]

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
MISCELLANEOUS REVENUE	\$ 16,678.	\$ 61,125.	\$ 48,439.	\$ 43,374.	\$ 7,251.
PROGRAM ADMIN	34,352.	45,826.	248,818.	36,934.	43,799.
TOTAL	<u>\$ 51,030.</u>	<u>\$ 106,951.</u>	<u>\$ 297,257.</u>	<u>\$ 80,308.</u>	<u>\$ 51,050.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
or 990-PF.

Name of organization

Employer identification number

UNITED WAY OF ANCHORAGE

92-0027948

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT OF HEALTH & HUMAN SERV 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 363,301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CONOCOPHILLIPS PO BOX 100360 ANCHORAGE, AK 99510-0360	\$ 992,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BP EXPLORATION (ALASKA) INC. PO BOX 196612 ANCHORAGE, AK 99519	\$ 567,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALYESKA PIPELINE SERVICE COMPANY PO BOX 196660 ANCHORAGE, AK 99519-6660	\$ 133,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DOYON DRILLING 11500 C STREET, SUITE #200 ANCHORAGE, AK 99515	\$ 166,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RASMUSON FOUNDATION 301 W. NORTHERN LIGHTS, #400 ANCHORAGE, AK 99503	\$ 190,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

92-0027948

Part II

(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
---	----- ----- ----- -----	\$-----	-----
(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
---	----- ----- ----- -----	\$-----	-----

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ N/A

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, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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

2013**Open to Public
Inspection**

Employer identification number

UNITED WAY OF ANCHORAGE

92-0027948

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	3,195,390.	3,654,927.	2,671,901.	1,643,269.	1,595,269.
b Contributions	1,252,626.	1,108,290.	5,568,159.	4,944,311.	48,000.
c Net investment earnings, gains, and losses	258,647.	308,213.	334,760.	182,518.	
d Grants or scholarships	1,594,779.	1,876,040.	4,919,893.	4,098,197.	
e Other expenditures for facilities and programs				0.	
f Administrative expenses					1,643,269.
g End of year balance	3,111,884.	3,195,390.	3,654,927.	2,671,901.	1,643,269.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 25.53 %
 c Temporarily restricted endowment ☒ 74.47 %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		351,388.		351,388.
b Buildings		2,781,980.	917,126.	1,864,854.
c Leasehold improvements				
d Equipment		462,742.	346,775.	115,967.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,332,209.

BAA

Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ..		

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS	23,590.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	23,590.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII** ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements.....	1	7,984,227.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments.....	2a	526,547.
	b Donated services and use of facilities.....	2b	227,473.
	c Recoveries of prior year grants.....	2c	
	d Other (Describe in Part XIII.).....	2d	
	e Add lines 2a through 2d.....	2e	754,020.
3	Subtract line 2e from line 1.....	3	7,230,207.
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	
	b Other (Describe in Part XIII.) SEE PART XIII.....	4b	-277,816.
	c Add lines 4a and 4b.....	4c	-277,816.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	6,952,391.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.....	1	8,069,755.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities.....	2a	227,473.
	b Prior year adjustments.....	2b	
	c Other losses.....	2c	
	d Other (Describe in Part XIII.) SEE PART XIII.....	2d	277,816.
	e Add lines 2a through 2d.....	2e	505,289.
3	Subtract line 2e from line 1.....	3	7,564,466.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
	b Other (Describe in Part XIII.).....	4b	
	c Add lines 4a and 4b.....	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	7,564,466.

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

PER DONOR INSTRUCTIONS, EARNINGS OF THE ENDOWMENT ARE REINVESTED IN THE ENDOWMENT

FUND THEREBY GROWING UNTIL SIGNIFICANT EARNINGS ARE GENERATED AT WHICH TIME EARNINGS

WILL BE USED FOR GENERAL OPERATING EXPENSES.

PART X - FIN 48 FOOTNOTE

UNITED WAY IS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN

THE FINANCIAL STATEMENTS. UNITED WAY EARNS UNRELATED BUSINESS INCOME THROUGH RENTAL

BAA

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

OF COMMERCIAL SPACE, WHICH IS DEBT FINANCED. UNITED WAY'S INCOME TAX LIABILITY

RELATED TO THE DEBT-FINANCED INCOME IS NOT MATERIAL TO THE FINANCIAL STATEMENTS.

UNITED WAY'S POLICY IS TO REPORT INTEREST AND PENALTIES ASSOCIATED WITH INCOME TAXES

AS INCOME TAX EXPENSE. AS OF JUNE 30, 2014 AND 2013 THERE WERE NO UNCERTAIN TAX

POSITIONS, OR UNRECOGNIZED TAX BENEFITS FOR WHICH MANAGEMENT BELIEVES IT IS

REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF TAX CONTINGENCIES WILL SIGNIFICANTLY

INCREASE OR DECREASE WITHIN 12 MONTHS OF THE REPORTING DATE. WITH FEW EXCEPTIONS,

UNITED WAY IS NO LONGER SUBJECT TO EXAMINATIONS BY THE FEDERAL AND STATE AUTHORITIES

FOR THE YEARS BEFORE JUNE 30, 2011.

2013

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

UNITED WAY OF ANCHORAGE

92-0027948

SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

GAMING EXPENSES REPORTED ON PART VIII.....	\$	-5,126.
RENTAL EXPENSE REPORTED ON PART VIII.....		-272,690.
TOTAL	\$	<u>-277,816.</u>

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED F/S

GAMING EXPENSES REPORTED ON PART VIII.....	\$	5,126.
RENTAL EXPENSES REPORTED ON PART VIII.....		272,690.
TOTAL	\$	<u>277,816.</u>

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to 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.** ▶ **See separate instructions.**
▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total.....▶						0

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
		(event type)	(event type)	NONE (total number)	
REVENUE	1 Gross receipts.....				
	2 Less: Charitable contributions.....				
	3 Gross income (line 1 minus line 2).....				
DIRECT EXPENSES	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....				
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....				
	10 Direct expense summary. Add lines 4 through 9 in column (d).....				
	11 Net income summary. Subtract line 10 from line 3, column (d).....				

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue.....			107,697.	107,697.
	2 Cash prizes.....			1,061.	1,061.
	3 Noncash prizes.....				
	4 Rent/facility costs.....				
	5 Other direct expenses.....			4,065.	4,065.
DIRECT EXPENSES	6 Volunteer labor.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 0 %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 0 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 100 %	
	7 Direct expense summary. Add lines 2 through 5 in column (d).....				5,126.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d).....				102,571.

9 Enter the state(s) in which the organization operates gaming activities: AKa Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If 'Yes,' explain:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.0 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SUE ROSS

Address ▶ 701 WEST 8TH AVE, STE 230, ANCHORAGE, 99501

- 15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c 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 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 102,571. SEE PART IV

Part IV **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).

2013

SCHEDULE G, PART IV - SUPPLEMENTAL INFORMATION PAGE 4

UNITED WAY OF ANCHORAGE

92-0027948

PART III, LINE 17B
DISTRIBUTIONS REQUIRED UNDER STATE LAW

ALASKA

	\$	102,571.
TOTAL	\$	<u>102,571.</u>

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered 'Yes' to 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.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 assistance	(h) Purpose of grant or assistance
(1) ABUSED WOMEN'S AID IN CRISIS, 100 W 13TH AVENUE ANCHORAGE, AK 99501	92-0061049		29,000.	0.			DOMESTIC VIOLENCE PREVENTION
(2) ABUSED WOMEN'S AID IN CRISIS, 100 W 13TH AVENUE ANCHORAGE, AK 99501	92-0061049		75,000.	0.			EMERGENCY SHELTER & HOUSING
(3) ACCESS ALASKA 1217 E 10TH AVENUE ANCHORAGE, AK 99501	92-0089550		10,000.	0.			ASSISTIVE TECH & EQUIP PROGRAM
(4) ALASKA CHILD & FAMILY 4600 ABBOTT ROAD ANCHORAGE, AK 99507	92-0038588		50,000.	0.			COMMUNITY PROGRAMS
(5) ALASKA HEALTH FAIR, INC 720 W 58TH AVE, UNIT J ANCHORAGE, AK 99518	92-0118421		36,000.	0.			HEALTH FAIRS
(6) ALASKA INJURY PREVENTION CENT 3701 E TUDOR RD, STE 203 ANCHORAGE, AK 99507	92-0169574		26,553.	0.			RAISE YOUR VOICE
(7) ALASKA LITERACY PROGRAM 1345 RUDAKOF CIRCLE, STE 104 ANCHORAGE, AK 99508	23-7451172		40,500.	0.			IMPACT FAMILY LITERACY
(8) ALASKA LITERACY PROGRAM 1345 RUDAKOF CIRCLE, STE 104 ANCHORAGE, AK 99508	23-7451172		50,000.	0.			VOLUNTEER LITERACY PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 59
- 3 Enter total number of other organizations listed in the line 1 table. 1

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

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Schedule I (Form 990) (2013)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

UNITED WAY OF ANCHORAGE REQUIRES ALL POTENTIAL RECIPIENTS TO PROVIDE DOCUMENTARY

EVIDENCE OF FINANCIAL WELL-BEING, PROPER AND APPROPRIATE GOVERNANCE FOR A

NOT-FOR-PROFIT ORGANIZATION, AND CERTIFICATION OF COMPLIANCE WITH ANTI-TERRORISM

LAWS. UNITED WAY OF ANCHORAGE MONITORS THE USE OF GRANTS BY REQUIRING GRANTEEES TO

PROVIDE PROJECTED AND ACTUAL FINANCIAL INFORMATION, CLIENT BENEFICIARY DATA AND

SERVICE STATISTICS INCLUDING SPECIFIED PERIODIC OUTCOME MEASUREMENT DATA, FREQUENCY

DEPENDING ON THE AWARD AGREEMENT BUT AT LEAST QUARTERLY. ON-GOING FUNDING MAY BE

IMPACTED BY THE ORGANIZATION'S ABILITY TO DEMONSTRATE APPROPRIATE OUTCOME

ACHIEVEMENT. UNITED WAY OF ANCHORAGE ALWAYS RESERVES THE RIGHT TO CONDUCT ON-SITE

VISITS FOR BOTH FISCAL AND PROGRAMMATIC MONITORING.

BAA

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Continuation Page 1 of 6

Name of the organization		Employer identification number					
UNITED WAY OF ANCHORAGE		92-0027948					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 assistance	(h) Purpose of grant or assistance
ALASKA YOUTH ADVOCATES 700 WEST 6TH AVE #206 ANCHORAGE, AK 99501	92-0043569		10,000.				POWER PROGRAM
ALASKAN AIDS ASSISTANCE ASSOC 1057 W FIREWEED LANE, #102 ANCHORAGE, AK 99503	92-0113788		10,000.				PROJECT HOMELESS CONNECT
ALASKAN AIDS ASSISTANCE ASSOC 1057 W FIREWEED LANE, #102 ANCHORAGE, AK 99503	92-0113788		27,000.				HIV - CLIENT RESOURCES
ALASKAN AIDS ASSISTANCE ASSOC 1057 W FIREWEED LANE, #102 ANCHORAGE, AK 99503	92-0113788		30,000.				HIV/AIDS PREVENTION & EDUCATION
ANCHORAGE COMM MENTAL HEALTH 4020 FOLKER STREET ANCHORAGE, AK 99508	51-0152394		15,000.				HOMELESS HOUSING INITIATIVE
ANCHORAGE COMM MENTAL HEALTH 4020 FOLKER STREET ANCHORAGE, AK 99508	51-0152394		62,161.				SAFE AND READY TO LEARN
ANCHORAGE HOSPICE, INC 2612 E NORTHERN LIGHTS BLVD ANCHORAGE, AK 99508	92-0018009		36,000.				HOSPICE SERVICES
ANCHORAGE NEIGHBORHOOD HEALTH PO BOX 201849 ANCHORAGE, AK 99520	92-0047965		75,000.				ACCESS TO QUALITY HEALTH CARE
ANCHORAGE YOUTH COURT PO BOX 100359 ANCHORAGE, AK 99510	92-0129615		12,000.				ANCHORAGE YOUTH COURT
BEAN'S CAFE, INC PO BOX 100940 ANCHORAGE, AK 99510	92-0072522		30,000.				CHILDREN'S LUNCHBOX AFTER SCHOOL

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Schedule I Cont (Form 990) 2013

Continuation Sheet for Schedule I (Form 990)

2013

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 6

Name of the organization		Employer identification number					
UNITED WAY OF ANCHORAGE		92-0027948					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 assistance	(h) Purpose of grant or assistance
BEST BEGINNINGS 3350 COMMERCIAL DR #104A ANCHORAGE, AK 99501	45-5066055		20,000.				ANCHORAGE IMAGINATION LIBRARY
BIG BROTHERS BIG SISTERS OF A 1057 W FIREWEED LANE, #202 ANCHORAGE, AK 99503	80-0064172		36,500.				COMMUNITY BASED MENTORING
BIG BROTHERS BIG SISTERS OF A 1057 W FIREWEED LANE, #202 ANCHORAGE, AK 99503	80-0064172		72,000.				SCHOOL BASED MENTORING
BOYS & GIRLS CLUBS OF SC AK 2300 W 35TH AVENUE ANCHORAGE, AK 99517	92-0036082		150,000.				CLUBHOUSE PROGRAM
CAMP FIRE USA ALASKA COUNCIL 161 KLEVIN STREET, #100 ANCHORAGE, AK 99508	92-0029613		165,000.				SCHOOL AGE PROGRAM
CAMP FIRE USA ALASKA COUNCIL 161 KLEVIN STREET, STE 100 ANCHORAGE, AK 99508	92-0029613		25,000.				FAMILY STRENGTHENING PROGRAM
CATHOLIC SOCIAL SERVICES 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322		30,000.				HOMELESS FAMILY SERVICES
CATHOLIC SOCIAL SERVICES 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322		30,000.				SAINT FRANCIS HOUSE
CATHOLIC SOCIAL SERVICES 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322		35,000.				REFUGEE ASSISTANCE & IMMIGRATION
CATHOLIC SOCIAL SERVICES 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322		50,000.				CLARE HOUSE

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Schedule I Cont (Form 990) 2013

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 6

Name of the organization		Employer identification number					
UNITED WAY OF ANCHORAGE		92-0027948					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322		60,000.				BROTHER FRANCIS SHELTER
CHILD CARE CONNECTION INC PO BOX 141689 PALMER, AK 99514	92-0113419		35,000.				STRENGTHENING FAMILIES
CHILD CARE CONNECTION, INC PO BOX 141689 PALMER, AK 99514	92-0113419		35,000.				CHILD CARE RESOURCE AND REFERRAL
CHRISTIAN HEALTH ASSOCIATES 2401 E 42ND AVE, STE 104 ANCHORAGE, AK 99508	92-0152088		25,000.				ANCHORAGE PROJECT ACCESS
CHRISTIAN HEALTH ASSOCIATES 2401 E 42ND AVE, STE 104 PALMER, AK 99508	92-0152088		10,000.				CLARK SCHOOL BASED HEALTH CENTER
CHUGIAK CHILDREN'S SERVICES 403 SOUTH ALASKA ST, 2ND FL PALMER, AK 99645	92-0040291		50,000.				HEAD START & EARLY HEAD START
COVENANT HOUSE ALASKA PO BOX 100620 ANCHORAGE, AK 99510	13-3419755		20,000.				PASSAGE HOUSE
COVENANT HOUSE ALASKA PO BOX 100620 ANCHORAGE, AK 99510	13-3419755		43,500.				CRISIS CENTER
FOOD BANK OF ALASKA 2121 SPAR AVENUE ANCHORAGE, AK 99501	92-0073175		45,000.				FOOD COLLECTION AND DIST
GIRL SCOUTS OF ALASKA 3911 TURNAGAIN BOULEVARD, E ANCHORAGE, AK 99517	92-6000179		60,189.				GIRL SCOUT LEADERSHIP EXPERIENCE

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Schedule I Cont (Form 990) 2013

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 6

Name of the organization		Employer identification number					
UNITED WAY OF ANCHORAGE		92-0027948					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 assistance	(h) Purpose of grant or assistance
GREAT ALASKA COUNCIL, BS OF A 3117 PATTERSON STREET ANCHORAGE, AK 99504	92-0016314		30,000.				POSITIVE YOUTH DEVELOPMENT
HABITAT FOR HUMANITY - ANCH. 1057 W FIREWEED LANE, STE 103 ANCHORAGE, AK 99503	92-0140434		25,000.				HABITAT FOR HUMANITY
KIDS' CORPS, INC 1251 MULDOON ROAD, STE 112 ANCHORAGE, AK 99504	94-3042122		78,000.				HEAD START
LUTHERAN SOCIAL SERVICES OF A 1303 W 33RD STREET, STE A ANCHORAGE, AK 99503	94-3055592		22,500.				TRANSITIONAL LIVING PROGRAM
LUTHERAN SOCIAL SERVICES OF A 1303 W 33RD STREET, STE A ANCHORAGE, AK 99503	94-3055592		7,500.				FOOD ASSISTANCE
MABEL T CAVERLY SENIOR CENTER TRICK-NYMAN BLDG, 911 W 8TH A ANCHORAGE, AK 99501	92-0057689		20,000.				DEAP
MABEL T CAVERLY SENIOR CENTER TRICK-NYMAN BLDG, 911 W 8TH A ANCHORAGE, AK 99501	92-0057689		6,000.				SENIOR PATCHES - HOME PATCHES
MONEY MANAGEMENT 417 BARROW ST. ANCHORAGE, AK 99501	92-0089285		40,000.				FINANCIAL LITERACY FOR ALL ALASKANS
NINE STAR ENTERPRISES, INC. 125 WEST 5TH AVENUE ANCHORAGE, AK 99501	92-0069154		90,000.				YOUTH EDUCATION & EMPLOYMENT
PROGRAMS FOR INFANTS & CHILD. 161 KLEVIN STREET, STE 103 ANCHORAGE, AK 99508	92-0100494		65,000.				INFANT LEARNING PROGRAM

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Schedule I Cont (Form 990) 2013

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 6

Name of the organization		Employer identification number					
UNITED WAY OF ANCHORAGE		92-0027948					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 assistance	(h) Purpose of grant or assistance
-- RURAL (CAP) --							
-- 731 EAST 8TH AVENUE --							
ANCHORAGE,, AK 99501	92-0033876		50,447.				FOSTER GRANDPARENTS
-- SAFE HARBOR INN --							TEMPORARY HOUSING
-- 1905 E 4TH AVE --							ASSISTANCE
ANCHORAGE, AK 99501	92-0170285		25,000.				THE SALVATION ARMY OLDER ALASKANS
-- SALVATION ARMY ANCHORAGE --							
-- 143 E 9TH AVENUE --							
ANCHORAGE, AK 99501	92-1156347		80,000.				
-- SALVATION ARMY ANCHORAGE --							
-- PO BOX 101459 --							
ANCHORAGE, AK 99510	92-1156347		123,000.				MCKINNEILL HOUSE
-- SPIRIT OF YOUTH --							
-- 203 W 15TH AVENUE --							
ANCHORAGE, AK 99501	92-0168893		15,000.				ALASKA TEEN MEDIA INSTITUTE
-- STAR, INC --							
-- 1057 W FIREWEED LANE, STE 230 --							
ANCHORAGE, AK 99503	92-0071466		70,000.				STAR DIRECT SERVICES PROGRAM
-- VOLUNTEERS OF AMERICA ALASKA --							
-- 1575 C STREET, STE 201 --							
ANCHORAGE, AK 99501	70-2240098		26,000.				RESTORATIVE JUSTICE SERVICES
-- VOLUNTEERS OF AMERICA ALASKA --							
-- 1675 C STREET, STE 201 --							
ANCHORAGE, AK 99501	74-2240098		87,000.				ASSIST VOLUNTEERS OF AMERICA AK
-- VOLUNTEERS OF AMERICA ALASKA --							
-- 509 W THIRD AVENUE --							
ANCHORAGE, AK 99501	74-2240098		30,000.				DIRECT PROGRAM FUNDING
-- YWCA ANCHORAGE --							
-- 324 E 5TH AVENUE --							
ANCHORAGE, AK 99501	92-0130244		23,000.				ENCOREPLUS PROGRAM

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

2013

Continuation Page 6 of 6

Employer Identification number

92-0027948

Form 990, Part II.)

[illegible]

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b** ☐ Yes ☒ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c** ☐ Yes ☒ No
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a** ☐ Yes ☒ No
- b** Any related organization? **5 b** ☐ Yes ☒ No
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a** ☐ Yes ☒ No
- b** Any related organization? **6 b** ☐ Yes ☒ No
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III. **7** ☐ Yes ☒ No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III. **8** ☐ Yes ☒ No

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☒ No

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

Schedule J (Form 990) 2013

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 in 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 are not 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 columns (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
MICHELE BROWN	(i)						
1 PRESIDENT	174,668.	0.	0.	9,880.	2,676.	187,224.	0.
	0.	0.	0.	0.	0.	0.	0.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
BAA							

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, for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2013**Open To Public
Inspection**

- ▶ **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.**

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	9	62,250	MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

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

Yes No

30 a		X
31	X	
32 a		X

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

Schedule M (Form 990) 2013

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION: MORE CHILDREN START SCHOOL READY TO LEARN, AND MORE YOUTH GRADUATE AND
REJECT VIOLENCE AND SUBSTANCE ABUSE. RESEARCH SHOWS THAT SOCIAL AND EMOTIONAL
DEVELOPMENT AND LANGUAGE LITERACY ARE KEY INGREDIENTS FOR SCHOOL READINESS. THE
BETTER A CHILD CAN FOLLOW DIRECTIONS, GET ALONG WELL WITH OTHER KIDS, AND UNDERSTAND
AND ENJOY A GOOD STORY, THE BETTER THAT CHILD WILL LIKELY DO IN SCHOOL. WE WORK WITH
OUR PARTNERS TO PROVIDE SUPPORT FOR PARENTS AND FAMILIES OF CHILDREN NEWBORN TO 5
YEAR OLDS, PROMOTE QUALITY EARLY CARE AND EDUCATION PROGRAMS, AND PROVIDE EARLY
INTERVENTIONS FOR DEVELOPMENTAL ISSUES. OUR GOAL IS TO LAY THE FOUNDATION FOR MORE
ANCHORAGE CHILDREN TO EXPERIENCE SUCCESS IN SCHOOL AND LIFE.

HIGH SCHOOL EDUCATION IS A MAJOR MILESTONE ON A YOUTH'S PATH TO SUCCESSFUL ADULTHOOD.
TOGETHER WITH OUR PARTNERS IN ANCHORAGE UNITED FOR YOUTH, WE HAVE SET A BOLD GOAL TO
INCREASE THE ANCHORAGE GRADUATION RATE FROM 70% TO 90% IN 2020. WE ARE COMMITTED TO
HELPING YOUTH GET THERE BY PROVIDING SAFE, PRODUCTIVE AFTER-SCHOOL ENVIRONMENTS, AND
INTERVENING WHEN YOUTH START DISENGAGING FROM SCHOOL, EXHIBITING DELINQUENT BEHAVIOR,
OR USING ALCOHOL OR DRUGS. WE ARE COMMITTED TO SUPPORTING FAMILIES, WHILE GIVING
YOUTH MEANINGFUL OPPORTUNITIES TO LEARN AND GROW - AND HAVE FUN.

A TOTAL OF \$2,363,535 WAS EXPENDED IN EDUCATION PROGRAMS, \$1,420,365 OF WHICH WAS
INVESTED WITH PARTNER ORGANIZATIONS. \$592,665 WAS FUNDED WITH GRANTS AND RESTRICTED
DONATIONS.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

INCOME: MORE ANCHORAGE FAMILIES ARE HOUSED AND ARE FINANCIALLY STABLE. A STRONG
COMMUNITY RESTS UPON FINANCIALLY INDEPENDENT FAMILIES. THE LACK OF A REGULAR,
CONSISTENT RESIDENCE HAS A CONSIDERABLE IMPACT ON THE ECONOMIC OPPORTUNITIES OF

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

HOMELESS INDIVIDUALS AS WELL AS THE ENTIRE COMMUNITY. WE INVEST IN PROGRAMS THAT
 FOCUS ON REDUCING HOMELESSNESS. TO ENSURE AGAINST FAMILIES HAVING TO CHOOSE BETWEEN
 BASIC NEEDS AND HOUSING EXPENSES, NEARLY 5 MILLION POUNDS OF FOOD WAS DISTRIBUTED,
 AND NUMEROUS FAMILIES RECEIVED ASSISTANCE WITH UTILITIES AND AVOIDED EVICTION. TOO
 MANY ANCHORAGE FAMILIES LACK THE SKILLS TO EARN A DECENT INCOME OR MANAGE THEIR
 MONEY. ADDRESSING THE OBSTACLES THAT PREVENT HARDWORKING FAMILIES FROM GETTING
 AHEAD FINANCIALLY IS THE KEY TO THEIR FUTURE SUCCESS AND LONG-TERM INDEPENDENCE. IN
 FY14, WE EXPENDED \$1,368,844 OF WHICH \$979,500 WAS INVESTED IN ORGANIZATIONS WHO
 CONTRIBUTE TO ANCHORAGE RESIDENTS BEING HOUSED AND FINANCIALLY STABLE.

ALASKA 2-1-1: WHEN ALASKANS NEED HELP FINDING HELP, THEY TURN TO ALASKA 2-1-1.
 OPERATED BY UNITED WAY OF ANCHORAGE, ALASKA 2-1-1 IS THE SINGLE, COMPREHENSIVE
 STATEWIDE PROVIDER OF HEALTH AND HUMAN SERVICES INFORMATION AND REFERRALS. BY SIMPLY
 DIALING THE EASY TO REMEMBER TELEPHONE NUMBER, 2-1-1 CALLERS CONNECT TO TRAINED
 SPECIALISTS WHO CAN ASSESS THEIR NEEDS AND REFER THEM TO THE APPROPRIATE RESOURCES
 IN THEIR AREA. DURING FY14, 20,561 PEOPLE CALLED 2-1-1 FOR ASSISTANCE AND REFERRALS,
 SAVING BOTH FRUSTRATION AND TIME FOR THOSE ALREADY IN STRESSFUL SITUATIONS. ALASKA
 2-1-1 IS A RESOURCE FOR COLLABORATIVE EFFORTS THAT ADDRESS SOCIAL SERVICE NEEDS,
 WORKING WITH LOCAL AND STATE GOVERNMENT AND TRIBAL ORGANIZATIONS. FOR EXAMPLE,
 ALASKA 2-1-1 ACTS AS A CENTRAL INFORMATION RESOURCE FOR THE COLLABORATIVE WORK
 AROUND FREE TAX PREPARATION. IN FY14, WE EXPENDED \$400,860 ON ALASKA 2-1-1, WITH
 \$231,330 COMING FROM GRANT FUNDS AND RESTRICTED DONATIONS.

IN TOTAL, \$1,768,704 WAS EXPENDED ON INCOME PROGRAMS, \$390,126 WAS FUNDED BY GRANTS
 AND RESTRICTED DONATIONS.

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

HEALTH: MORE ANCHORAGE FAMILIES HAVE ACCESS TO QUALITY HEALTH CARE AND PRACTICE

HEALTHY BEHAVIORS. FOR THE 16 PERCENT OF ANCHORAGE RESIDENTS WHO LIVE WITHOUT

HEALTH INSURANCE, A SMALL HEALTH ISSUE CAN QUICKLY TURN INTO A DOWNWARD SPIRAL.

THAT'S WHY MAKING SURE ALL ANCHORAGE RESIDENTS HAVE ACCESS TO HEALTH CARE IS A

PRIORITY FOR UNITED WAY OF ANCHORAGE AND WHY TOGETHER WITH ITS PARTNERS, MORE THAN

37,000 INDIVIDUALS WERE SCREENED FOR HEALTH ISSUES LAST YEAR AND MORE THAN 40,000

NEEDED HEALTH CARE VISITS WERE ARRANGED FOR 16,000 INDIVIDUALS COVERING MEDICAL,

DENTAL, SUBSTANCE ABUSE, EMERGENCY, MENTAL AND WOMEN'S HEALTH NEEDS. THE FAMILYWISE

DISCOUNT PRESCRIPTION DRUG CARD PROGRAM COMPLETED ITS FOURTH YEAR SAVING HUNDREDS OF

UNINSURED AND UNDERINSURED ALASKANS THOUSANDS OF DOLLARS ON NEEDED MEDICINES.

UNITED WAY OF ANCHORAGE AND ITS PARTNERS IMPROVE HEALTH OUTCOMES EVERY DAY BY

GETTING PEOPLE BACK TO WORK AND HELPING INDIVIDUALS AND FAMILIES AVOID MEDICAL AND

FINANCIAL CATASTROPHES, THE BENEFITS OF WHICH RIPPLE THROUGHOUT THE COMMUNITY.

UNITED WAY OF ANCHORAGE EXPENDED \$795,132 ON HEALTH PROGRAMS OF WHICH \$460,000 WAS

AWARDED IN GRANTS TO PARTNER AGENCIES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. AFTER

THEIR REVIEW, THE COMMITTEE CHAIR (BOARD TREASURER) REPORTS TO THE BOARD THE RESULTS

OF THEIR REVIEW.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND A CONFLICT OF INTEREST

STATEMENT IS SIGNED BY EACH BOARD MEMBER AND EVERY PERMANENT EMPLOYEE UPON

APPOINTMENT/DATE OF EMPLOYMENT AND IN JANUARY EACH YEAR. BOARD MEMBERS INFORM THE

BOARD CHAIR IF THERE ARE POTENTIAL CONFLICTS OF INTEREST AND IF THE CHAIR AGREES,

THE MEMBER RECUSES THEMSELF FROM ACTIVE PARTICIPATION IN DISCUSSION AND VOTING. IF

THE CHAIR CHOOSES, THE POTENTIAL CONFLICT MAY BE BROUGHT TO THE FULL BOARD FOR

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

DETERMINATION. EMPLOYEES ARE REQUIRED TO REPORT TO, AND IN APPROPRIATE CASES, OBTAIN PERMISSION FROM THE CEO, ALL EMPLOYMENT OUTSIDE THE ORGANIZATION, VOLUNTEER ACTIVITIES, MEMBERSHIP ON OTHER ORGANIZATION BOARDS, AND ANY RELATIONSHIPS THAT MAY IMPAIR THE ACTUAL OR APPARENT "ARM'S LENGTH" RELATIONSHIP. WHEN THE CEO DETERMINES A CONFLICT EXISTS WITH AN EMPLOYEE, THE CEO WILL LIMIT THAT EMPLOYEE'S PARTICIPATION AS APPROPRIATE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

THE EXECUTIVE COMMITTEE OF THE BOARD: 1. CONSIDERS INDEPENDENT MARKET SURVEY DATA FOR COMPARABLE ROLES IN OTHER SIMILAR SIZED UNITED WAYS NATIONALLY AND REGIONALLY, COMPARABLE NONPROFITS IN THE STATE, AND COMPARABLE NONPROFITS IN THE MUNICIPALITY. 2. SETS CRITERIA FOR COMPENSATION TO BE IN THE MID-RANGE OF COMPARABLE SALARIES, LIMIT GROWTH TO A MAXIMUM OF 6% AND MAINTAINS A CONSISTENT SALARY RANGE PROGRESSION THROUGHOUT THE ORGANIZATIONS. 3. EVALUATES PERFORMANCE, AND ASSESSES SKILL LEVEL NEEDED AND PROGRESS MADE IN FULFILLING THE ORGANIZATIONS' MISSION, GOALS, AND OBJECTIVES. THE RESULT OF THIS ANALYSIS AND A RECOMMENDATION IS PRESENTED BY THE EXECUTIVE COMMITTEE TO THE FULL BOARD OF DIRECTORS WHO THEN VOTES ON THE RECOMMENDATION. THIS WAS LAST DONE IN APRIL 2011.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

FOR ALL EMPLOYEES OTHER THAN THE CEO, COMPENSATION LEVELS IN GENERAL ARE REVIEWED EVERY THREE YEARS BY COMPARING WITH MARKET SURVEYS OF SIMILAR SIZED UNITED WAYS NATIONALLY AND ALONG THE WESTERN UNITED STATES AND COMPARISON WITH COMPENSATION SURVEYS OF NONPROFITS IN THE STATE AND IN THE MUNICIPALITY. WE WISH TO MAINTAIN ALL POSITIONS AT THE 75 PERCENTILE WITH THESE COMPARISONS. ANNUALLY, MERIT INCREASES FOR EXCEPTIONAL PERFORMANCE ARE PROPOSED BY THE VICE-PRESIDENTS TO THE CEO AND OTHER VICE-PRESIDENTS (SENIOR STAFF) FOR DISCUSSION AND DECISION.

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UNITED WAY OF ANCHORAGE (UWA) STRIVES TO MAINTAIN TRANSPARENCY TO OUR DONORS, PARTICIPATING ORGANIZATIONS, ALL LEVELS OF GOVERNMENT, PRIVATE AND CORPORATE FOUNDATIONS, AND THE GENERAL PUBLIC. THE UWA WEBSITE (WWW.LIVEUNITEDANCHORAGE.ORG) PROVIDES ACCESS TO GENERAL INFORMATION AS WELL AS SPECIFIC DOCUMENTS SUCH AS THE IRS FORM 990, THE AUDITED FINANCIAL STATEMENTS COMPLETE WITH THE AUDITOR'S OPINION, AND THE ANNUAL REPORT. INTERESTED PARTIES CAN ALSO REQUEST ACCESS AND/OR COPIES OF DOCUMENTS VIA TELEPHONE, MAIL, E-MAIL, OR IN PERSON. MOST DOCUMENTS THAT DO NOT INCLUDE PERSONAL AND/OR CONFIDENTIAL INFORMATION WILL BE PROVIDED.

UNITED WAY OF ANCHORAGE

92-0027948

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER PROFESSIONAL FEES	866,011.	675,709.	105,246.	85,056.
TOTAL	<u>\$ 866,011.</u>	<u>\$ 675,709.</u>	<u>\$ 105,246.</u>	<u>\$ 85,056.</u>

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2013For calendar year 2013 or other tax year beginning 7/01, 2013, and ending 6/30, 2014

▶ See separate instructions.

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be public if you organization is a 501(c)(3).

Department of the Treasury
Internal Revenue ServiceOpen to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)	Print or Type	Check box if name changed and see instructions. UNITED WAY OF ANCHORAGE 701 W 8TH AVE #230 ANCHORAGE, AK 99501	D Employer identification number (Employees' trust, see instructions.) 92-0027948 E Unrelated business activity codes (See instructions.)
C Book value of all assets at end of year 13,583,320.	F Group exemption number (See instructions.) ▶ G Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		
H Describe the organization's primary unrelated business activity. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation ... ▶ J The books are in care of ▶ LEN LAMBERT Telephone number ▶ 907-263-3810			

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales ...			
b Less returns and allowances ... c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Form 8949 and Schedule D) ..	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)			
SEE STATEMENT 1	12	102,571.	102,571.
13 Total. Combine lines 3 through 12	13	102,571. 0.	102,571.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	102,571.
SEE STATEMENT 2	28	102,571.
29 Total deductions. Add lines 14 through 28	29	102,571.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.	30	
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	0.

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0205L 12/23/13

Form 990-T (2013)

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35 c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amounton line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40 a****b** Other credits (see instructions) **40 b****c** General business credit. Attach Form 3800 (see instructions) **40 c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40 d****e Total credits.** Add lines 40a through 40d **40 e** 0.**41** Subtract line 40e from line 39 **41** 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42 **43** 0.**44 a** Payments: A 2012 overpayment credited to 2013 **44 a****b** 2013 estimated tax payments **44 b****c** Tax deposited with Form 8868 **44 c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44 d****e** Backup withholding (see instructions) **44 e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44 f****g** Other credits and payments: ☐ Form 2439 **44 g**☐ Form 4136 ☐ Other Total **44 g****45 Total payments.** Add lines 44a through 44g **45** 0.**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48****49 Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded** **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes No****2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes No****3** Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0. **Yes No****Schedule A – Cost of Goods Sold.** Enter method of inventory valuation**1** Inventory at beginning of year **1****2** Purchases **2****3** Cost of labor **3****4 a** Additional section 263A costs (attach schedule) **4 a****4 b** Other costs (att. sch.) **4 b****5 Total.** Add lines 1 through 4b **5****6** Inventory at end of year **6****7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2. **7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No****Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

CFO

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

TOM J DOMAGALA CPA

TOM J DOMAGALA CPA

Date

Check ☐ if self-employed

PTIN

P00122688

Firm's name **ALTMAN, ROGERS & COMPANY**Firm's EIN **92-0143182**Firm's address **44539 STERLING HIGHWAY, SUITE 205**Phone no. **(907) 274-2992****SOLDOTNA, AK 99669**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute col. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total . Enter here and on page 1, Part II, line 14			

2013

FEDERAL STATEMENTS

PAGE 1

UNITED WAY OF ANCHORAGE

92-0027948

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

NET INCOME (LOSS) FROM SPECIAL EVENTS.....	\$	102,571.
TOTAL	\$	<u>102,571.</u>

STATEMENT 2
FORM 990-T, PART II, LINE 28
OTHER DEDUCTIONS

PROCEEDS USED FOR EXEMPT PURPOSES.....	\$	102,571.
TOTAL	\$	<u>102,571.</u>