\*\* PUBLIC INSPECTION COPY \*\*

Fo	rm <b>g</b>	90	Return of Organizati Under section 501(c), 527, or 4947(a)(1) of					OMB No. 1545-0047
Der	artment	of the Treasur	Do not enter social security n	umbers on this form	as it may b	e made pu	ıblic.	Open to Public
Inte	rnal Rev	enue Service	Go to www.irs.gov/Form99					Inspection
			lendar year, or tax year beginning JUL 1, 2	021 and	lending J	r Ó		
В	Check if applicat	ole:	ne of organization			D Emplo	oyer identifi	cation number
	chan	ge UN	IVERSITY OF ALASKA FOUNDATION					
	chan	ge Doi	ng business as			23	-7394620	
	returi Final returi	n Nu n/ 18	nber and street (or P.O. box if mail is not delivered to L5 BRAGAW STREET #206	street address)	Room/suite #206		one numbe 7)786-111	
	termi ated	City	or town, state or province, country, and ZIP or for	reign postal code		G Gross re	ceipts \$	145,786,581.
	Amer returi	n AN	CHORAGE, AK 99508			<b>H(a)</b> Is th	is a group re	
	Appli tion pend	Ing F Na	ne and address of principal officer: TOD BURNETT			for s	ubordinates	? Yes 🗶 No
	-	SAME	AS C ABOVE			1	I subordinates in	
			us: X 501(c)(3) 501(c) ( ) ◀ (inser	rt no.) 4947(a)(1)	or 527		,	list. See instructions
			N.ALASKA.EDU/FOUNDATION	0.1			· · · · ·	n number 🕨
	Form c art I	of organizati Summ	on: X Corporation Trust Association	Other 🕨	<b>L</b> Year	of formation	: 1974   <b>N</b>	State of legal domicile: AK
F	1						מת	
ę	1 		scribe the organization's mission or most significal HROPIC SUPPORT TO BUILD EXCELLENCE AT			MD SIEWF		
Governance					-	then 050/	of its not os	ata .
arr.	2						1	29
ć	3		of voting members of the governing body (Part VI, I					25
			of independent voting members of the governing b nber of individuals employed in calendar year 2021					0
tioe	6		ber of volunteers (estimate if necessary)					35
Activitiae &			elated business revenue from Part VIII, column (C),					43,314.
4	( <sup>'</sup>		ated business taxable income from Form 990-T, Pa					0.
	<u> </u>	net unie			<u></u>	Prior \		Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)				600,588.	20,342,823.
	9					,	1,910.	0.
Ravanua	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			70	081,962.	58,581,065.
ä	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,				721,913.	23,899.
	12		enue - add lines 8 through 11 (must equal Part VIII,			105	406,373.	78,947,787.
	13		nd similar amounts paid (Part IX, column (A), lines 1				734,374.	14,458,398.
	14		paid to or for members (Part IX, column (A), line 4)	,		,	0.	0.
			other compensation, employee benefits (Part IX, co			3	253,927.	3,202,216.
900	2 16a		nal fundraising fees (Part IX, column (A), line 11e)			,	476,486.	102,783.
Exnance	ž b		draising expenses (Part IX, column (D), line 25)	2,176				
ù	<u>17</u>		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			2	222,787.	4,606,164.
	18		enses. Add lines 13-17 (must equal Part IX, column			19	687,574.	22,369,561.
_	19		less expenses. Subtract line 18 from line 12			85	718,799.	56,578,226.
or	Ses				Be	ginning of C	urrent Year	End of Year
Net Assets or	ug 20	Total ass	ets (Part X, line 16)			564,	787,306.	526,923,123.
tAs	ਸ਼ੂ 21	Total liab	ilities (Part X, line 26)			197,	499,258.	174,779,634.
Ne	22		s or fund balances. Subtract line 21 from line 20			367,	288,048.	352,143,489.
Ρ	art II	Signa	ture Block					
Un	der pen	alties of per	jury, I declare that I have examined this return, including	accompanying schedule	es and stateme	ents, and to t	he best of my	knowledge and belief, it is
tru	e, corre	ct, and corr	plote: 9 contact ation of preparer (other than officer) is base	d on all information of w	hich preparer			
			Tod Byrnett				/13/2023	
Sig	yn		$\frac{1}{10} \frac{1}{10} \frac$			D	ate	
He	re		D BURNETT, PRESIDENT					
		,	e or print name and title		r	Data		
				's signature		Date	Check if	PTIN
Pai		SARAH H		11NTZ	0.	5/11/23	self-employ	
	parer	Firm's na				F	irm's EIN 🕨	41-0746749
US	e Only	Firm's ad		LTE 300		_	h	2) 770 F710
			GREENWOOD VILLAGE, CO 80111			P	none no. (30	3) 779-5710
Ma	ly the I	IRS discus	s this return with the preparer shown above? See i	instructions				X Yes No

Form	990 (2021) UNIVERSITY OF ALASKA FOUNDATION	23-7394620	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		·g-
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE UNIVERSITY OF ALASKA FOUNDATION SEEKS, SECURES, AND STEWARDS		
	PHILANTHROPIC SUPPORT IN PARTNERSHIP WITH THE UNIVERSITY OF ALASKA		
	SYSTEM TO HELP SHAPE ALASKA'S FUTURE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es 🛛 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?	Ye	es 🛛 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 me	easured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$6,973,360. including grants of \$6,973,360. ) (Revenue	\$	0.)
	ACADEMIC PROGRAM SUPPORT: THE FOUNDATION ACCEPTS, MANAGES, AND ACTS AS		· · · ·
	FIDUCIARY FOR ALL MONETARY GIFTS RECEIVED ON BEHALF OF THE UNIVERSITY		
	OF ALASKA (UA). OVER 50% OF PROGRAM EXPENSES GO TO SUPPORT ACADEMIC		
	SERVICES, FACILITIES, AND RELATED INFRASTRUCTURE ACROSS THE UA SYSTEM.		
4b	(Code:) (Expenses \$4,819,941 including grants of \$4,819,941) (Revenue	¢	0.)
чы	STUDENT FINANCIAL AID: THE FOUNDATION RECEIVES MONETARY CONTRIBUTIONS	Ψ	)
	FROM DONORS FOR THE BENEFIT OF THE UNIVERSITY OF ALASKA STUDENTS.		
	SCHOLARSHIPS ARE AVAILABLE TO STUDENTS BASED ON MERIT, FINANCIAL NEED,		
	OUTSTANDING ACHIEVEMENT IN SPECIALIZED FIELDS, OR ANY COMBINATION OF		
	THESE CRITERIA. IN FY22, THE FOUNDATION AWARDED 1,994 SCHOLARSHIPS TO		
	1,495 STUDENTS.		
4c	(Code: )(Expenses \$ 2,665,097. including grants of \$ 2,665,097.) (Revenue		0.)
40	STUDENT & PUBLIC SUPPORT: THE FOUNDATION ADMINISTERS CHARITABLE GIFTS	۵	)
	INTENDED BY DONORS TO ENHANCE STUDENT LIFE, COMMUNITY ENGAGEMENT, AND		
	PUBLIC LEARNING. THESE INCLUDE UA ATHLETICS, RADIO/TV STATIONS,		
	LIBRARY, MUSEUM, AND COOPERATIVE EXTENSION SERVICES AMONG OTHERS.		
	SUPPORT IS ACCOMPLISHED THROUGH REIMBURSEMENT OF UA PERSONNEL COSTS,		
	TRAVEL, OPERATING EXPENSES, AND CAPITAL EXPENDITURES.		
	TRAVED, OTERATING EXTENDED, AND CATTINE EXTENDITORED.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 14,458,398.		000
		Form	1 <b>990</b> (2021)
132002	2 12-09-21		
	2		

Form	990 (2021) UNIVERSITY OF ALASKA FOUNDATION 23-739462	20	Р	age <b>3</b>
Pa	rt 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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 donor-restricted endowments		w	
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	44	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Λ	
I	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa		120		x
h	Schedule D, Parts XI and XII	12a		
D		106	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		x
				x
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
u	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
10	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			
10	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	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	<u> </u>		
	complete Schedule G, Part III	19		x
20a		20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21	х	
132003	3 12-09-21		990	(2021)
				,

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Form	990 (2021) UNIVERSITY OF ALASKA FOUNDATION 23-73	94620	0	P	age <b>4</b>
Par	TIV Checklist of Required Schedules (continued)				
		ſ		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	····	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			v	
~ ~	Schedule J	···	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		•		x
	Schedule K. If "No," go to line 25a		24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	·····	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		04-		
	any tax-exempt bonds?		24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·····	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	···· }	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				v
	Schedule L, Part I	···	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	·····	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	·····	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	·····	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				v
• •	contributions? If "Yes," complete Schedule M		30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	·····	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				v
	Schedule N, Part II	···	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	····	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v	
<u> </u>	Part V, line 1	I	34	X X	├──
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	~	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		0.57	х	
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b	Λ	├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		~~		v
~7	If "Yes," complete Schedule R, Part V, line 2	···· }	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				v
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	·····	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	<u></u>	38	Х	Ĺ
1 41					v
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	Vc -	
4	Enter the number reported in boy 2 of Form 1000. Enter 0 if ant analysishing the second secon	٩		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	- 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		4.5	х	
10000	(gambling) winnings to prize winners?	<u> </u>	1c Form		l (2021)
132004	↓ 12-09-21		Form	550	(ZUZI)

## 15180511 131839 A251575

Form	990 (2021) UNIVERSITY OF ALASKA FOUNDATION 23-73946	20	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
		50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? $\dots$	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
•		-		
		140		x
14а ь		14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	
132005	5 12-09-21 <b>5</b>	Form	990	(2021)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	stion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	29		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	25		
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	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a				
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b			х	
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 on Schedule O	9		x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b			х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?		х	
14	Did the organization have a written document retention and destruction policy?		х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization	15b		x
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	lou		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CT, FL, IL, ME, MA, MD, MI, MN, NH, NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s only)	availal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	5)S Officy)	avanai	
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	rial	
10	statements available to the public during the tax year.		Jial	
19	Statements available to the public during the tax year.			
19 20	State the name address, and telephone number of the person who persones the eventiation's heals, and versula -			
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records <b>•</b>			
	State the name, address, and telephone number of the person who possesses the organization's books and records TOD BURNETT - 907-786-1111 1815 BRAGAW STREET #206, #206, ANCHORAGE, AK 99508			

Form 990 (2021)	UNIVERSITY OF ALASKA FOUNDATION	23-7394620	Page 7								
Part VII Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated									
Employees, and Independent Contractors											
Che	ck if Schedule O contains a response or note to any line in this Part VII										
Section A. Off	icers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.											

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

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title         Average box sper week         Design box sper box sper box sper box sper box sper box sper box spectrum detained spectrum detain	(A)	(B)	(C)				(D)	(E)	(F)		
Hours product         Bours product balance         Compensation         Com	Name and title	Average	(do					ane	Reportable	Reportable	Estimated
Week (ist ary organizations below lie)         Week (ist ary burs for lated organizations below lie)         Introm the set below lie)         Introm set below lie		hours per	box	, unles	ss pe	rson i	s botł	n an	compensation	compensation	amount of
(1)         PAT PITNEY         0.50         x         0         360,286         58,989,           (2)         DAN WHITE         0.50         x         0.         305,707.         72,027.           (3)         TOD BURNETT         27.50         x         0.         237,191.         36,772.           (4)         KAREN CAREY         0.50         x         0.         218,243.         29,402.           (5)         MGAN REIBE         25.00         x         0.         172,586.         50,279.           (5)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         x         0.         146,636.         17,188.           (8)         TLSA NORTHCUT         50.00         x         0.         114,580.         45,986.           (10)         DAVID WOO				cer an I	id a d	lirecto	or/trus	tee)			
(1)         PAT PITNEY         0.50         x         0         360,286         58,989,           (2)         DAN WHITE         0.50         x         0.         305,707.         72,027.           (3)         TOD BURNETT         27.50         x         0.         237,191.         36,772.           (4)         KAREN CAREY         0.50         x         0.         218,243.         29,402.           (5)         MGAN REIBE         25.00         x         0.         172,586.         50,279.           (5)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         x         0.         146,636.         17,188.           (8)         TLSA NORTHCUT         50.00         x         0.         114,580.         45,986.           (10)         DAVID WOO			rector							J. J	•
(1)         PAT PITNEY         0.50         x         0         360,286         58,989,           (2)         DAN WHITE         0.50         x         0.         305,707.         72,027.           (3)         TOD BURNETT         27.50         x         0.         237,191.         36,772.           (4)         KAREN CAREY         0.50         x         0.         218,243.         29,402.           (5)         MGAN REIBE         25.00         x         0.         172,586.         50,279.           (5)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         x         0.         146,636.         17,188.           (8)         TLSA NORTHCUT         50.00         x         0.         114,580.         45,986.           (10)         DAVID WOO			or di	ee			ated		-	•	
(1)         PAT PITNEY         0.50         x         0         360,286         58,989,           (2)         DAN WHITE         0.50         x         0.         305,707.         72,027.           (3)         TOD BURNETT         27.50         x         0.         237,191.         36,772.           (4)         KAREN CAREY         0.50         x         0.         218,243.         29,402.           (5)         MGAN REIBE         25.00         x         0.         172,586.         50,279.           (5)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         x         0.         146,636.         17,188.           (8)         TLSA NORTHCUT         50.00         x         0.         114,580.         45,986.           (10)         DAVID WOO			ustee	trust		96	bens			1099-NEC)	-
(1)         PAT PITNEY         0.50         x         0         360,286         58,989,           (2)         DAN WHITE         0.50         x         0.         305,707.         72,027.           (3)         TOD BURNETT         27.50         x         0.         237,191.         36,772.           (4)         KAREN CAREY         0.50         x         0.         218,243.         29,402.           (5)         MGAN REIBE         25.00         x         0.         172,586.         50,279.           (5)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         x         0.         146,636.         17,188.           (8)         TLSA NORTHCUT         50.00         x         0.         114,580.         45,986.           (10)         DAVID WOO		-	ual tr	tional		vold	t con	_	1099-INEC)		
(1)         PAT PITNEY         0.50         x         0         360,286         58,989,           (2)         DAN WHITE         0.50         x         0.         305,707.         72,027.           (3)         TOD BURNETT         27.50         x         0.         237,191.         36,772.           (4)         KAREN CAREY         0.50         x         0.         218,243.         29,402.           (5)         MGAN REIBE         25.00         x         0.         172,586.         50,279.           (5)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         x         0.         146,636.         17,188.           (8)         TLSA NORTHCUT         50.00         x         0.         114,580.         45,986.           (10)         DAVID WOO			ndivid	nstitu	Officer	(ey en	Highes	orme			organizations
(2) DAN WHITE         0.50         X         0         305,707,72,02,72,02,72,72,72,72,72,72,72,72,72,72,72,72,72	(1) PAT PITNEY	0.50		-		-	1				
DIRECTOR         54.50         X         0         305,707.         72,027.           (3) TOD BURNETT         27.50         X         0.         237,191.         36,772.           (4) KAREN CAREY         0.50         X         0.         237,191.         36,772.           (4) KAREN CAREY         0.50         X         0.         237,191.         36,772.           (5) MEGAN REIBE         25.00         X         0.         218,243.         29,402.           (5) MEGAN REIBE         25.00         X         0.         122,566.         50,279.           (6) STAN MISHIN         40.00         X         0.         129,702.         49,894.           (7) SEAN PARNEL         0.50         X         0.         146,636.         17,188.           (8) TLISA NORTHCUTT         50.00         X         0.         118,942.         43,220.           (19) DAVID WOODLEY         60.00         X         0.         114,580.         45,986.           (10) EMILY DRYGAS         40.00         X         0.         114,580.         45,986.           (11) HARRY NEED         0.00         X         0.         0.0.         0.           SENICO DIRECTOR OF PHILANTHROPIC SER         0	DIRECTOR	54.50	х						0.	360,286.	58,989.
(3) TOD BURNETT         27,50         X         0.         237,191.         36,772.           (4) KAREN CAREY         0.50         CHANCELLOR         54,50         X         0.         237,191.         36,772.           (4) KAREN CAREY         0.50         CHANCELLOR         54,50         X         0.         218,243.         29,402.           (5) MEGAN RETBE         25,00         X         0.         172,586.         50,279.           (6) STAN MISHIN         40,00         X         0.         129,702.         49,894.           (7) SEAN PARNEL         0.50         DIRECTOR         40,00         X         0.         146,636.         17,188.           (8) TLISA NORTHCUTT         50.00         X         0.         146,636.         17,188.         0.           (9) DAVID WOODEY         60,00         X         0.         114,580.         45,986.           (10) EMIL DRYGAS         40,00         X         0.         114,580.         45,986.           (11) HARK NEED         0.00         X         0.         124,435.         36,120.           (11) HARK NEED         0.00         X         0.         0.         0.           SENDRO DIRECTOR OF PHILANTHROPIC SER	(2) DAN WHITE	0.50									
PRESIDENT         27.50         X         0.         237.191         36,772.           (4) KAREN CAREY         0.50         54.50         X         0.         217.41         36,772.           (4) KAREN CAREY         54.50         X         0.         217.43.         29,402.           (5) MEGAN REIBE         25.00         X         0.         172,586.         50,279.           (6) STAN MISHIN         40.00         X         0.         172,586.         50,279.           (7) SEAN PARNEL         0.50         X         0.         129,702.         49,894.           (7) SEAN PARNEL         0.50         X         0.         146,636.         17,188.           (8) TLISA NORTHCUTT         50.00         X         0.         146,636.         17,188.           (8) TLISA NORTHCUTT         50.00         X         0.         114,580.         43,220.           (9) DAVID WOODLEY         60.00         X         0.         114,580.         45,986.           DIRECTOR PRINCIPAL GIFTS         0.00         X         0.         114,4580.         46,290.           (10) EMIL PRYGAS         40.00         X         0.         124,435.         36,120.           (11) HARRY NE	DIRECTOR	54.50	х						0.	305,707.	72,027.
(4)         KAREN CAREY         0.50         x         0         218,243.         29,402.           (5)         MEGAN REIBE         25.00         x         0.         218,243.         29,402.           (5)         MEGAN REIBE         25.00         x         0.         172,586.         50,279.           (6)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAD TIVE DIRECTOR         0.50         x         0.         129,702.         49,894.           (7)         SEAN PARNEL         0.50         x         0.         146,636.         17,188.           (8)         TLISA NORTHCUTT         50.00         x         0.         118,942.         43,220.           (9)         DAVID WOODLEY         60.00         x         0.         114,580.         45,986.           (10)         EMILY DRYGAS         40.00         x         0.         124,435.         36,120.           (11)         HARRY NEED         0.00         x         0.         0.         0.           (12)         LAURA BRUCE         0.50         x         0.         0.         0.           (13)         MEGAN NORDA	(3) TOD BURNETT	27.50									
CHANCELLOR         54.50         X         0         218,243.         29,402.           (5)         MEGAN REIBE         25.00         X         0.         172,586.         50,279.           EXECUTIVE DIRECTOR         25.00         X         0.         172,586.         50,279.           (6)         STAN MISHIN         40.00         X         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         X         0.         146,636.         17,188.           (8)         TLISA NORTHCUTT         550.00         X         0.         146,636.         17,188.           (9)         DAVID WOODLEY         60.00         X         0.         114,580.         45,986.           DIRECTOR OF INFORMATION SECURITY         0.00         X         0.         114,580.         45,986.           DIRECTOR OF INFORMATION SECURITY         0.00         X         0.         124,435.         36,120.           DIRECTOR OF FHILANTHROPIC SER         0.00         X         0.         104,635.         48,290.           DIRECTOR OF FHILANTHROPIC SER         0.00         X         0.         0.         0.           (11) HARRA NORDALE         0.50         X	PRESIDENT	27.50			Х				٥.	237,191.	36,772.
(5)         MEGAN REIBE         25.00         x         0.         172,586.         50,279.           (6)         STAN MISHIN         40.00         x         0.         172,586.         50,279.           (6)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAN PARNEL         0.50         x         0.         146,636.         17,188.           (8)         TLISA NORTHCUTT         50.00         x         0.         146,636.         17,188.           (9)         DAVID WOODLEY         60.00         x         0.         118,942.         43,220.           (10)         MILY DRIGAS         40.00         x         0.         114,580.         45,986.           (11)         MARY MEED         0.00         x         0.         124,435.         36,120.           (11)         LARRY NEED         0.00         x         0.         0.         0.           SENIOR DIRECTOR OF PHILANTHROPIC SER         40.00         x         0.         0.         0.           SENIOR DIRECTOR OF PHILANTHROPIC SER         40.00         x         0.         0.         0.           (12) LAURA BRUCE         0.50	(4) KAREN CAREY	0.50									
EXECUTIVE DIRECTOR         25.00         X         0.         172,586.         50,279.           (6) STAN MISHIN         40.00         X         0.         129,702.         49,894.           (7) SEAN PARNELL         0.50         0.         129,702.         49,894.           (7) SEAN PARNELL         0.50         0.         146,636.         17,188.           (8) TLISA NORTHCUTT         50.00         X         0.         146,636.         17,188.           (8) TLISA NORTHCUTT         50.00         X         0.         118,942.         43,220.           (9) DAVID WODDLEY         60.00         X         0.         114,580.         45,986.           DIRECTOR OF INFORMATION SECURITY         0.00         X         0.         114,580.         45,986.           (10) EMLY DARGAS         40.00         X         0.         124,435.         36,120.           (11) HARRY NEED         0.00         X         0.         0.         0.         0.           SENIOR DIRECTOR OF PHILANTHROPIC SER         40.00         X         0.         0.         0.         0.           (12) LAURA BRUCE         0.50         X         0.         0.         0.         0.         0.         0.<	CHANCELLOR	54.50	Х						٥.	218,243.	29,402.
(6)         STAN MISHIN         40.00         x         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         x         0.         129,702.         49,894.           (7)         SEAN PARNELL         0.50         x         0.         146,636.         17,188.           DIRECTOR         40.00         x         0.         146,636.         17,188.           (8)         TLISA NORTHCUTT         50.00         x         0.         146,636.         17,188.           (9)         DAVID WODLEY         60.00         x         0.         118,942.         43,220.           (10) ENLY DRYGAS         40.00         x         0.         114,580.         45,986.           (11) HARRY NEED         0.00         x         0.         124,435.         36,120.           (11) HARRY NEED         0.00         x         0.         0.48,290.         0.           (12) LAURA BRUCE         0.50         x         0.         0.         0.           VICE CHAIR         0.00         x         x         0.         0.         0.           (14) JULEE FARLEY         0.50         x         0.         0.         0.         0.<	(5) MEGAN REIBE										
DIRECTOR OF FINANCE-OFFICE         0.00         X         0.         129,702.         49,894.           (7) SEAN PARNELL         0.50         V         0.         146,636.         17,188.           DIRECTOR         40.00         X         0.         146,636.         17,188.           (8) TLISA NORTHCUTT         50.00         X         0.         146,636.         17,188.           (9) DAVID WOODLEY         60.00         X         0.         118,942.         43,220.           (10) EMILY DRYGAS         40.00         X         0.         114,580.         45,986.           (11) HARRY NEED         0.00         X         0.         124,435.         36,120.           SENIOR DIRECTOR OF PHILANTHROPIC SER         40.00         X         0.         104,635.         48,290.           (12) LAURA BRUCE         0.50         X         0.         0.         0.         0.           VICE CHAIR         0.00         X         X         0.         0.         0.         0.           (14) JULEE FARLEY         0.50         X         X         0.         0.         0.         0.           SECRETARY         0.00         X         X         0.         0.		-					X		0.	172,586.	50,279.
(7) SEAN PARNELL       0.50       0.50       0.146,636.       17,188.         (8) TLISA NORTHCUTT       50.00       x       0.146,636.       17,188.         (9) DAVID WOODLEY       60.00       x       0.118,942.       43,220.         (9) DAVID WOODLEY       60.00       x       0.114,580.       45,986.         (10) EMILY DRYGAS       40.00       x       0.114,580.       45,986.         (11) EMILY DRYGAS       0.00       x       0.114,580.       45,986.         (11) EMILY DRYGAS       0.00       x       0.124,435.       36,120.         (11) HARRY NEED       0.00       x       0.104,635.       48,290.         (12) LAURA BRUCE       0.50       x       0.00       0.00.         CHAIR       0.000       x       x       0.00.       0.00.         (13) MEGAN NORDALE       0.50       x       x       0.00.       0.00.         VICE CHAIR       0.000       x       x       0.00.       0.00.       0.00.         (14) JULEE FARLEY       0.50       x       0.00.       0.00.       0.00.       0.00.       0.00.         SECERTARY       0.000       x       0.00.       0.00.       0.00.       0.00. </td <td></td>											
DIRECTOR         40.00         x         0         146,636.         17,188.           (8)         TLISA NORTHCUTT         50.00         x         0.         118,942.         43,220.           (9)         DAVID WOODLEY         60.00         x         0.         114,580.         45,986.           (10)         EMILY DRYGAS         40.00         x         0.         114,580.         45,986.           (11)         HARRY NEED         0.00         x         0.         124,435.         36,120.           (11)         HARRY NEED         0.00         x         0.         104,635.         48,290.           (12)         LAURA BRUCE         0.50         x         0.         0.00.         0.           (13)         MEGAN NORDALE         0.50         x         0.         0.         0.           VICE CHAIR         0.000         x         x         0.         0.         0.           (14)         JULEE FARLEY         0.50         x         0.         0.         0.           SECRETARY         0.00         x         0.         0.         0.         0.           (14)         JULEE FARLEY         0.50         0.         0.					х				0.	129,702.	49,894.
(8)         TLISA NORTHCUTT         50.00         x         x         0.         118,942.         43,220.           (9)         DAVID WOODLEY         60.00         x         0.         114,580.         45,986.           (10)         EMILY DRYGAS         40.00         x         0.         114,580.         45,986.           (11)         ENTRY NEED         0.00         x         0.         124,435.         36,120.           (11)         HARRY NEED         0.00         x         0.         104,635.         48,290.           (12)         LAURA BRUCE         0.50         x         0.         0.0.         0.           (13)         MEGAN NORDALE         0.50         x         0.         0.         0.           VICE CHAIR         0.00         x         x         0.         0.         0.           (14)         JULEE FARLEY         0.50         x         0.         0.         0.           SECRETARY         0.00         x         x         0.         0.         0.           (16)         DALE ANDERSON         0.50         0.         0.         0.         0.           UTEECTOR         0.000         x											
CHIEF DONOR RELATIONS OFFICER         0.00         X         0.         118,942.         43,220.           (9) DAVID WOODLEY         60.00         X         0.         114,580.         45,986.           DIRECTOR OF INFORMATION SECURITY         0.00         X         0.         114,580.         45,986.           (10) EMILY DRYGAS         40.00         X         0.         114,580.         45,986.           (11) HARRY NEED         0.00         X         0.         124,435.         36,120.           (11) HARRY NEED         0.00         X         0.         104,635.         48,290.           (12) LAURA BRUCE         0.50         X         0.         0.0.         0.           (13) MEGAN NORDALE         0.50         X         0.         0.         0.           VICE CHAIR         0.00         X         X         0.         0.         0.           (14) JULEE FARLEY         0.50         X         X         0.         0.         0.           SECRETARY         0.00         X         X         0.         0.         0.         0.           (16) DALE ANDERSON         0.50         X         0.         0.         0.         0.         0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>146,636.</td> <td>17,188.</td>			Х						0.	146,636.	17,188.
(9) DAVID WOODLEY       60.00       X       0.       114,580.       45,986.         (10) EMILY DRYGAS       40.00       X       0.       114,580.       45,986.         (10) EMILY DRYGAS       40.00       X       0.       124,435.       36,120.         DIRECTOR PRINCIPAL GIFTS       0.00       X       0.       124,435.       36,120.         (11) HARRY NEED       0.00       X       0.       104,635.       48,290.         (12) LAURA BRUCE       0.50       X       0.       0.0.       0.         CHAIR       0.00       X       X       0.       0.       0.         VICE CHAIR       0.00       X       X       0.       0.       0.         TREASURER       0.50       X       X       0.       0.       0.         (14) JULEE FARLEY       0.50       X       0.       0.       0.       0.       0.         SECRETARY       0.00       X       X       0.       0.       0.       0.         (16) DALE ANDERSON       0.50       Image: Constant of the second of the seco											
DIRECTOR OF INFORMATION SECURITY         0.00         X         0.         114,580.         45,986.           (10) EMILY DRYGAS         40.00         X         0.         124,435.         36,120.           DIRECTOR PRINCIPAL GIFTS         0.00         X         0.         124,435.         36,120.           (11) HARRY NEED         0.00         X         0.         104,635.         48,290.           (12) LAURA BRUCE         0.50         X         0.         0.0         0.           CHAIR         0.00         X         X         0.         0.         0.           (13) MEGAN NORDALE         0.50         X         X         0.         0.         0.           VICE CHAIR         0.00         X         X         0.         0.         0.           (14) JULEE FARLEY         0.50         X         X         0.         0.         0.           SECRETARY         0.00         X         X         0.         0.         0.         0.           (16) DALE ANDERSON         0.50         X         0.         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.							X		0.	118,942.	43,220.
(10) EMILY DRYGAS         40.00         x         0.124,435.         36,120.           DIRECTOR PRINCIPAL GIFTS         0.00         x         0.124,435.         36,120.           (11) HARRY NEED         0.00         x         0.104,635.         48,290.           (12) LAURA BRUCE         0.50         x         0.00         0.00           (12) LAURA BRUCE         0.50         x         0.00         0.00           (13) MEGAN NORDALE         0.50         x         0.00         0.00         0.00           VICE CHAIR         0.00         x         x         0.00         0.00         0.00           (14) JULEE FARLEY         0.50         x         x         0.00         0.00         0.00           (15) STEPHANIE MADSEN         0.50         x         0.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
DIRECTOR PRINCIPAL GIFTS         0.00         x         0.124,435.         36,120.           (11) HARRY NEED         0.00         x         0.124,435.         36,120.           SENIOR DIRECTOR OF PHILANTHROPIC SER         40.00         x         0.104,635.         48,290.           (12) LAURA BRUCE         0.50         x         0.00.         0.00.         0.00.           (13) MEGAN NORDALE         0.50         x         x         0.00.         0.0.           VICE CHAIR         0.00         x         x         0.00.         0.0.           (14) JULEE FARLEY         0.50         x         x         0.00.         0.           TREASURER         0.00         x         x         0.0.         0.         0.           (15) STEPHANIE MADSEN         0.50         x         x         0.0.         0.         0.           (16) DALE ANDERSON         0.50         x         x         0.0.         0.         0.           DIRECTOR         0.000         x         x         0.         0.         0.         0.							X		0.	114,580.	45,986.
(11) HARRY NEED         0.00         X         0.104,635.         48,290.           SENIOR DIRECTOR OF PHILANTHROPIC SER         40.00         X         0.104,635.         48,290.           (12) LAURA BRUCE         0.50         X         0.00.0.         0.00.0.         0.00.0.           CHAIR         0.00         X         X         0.00.0.         0.0.0.         0.0.0.           (13) MEGAN NORDALE         0.50         X         X         0.0.0.0.         0.0.0.         0.0.0.           VICE CHAIR         0.000         X         X         0.00.0.         0.0.0.         0.0.           (14) JULEE FARLEY         0.50         X         X         0.0.0.         0.0.         0.0.           TREASURER         0.000         X         X         0.0.0.         0.0.         0.           (15) STEPHANIE MADSEN         0.50         X         X         0.0.0.         0.         0.           SECRETARY         0.000         X         X         0.0.0.         0.         0.           DIRECTOR         0.000         X         X         0.0.0.         0.         0.           DIRECTOR         0.000         X         X         0.0.0.         0.											
SENIOR DIRECTOR OF PHILANTHROPIC SER         40.00         X         X         0.         104,635.         48,290.           (12) LAURA BRUCE         0.50         0.50         0.00         X         X         0.							X		0.	124,435.	36,120.
(12) LAURA BRUCE         0.50         x         x         x         0.											
CHAIR         0.00         X         X         0.							X		0.	104,635.	48,290.
(13) MEGAN NORDALE         0.50         x         x         0. <td></td>											
VICE CHAIR         0.00         X         X         X         0.			Х		Х				0.	0.	0.
(14) JULEE FARLEY       0.50       x       x       0.       0.       0.         TREASURER       0.00       x       x       0.       0.       0.       0.         (15) STEPHANIE MADSEN       0.50       0.00       x       0.       0.       0.       0.         SECRETARY       0.00       x       0.       0.       0.       0.       0.         (16) DALE ANDERSON       0.50       0.00       x       0.       0.       0.       0.         DIRECTOR       0.00       x       0       0.       0.       0.       0.         DIRECTOR       0.00       x       0.       0.       0.       0.       0.         DIRECTOR       0.00       x       0.       0.       0.       0.       0.											
TREASURER         0.00         X         X         X         0.00         0.0			Х		х				0.	0.	0.
(15) STEPHANIE MADSEN       0.50       0.50       0.00       x       0.00       0.00       0.00											
SECRETARY         0.00         X         0         0.			Х		Х				0.	0.	0.
(16) DALE ANDERSON         0.50         0.60 <td></td>											
DIRECTOR         0.00         x         0.			Х						0.	0.	0.
(17) ANNA ATCHISON         0.50         0.00         X         0.00											
DIRECTOR 0.00 X 0. 0. 0.			х						0.	0.	0.
	DIRECTOR	0.00	Х						0.	0.	

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Form 990 (2021)

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Form 990 (2021) UNIVERSITY OF	F ALASKA FO	UND	ATI	ON					23-7394	4620	) F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)			
<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box offic	not cl , unles	Pos heck i ss per	rson i	) than o s both or/trus T	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> Estimat amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	compensa from th organiza and rela organizat	ne tion ted
(18) CYNTHIA CARTLEDGE	1.00											
DIRECTOR	0.00	Х						0.		0.		0.
(19) HEATHER CAVANAUGH DIRECTOR	0.50	x						0.		0.		0.
(20) STEPHANIE ERICKSON	0.50	л								<u> </u>		••
DIRECTOR	0.00	х						0.		٥.		Ο.
(21) TODD GREIMANN	0.50									$\neg$		
DIRECTOR	0.00	х						0.		٥.		٥.
(22) JASON GOOTEE	0.50											
DIRECTOR	0.00	х						0.		0.		0.
(23) ELLA GOSS DIRECTOR	0.50	x						0.		0.		0.
(24) JO HECKMAN	0.00	~						0.		<u>•</u> +		0.
DIRECTOR	0.00	х						0.		٥.		Ο.
(25) ROALD HELGESEN	0.50									$\neg$		
DIRECTOR	0.00	х						0.		٥.		0.
(26) BRIAN HOLST	0.50											
DIRECTOR	0.00	Х						0.		0.	100	0.
1b Subtotal								0.	2,032,94	0.	488	,167. 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0.	2,032,94		488	,167.
2 Total number of individuals (including but no						 ) wh	o re	-				
compensation from the organization						,						0
										Г	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su				•	•						3	x
4 For any individual listed on line 1a, is the su										· F		
and related organizations greater than \$150	-								-	[	4 X	
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on					5	X
Section B. Independent Contractors										<u> </u>		
<ol> <li>Complete this table for your five highest con the organization. Report compensation for t</li> </ol>	•	•							•	isati	on from	
(A)	ne calendar ye		indir	ig w		<u> </u>		(B)			(C)	
Name and business	address							Description of s	ervices	Co	ompensatio	on
RUFFALO NOEL LEVITZ, LLC, 1025 KIRKWOOD												
PARKWAY SW, CEDAR RAPIDS, IA 52404								FUNDRAISING			304	,020.
2 Total number of independent contractors (ir	ncluding but p	nt lin	niter	tot	thos	se lie	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•			0		1					000	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

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Part VII Section A. Officers, Director	e Trustoco Kov E	nnla	was	c	nd L	lick	+ ·	Componented Employe	23-73946	
		npic	yee			lign	est		, ,	(5)
(A)	(B)			رب Pos	C)			(D)	(E)	(F)
Name and title	Average hours	10				app	ЬÀ	Reportable compensation	Reportable compensation	Estimated amount of
	per	(0	T			app T	iy)	from	from related	other
	week					ee		the	organizations	compensatio
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted er		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest com pensated em ployee				and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below	ividu	titutic	Officer	Key employee	hest	Former			
	line)	Ind	lns	Off	Key	Hig	For			
(27) MARY K. HUGHES	0.50									
DIRECTOR	0.00	Х						0.	0.	
(28) LINDA HULBERT	0.50									
DIRECTOR	0.00	Х						0.	0.	
(29) CARY KELLER	0.50									
DIRECTOR	0.00	х						0.	0.	
(30) RHONDA OLIVER	0.50	1								
DIRECTOR	0.00	х						0.	0.	
(31) JENNIFER SCHRAGE	0.50									
DIRECTOR	0.00	х						0.	0.	
(32) ALEX SLIVKA	0.75									
DIRECTOR	0.00	x						0.	0.	
(33) JOHNATHON TAYLOR	0.50								-	
DIRECTOR	0.00	x						0.	0.	
(34) TIMOTHY THOMPSON	0.50								- •	
DIRECTOR	0.00	x						0.	0.	
(35) ALESHA TOWNS-BAIN	0.50									
DIRECTOR	0.00	x						0.	0.	
	0.00							•••	۰.	
		1								
		-	-		-	-				
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						A FOUNDATION			23-739462	0 Page <b>9</b>
Pa	rt \	/11	Statement of Re	venu	е					
			Check if Schedule O	<u>contai</u> r	<u>ns a respons</u> e	or note to any line	e in this Part VIII		<u></u>	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
ς, ω	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			262.				
ي و ا			Fundraising events			19,000.				
ifts, r A			Related organizations			1,676,767.				
nila			Government grants (contr							
Sir			All other contributions, gifts,							
her		•	similar amounts not included			18,646,794.				
6 E		a	Noncash contributions included in			1,212,650.				
Son		-	Total. Add lines 1a-1f				20,342,823.			
0.0						Business Code	, ,			
Ø	2	а								
Program Service Revenue	_	b								
Ser		c								
E a		d								
Be		e								
Pro			All other program service	revenu	le					
	3		Investment income (includ							
			other similar amounts)	-			4,859,185.		43,314.	4,815,871.
	4		Income from investment of				· · · ·			
	5		Royalties			· · ·	2,059.			2,059.
			,		(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss	. <u> </u>						
	7		Gross amount from sales of		(i) Securities	(ii) Other				
			assets other than inventory	7a12	20,548,554.					
		b	Less: cost or other basis							
ē			and sales expenses	76	56,823,714.	2,960.				
evenue		с	Gain or (loss)		53,724,840.					
Rev			Net gain or (loss)				53,721,880.			53,721,880.
erF	8		Gross income from fundraisi							. ,
Other	-		including \$	-						
•			contributions reported on							
			Part IV, line 18		· .	33,960.				
		b	Less: direct expenses							
			Net income or (loss) from				21,840.			21,840.
	9		Gross income from gamin		-					
			Part IV, line 19	-						
		b	Less: direct expenses							
			Net income or (loss) from		·····	▶				
	10		Gross sales of inventory, I		-					
	-		and allowances			a				
		b	Less: cost of goods sold							
			Net income or (loss) from		····· <u> </u>					
		2				Business Code				
Snc	11	а								
nec	•••	b								
ella Ver		c								
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				78,947,787.	0.	43,314.	58,561,650.
12000							,,		1 10,014.	Form <b>990</b> (2021)
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### Form 990 (2021) UNIVERSITY OF ALASKA FOUNDATION

23-7394620

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ect	ion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must con	nplete column (A).	X
	Check if Schedule O contains a response	e or note to any line in t (A)	his Part IX (B)	(C)	<u>×</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,638,458.	9,638,458.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,819,940.	4,819,940.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,846,268.		1,828,296.	17,97
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	361,594.			361,59
в	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	94,658.			94,65
9	Other employee benefits	580,588.		76,012.	504,57
0	Payroll taxes	319,108.		83,264.	235,84
1	Fees for services (nonemployees):				•
a	Management				
b		8,999.		8,999.	
	Accounting	18,824.		18,824.	
d	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17	102,783.			102,78
f	Investment management fees	3,346,923.		3,346,923.	,
ġ		, , .			
9	column (A), amount, list line 11g expenses on Sch O.)	36,154.		17,446.	18,70
2	Advertising and promotion	15,281.		,	15,28
3	Office expenses	59,931.		37,633.	, 22,29
4	Information technology	469,965.		31,749.	438,21
5	Royalties	, .			,
6		111,776.		111,776.	
7	Occupancy Travel	42,603.		25,428.	17,17
, 8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	81,859.		76,865.	4,99
9				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,55
0 1	Payments to affiliates				
1 ว	Depreciation, depletion, and amortization				
2 3		7,104.		7,104.	
3 4	Other expenses. Itemize expenses not covered	,101.		,,101,	
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING EXPENSES	260,690.			260,69
b	EDUCATION & TRAINING	101,690.		45,001.	56,68
с	MEMBERSHIPS, DUES & SUB	40,324.		17,845.	22,47
d	LICENSES, TAXES & FEES	4,041.		1,788.	2,25
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	22,369,561.	14,458,398.	5,734,953.	2,176,21
6	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				

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Check here

Form 990 (2021)

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if following SOP 98-2 (ASC 958-720)

<u>m 990 (</u> art X	(2021) UNIVERSITY OF ALASKA FOUNDATION Balance Sheet		23-7394	620 Page
	Check if Schedule O contains a response or note to any line in this F	art X		
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments		2	10,269,00
3	Pledges and grants receivable, net		3	12,741,86
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, direct	or,		
	trustee, key employee, creator or founder, substantial contributor, or	35%		
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined the second sec	led		
	under section 4958(f)(1)), and persons described in section 4958(c)(3	)(B)	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	133,982.	8	133,9
9	Prepaid expenses and deferred charges	171,887.	9	139,2
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	172,802,993.	11	104,909,0
12	Investments - other securities. See Part IV, line 11	366,263,402.	12	395,929,4
13	Investments - program-related. See Part IV, line 11	2,012,332.	13	1,803,3
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	997,2
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	526,923,1
17	Accounts payable and accrued expenses	5,095,751.	17	686,6
18	Grants payable	6,215,629.	18	3,852,2
19	Deferred revenue		19	20,9
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule I	)	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or	35%		
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related thir	d d		
	parties, and other liabilities not included on lines 17-24). Complete Pa	art X		
	of Schedule D	185,411,837.	25	170,219,6
26	Total liabilities. Add lines 17 through 25		26	174,779,6
	Organizations that follow FASB ASC 958, check here 🕨 🗴			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	32,110,566.	27	27,455,1
28	Net assets with donor restrictions	335,177,482.	28	324,688,3
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances		32	352,143,4
		564,787,306.	33	526,923,1

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Part XI       Reconciliation of Net Assets       X         1       Total revenue (must equal Part VIII, column (A), line 12)       1       78, 947, 787, 787, 226, 223, 95, 561, 226, 561, 223, 569, 561, 226, 564, 107, 564, 10	Form	990 (2021) UNIVERSITY OF ALASKA FOUNDATION	23-7394	620	Pa	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       78,947,787,         2       Total expenses (must equal Part IX, column (A), line 25)       2       22,369,561.         2       22,369,561.       3       56,578,225.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       367,288,048.         5       Net unrealized gains (losses) on investments       6       -71,684,107.         6       0       6       -71         7       10       352,143,489.       -73,678.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -38,678.         10       Net assets or fund balances (explain on Schedule O)       9       -38,678.         10       Assets or fund balances (explain on Schedule O)       9       -38,678.         10       Assets or fund balances (explain on Schedule O)       9       -38,678.         10       Assets or fund balances (explain on Schedule O)       9       -38,678.         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         11       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X	Par	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       22, 369, 561.         3       Revenue less expenses. Subtract line 2 from line 1       3       55, 578, 226.         4       4       367, 288, 048.       4       367, 288, 048.         5       Net unrealized gains (losses) on investments       5       -71, 684, 107.         6       0       6       7         7       1       6       7         8       0       9       -38, 678.         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       -38, 678.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       -38, 678.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       352, 143, 489.         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Yes       Yes       No         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Za       X       Yes       No         11       Accounting method used to prepare the form 990:       Cash X Accrual       Other       Yes       Yes		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)       2       22, 369, 561.         3       Revenue less expenses. Subtract line 2 from line 1       3       55, 578, 226.         4       4       367, 288, 048.       4       367, 288, 048.         5       Net unrealized gains (losses) on investments       5       -71, 684, 107.         6       0       6       7         7       1       6       7         8       0       9       -38, 678.         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       -38, 678.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       -38, 678.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       352, 143, 489.         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Yes       Yes       No         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Za       X       Yes       No         11       Accounting method used to prepare the form 990:       Cash X Accrual       Other       Yes       Yes						
3       Revenue less expenses. Subtract line 2 from line 1       3       56, 578, 226.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       367, 288, 048.         5       Net unrealized gains (losses) on investments       5       -71, 684, 107.         6       7       6         7       8       7         8       9       0ther changes in net assets or fund balances (explain on Schedule O)       9       -38, 678.         10       Atsastes or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       352, 143, 489.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         9       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual	1	Total revenue (must equal Part VIII, column (A), line 12)	1	78	,947,	787.
4       367,288,048.         5       Net unrealized gains (losses) on investments       5         6       0onated services and use of facilities       6         7       6       6         7       7       6         8       7       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -38,678.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       352,143,489.         Part XII       Financial Statements and Reporting       x       x       x         7       14       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         16       Yes       No       x       x       x       x       x         17       Yes       No       x	2	Total expenses (must equal Part IX, column (A), line 25)	2	22	,369,	561.
5       Net unrealized gains (losses) on investments       5       -71, 684, 107.         6       6       7         7       1       6         8       7       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -38, 678.         10       Assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       352, 143, 489.         Part XIII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       X         1       Maccounting method used to prepare the Form 990:       Cash       S hotnonsolidated and separate basis       Consolidated basis, or both:       2a       X         1	3	Revenue less expenses. Subtract line 2 from line 1	3	56	,578,	226.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -38, 678.         10       Veta sests or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       352,143,489.         Part XIII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain on Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         11       H* consolidated basis or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2a       X       Ves       No         11       Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       Zb       X       I <td< td=""><td>4</td><td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td><td>4</td><td>367</td><td>,288,</td><td>048.</td></td<>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	367	,288,	048.
6 Donated services and use of facilities 6   7 investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   9 -38, 678.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 352,143,489.   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting from a prior year or checked "Other," explain on Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   1 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:   Separate basis Consolidated basis   b Were the organization's financial statements and selection of an independent accountant?   1 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization changed ithen its oversight process or selection process during the tax year, explain on Schedule O.   3a X   f 'Yes,'' to line 2a or 2b, does the organization nequired to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A133?   b I	5	Net unrealized gains (losses) on investments	5	-71	,684,	107.
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   Part XII Financial Statements and Reporting 10   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a X   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:   Separate basis Consolidated basis   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   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:   Separate basis X   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 organiza	6		6			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -38,678.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       352,143,489.         Part XII       Financial Statements and Reporting       x       x         Check if Schedule O contains a response or note to any line in this Part XII       x       x         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         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:       2a       X         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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis       Both consolidated and separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis       Both consolidated and separate basis.<	7		7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       352,143,489.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         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:       2a       X         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       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X       Image: Consolidated basis       Consolidated basis       Consolidated basis       Consolidated basis       Consolidated basis       Consolidated basis       Consoli	8		8			
column (B))       352,143,489.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         consolidated basis, or both:       Separate basis       Sconsolidated basis       Both consolidated and separate basis       2c       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes resp	9	Other changes in net assets or fund balances (explain on Schedule O)	9		-38,	678.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Dotto consolidated basis, or both:       2b       X         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:       2b       X         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:       2b       X         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?       2c       X         If "Yes," to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         If "Yes," did the organizat	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       I         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a As a result of a federal award, was the organization required audit or audits a		column (B))	10	352	,143,	489.
Index if Concount of the properties of notice to any mentitival network       Yes         I       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         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:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         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:       2b       X         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:       2b       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       2c       X         If "Yes," check a box below to indicate whether the financial statements and selection of an independent accountant?       2c       X<	Par	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII				X
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X       2c       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Sched					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         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:       2b       X         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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2c       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       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       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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:       Image: Consolidated basis in the provided by an independent accountant?         If "Yes," check a box below to indicate whether the financial statements and ited by an independent accountant?       Image: Consolidated basis in the provided 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:       Image: Consolidated basis in the provided 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 in the provided basis in the provided and separate basis       Image: Consolidated basis in the provided basis in		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       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:       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:       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 "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 "Yes," to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit       If "Yes," to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit       If "Yes," to inthe organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If "Xes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If "Xes," did the organization undergo the required audit or audits?         b       If "Yes," did the organization undergo the required aud	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       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 on Schedule O and describe any steps taken to undergo such audits       3b       Image: Stepsile audits		separate basis, consolidated basis, or both:				
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consolidated basis, or both:       Separate basis       X Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Description of the audit, and 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?       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	х	
<ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on 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 on Schedule O and describe any steps taken to undergo such audits       3b       4		consolidated basis, or both:				
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 on Schedule O.       Image: Comparison 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?       Image: Comparison of a federal award, was the organization required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       Image: Comparison of a federal award, was the organization required to undergo an audit or audits.		Separate basis I Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? 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 on Schedule O and describe any steps taken to undergo such audits	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
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       3a       X         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 on Schedule O and describe any steps taken to undergo such audits       3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
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 on Schedule O and describe any steps taken to undergo such audits       3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
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 on Schedule O and describe any steps taken to undergo such audits       3b	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
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 on Schedule O and describe any steps taken to undergo such audits       3b		Act and OMB Circular A-133?		<u>3</u> a		х
	b		red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2021)

SCHEDULE A (Form 990)			Co	OMB No. 1545-0047						
	Department of the Treasury       Attach to Form 990 or Form 990-EZ.         Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection		
Nar	ne of	the organizati	on						Employer	identification number
				SITY OF ALASKA						23-7394620
Pa	nrt I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1	Щ	A church, cor	nvention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	Щ	A school des	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3	Щ	-	-		anization described in se			-		
4				ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
_		city, and state								
5	X				llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6				Complete Part II.)	aantal unit daaarihad in	anation 17	0/L\/4\/A\	(.)		
6 7	$\square$		-	-	nental unit described in a				a anaral i	aublic described in
'		-		omplete Part II.)	ntial part of its support fr	on a gove	mmenta		le general j	
8		-			(1)(A)(vi). (Complete Par	E III )				
9	$\square$	-			in section 170(b)(1)(A)(	-	ed in coniu	inction with a	land-grant	college
Ŭ		-	-		ulture (see instructions).		-		-	-
		university:		,			·, <b>,</b>	,		
10			on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	Ifter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
				-	d in section 509(a)(1) o					Check the box on
		-	-		f supporting organizatior				-	
a				-	upervised, or controlled	•	-			
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
b		¬ ~		complete Part IV, Se	or controlled in connect	ion with its		d organizatio	n(c) by bo	ina
L	·			-	anization vested in the sa			-		-
			0	t complete Part IV,					ge the supp	bonce
c			.,	•	g organization operated	in connect	ion with. a	and functional	llv integrate	d with.
					). You must complete I				, ,	,
c		Type III no	n-functionally	integrated. A supp	oorting organization oper	ated in cor	nnection w	/ith its suppo	rted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	veness
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
e			•		written determination fro			Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
		er the number of								
<u>ç</u>		vide the followi (i) Name of suppo		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
		-			above (see instructions))	163				
	_									
Tota	al									

Schedule A	(Form 990) 2021	UNIVERSITY OF ALAS	KA FOUNDATION	23-7394620
Part II	Support Schedule	for Organizations De	scribed in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

ວupport ອcneaule 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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 14,202,271 34,600,588. 109,199,765. 17,657,330 22,396,753 20,342,823. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 39,199 30,392 30,392. 30,392. 30,392. 160,767. 17,696,529, 22,427,145. 14,232,663. 34,630,980. 20,373,215. 109,360,532. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 18,373,189. ..... 90,987,343. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 20</u>21 (c) 2019 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (f) Total 14,232,663. 17,696,529. 22,427,145. 34,630,980. 20,373,215. 109,360,532. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,143,706. 3,221,430 3,567,561 3,336,110, 4,817,930. 16,086,737. and income from similar sources 9 Net income from unrelated business activities, whether or not the 116,078 -324,306, -292,477, -457,519, 21,840, -936,384. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 124,510,885. **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 73.08 14 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2020 Schedule A, Part II, line 14 90.33 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. 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 - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. 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 VI 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

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

UNIVERSITY OF ALASKA FOUNDATION

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ű	furnished by a governmental unit to						
	the organization without charge						
e							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received	 					
L.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst second third	fourth or fifth tax	vear as a section !	-1 501(c)(3) organiz:	ation
•••	check this box and stop here	•					
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2021 (li			column (f))		15	%
						16	%
	Public support percentage from 2020 ction D. Computation of Inves						70
	•		•	ing 12 column (f)		17	0/
	Investment income percentage for 20						%
	Investment income percentage from 2						%
198	<b>33 1/3% support tests - 2021.</b> If the						e 1 / IS NOT
	more than 33 1/3%, check this box ar	-	-				▶∟
b	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, che						n
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in		
13202	23 01-04-22					Schedul	e A (Form 990) 2021

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### UNIVERSITY OF ALASKA FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

# Schedule A (Form 990) 2021 UNIVE

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	dule A (Form 990) 2021 UNIVERSITY OF ALASKA FOUNDATION	23-7394620	Page
Pa	rt IV Supporting Organizations (continued)		
_			Yes N
1	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a	
	A family member of a person described on line 11a above?	11b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	11c	
ec	tion B. Type I Supporting Organizations		
			Yes N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	ïcers, orted	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1	
-	organization(s) that operated, supervised, or controlled the supported organization of an are supported in an are supported organization of the supported or		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
		2	
ec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	<b>Ľ</b>	1 1
			Yes N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
ec	the supported organization(s). tion D. All Type III Supporting Organizations	1	
			Yes N
			Yes N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	
ec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tv (see instructior	ns).
2	Activities Test. Answer lines 2a and 2b below.		Yes N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
		2a	
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a	
b			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
_	these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
а			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u>3a</u>	
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>3a</u>	

Schedule A (Form 990) 2021

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Sche	edule A (Form 990) 2021 UNIVERSITY OF ALASKA FOUNDATION			23-7394620 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting ora	anization (see
				,

instructions).

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Sche	dule A (Form 990) 2021 UNIVERSITY OF ALASKA				23-7394620	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)		
Sect	on D - Distributions				Current Y	'ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3		
_4	Amounts paid to acquire exempt-use assets			4		
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	<i>m</i>		10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2021	s	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
<u>a</u>	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021			FOUNDATION		23-7394620	Page <b>8</b>
Part VI	Supplemental Infor	mation. Provi	de the explan c, 5a, 6, 9a, 9	ations required b, 9c, 11a, 11b	l by Part II, line 10; Part II, b, and 11c; Part IV, Sectior	line 17a or 17b; Part III, line 12 n B, lines 1 and 2; Part IV, Sect	
	line 1; Part IV, Section D, Section D, lines 5, 6, and	lines 2 and 3; Pa	art IV, Section	E, lines 1c, 2a	, 2b, 3a, and 3b; Part V, lir so complete this part for a	ne 1; Part V, Section B, line 1e;	Part V,
	(See instructions.)						
132028 01-04-2	2					Schedule A (Forr	n 990) 2021
102020 01-04-2	-			21			202

Schedule B

Department of the Treasury

(Form 990)

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No 1545-0047

Internal Revenue Service			
Name of the organization	on	Em	ployer identification numbe
	UNIVERSITY OF ALASKA FOUNDATION		23-7394620
Organization type (che	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

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

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

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

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

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

### DocuSign Envelope ID: F8493BF6-FA66-4C37-9069-286A17AD7596

Schedule E	B (Form 990) (2021)		Page
Name of organization		Employer identification number	
UNIVERSI Part I	TY OF ALASKA FOUNDATION Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	23-7394620
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	

 (a) No. 2	(b) Name, address, and ZIP + 4	\$ 558,497. (c) Total contributions \$ 516,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions           \$475,000.	Type of contribution          Person       X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$807,064.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$832,611.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,209,135.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

6 (Form 990) (2 021)

2021.05080 UNIVERSITY OF ALASKA FOUN A2515751

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### DocuSign Envelope ID: F8493BF6-FA66-4C37-9069-286A17AD7596

Schedule B (Form 990) (2021)	Page 2
Name of organization	Employer identification number
UNIVERSITY OF ALASKA FOUNDATION	23-7394620
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$2,864,636.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for         noncash contributions.)         Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page <b>3</b>
Name of o	rganization		Employer identification number
UNIVERSI	TY OF ALASKA FOUNDATION		23-7394620
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given		
4	SECURITIES		
		\$\$	007. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	if additional space is needed.  (c)  FMV (or estimate)  (See instructions.)	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate	
		* 	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate	
		- - - \$	

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Schedule E	B (Form 990) (2021)		Page <b>4</b>
Name of or	rganization		Employer identification number
UNIVERSI	TY OF ALASKA FOUNDATION		23-7394620
Part III		a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ī		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SCHEDULE C	Po	olitical Campaign	and Lobbyin	ng Activities		OMB No. 1545-0047
(Form 990)	For Ora	anizations Exempt From Incor	ne Tax Under sectior	n 501(c) and section 5	27	2021
		if the organization is describe				Open to Public
Department of the Treasury Internal Revenue Service	-	Go to www.irs.gov/Form990 fo				Inspection
f the organization answ	vered "Yes," or	Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, I	ine 46 (Political Camp	baign Acti	vities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Corr	plete Parts I-A and B. Do not co	omplete Part I-C.			
.,,,		1(c)(3)) organizations: Complete	Parts I-A and C below	v. Do not complete Par	t I-B.	
<ul> <li>Section 527 organiza</li> </ul>	•	•				
		Form 990, Part IV, line 4, or F				
		nave filed Form 5768 (election u				
		nave NOT filed Form 5768 (elect <b>Form 990, Part IV, line 5 (Pro</b> x				
Γax) (See separate inst					1550-22,	
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizat	ions: Complete Part III.				
Name of organization					Employe	er identification numb
		OF ALASKA FOUNDATION				23-7394620
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 52	27 orgar	nization.
		ation's direct and indirect politic			ς.	
		ures				
<b>3</b> Volunteer hours for	political campai	gn activities			·	
Part I-B Comple	ete if the org	anization is exempt und	er section 501(c)	(3).		
		incurred by the organization und			▶\$	
		incurred by organization manag				
		n 4955 tax, did it file Form 4720				Yes I
						Yes I
<b>b</b> If "Yes," describe in	i Part IV.					
-	-	anization is exempt und		-		
	•	I by the filing organization for se	-		► \$	
		ization's funds contributed to ot	C C		•	
exempt function ac		Add lines 1 and 0. Entry have a			▶\$	
		. Add lines 1 and 2. Enter here a			▶\$	
<b>4</b> Did the filing organi	zation file <b>Form</b>	1120-POL for this year?			• •	Yes I
5 Enter the names ac	dresses and en	ployer identification number (El	N) of all section 527 p	olitical organizations to	which the	e filing organization
		tion listed, enter the amount pai				
		omptly and directly delivered to				
political action com	mittee (PAC). If	additional space is needed, prov	vide information in Par	t IV.		
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organizatio		ontributions received a
				funds. If none, ent		promptly and directly delivered to a separate
						political organization.
						If none, enter -0

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	UNIVERSITY OF AI	ASKA FOUNDATION		23-73	394620 Page <b>2</b>
Part II-A Complete if the org	anization is exe	mpt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).	tion bolonne to on off				
	e of excess lobbying	iliated group (and list in	Part IV each amiliated	group member's name	e, address, EIN,
	, ,	nd "limited control" pro	visions apply		
	LIOIT CHECKED DOX A a			(a) Filing	(b) Affiliated group
	ts on Lobbying Expe litures" means amo	enditures unts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to influ	ence public opinion	(grassroots lobbying)		0.	
b Total lobbying expenditures to influ	ience a legislative bo	dy (direct lobbying)		0.	
c Total lobbying expenditures (add lir	nes 1a and 1b)			0.	
d Other exempt purpose expenditure				19,041,324.	
e Total exempt purpose expenditures		0		19,041,324.	
f_Lobbying nontaxable amount. Ente	r the amount from th			1,000,000.	
If the amount on line 1e, column (a) of		obying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,50	· · · · · · · · · · · · · · · · · · ·	00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exces			
	Over \$17,000,000 \$1,000,000.				
	φ1,000	,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f			250,000.	
h Subtract line 1g from line 1a. If zero	, ar laga antar O			0.	
i Subtract line 1f from line 1c. If zero	, , , , ,			0.	
		line 1; did the exercise		••	
j If there is an amount other than zer reporting section 4911 tax for this		line II, did the organiza			Yes No
		eraging Period Under			
(Some organizations the	nat made a section 5	601(h) election do not l	nave to complete all o	of the five columns be	low.
	See the separate	rate instructions for lin	ies 2a through 2f.)		
	Lobbying Expe	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
2a Lobbying nontaxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount				,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,
(150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

132042 11-03-21

Schedule C (Form 990) 2021	UNIVERSITY

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	<b>)</b>
of the lobbying activity.	Yes	Νο	Amo	ount
<ol> <li>During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</li> <li>a Volunteers?</li> </ol>				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5)	, or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	No" OR (	o) Part I	II-A, line	3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).				
a Current year				
<b>b</b> Carryover from last year		. <b>2</b> b		
c Total		. <u>2c</u>		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?		. 4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information			10.0	

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

Schedule C (Form 990) 2021

132043 11-03-21

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	SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,					OMB No. 1545-0047		
•	n 990) ment of the Treasury	Part IV, line 6, 7, 8, 9, 10				<b>ZUZI</b> Open to Public		
	Revenue Service	Go to www.irs.gov/Form99		I the latest information	•	Inspection		
Nam	e of the organization				Employe	r identification numb	er	
Pa		UNIVERSITY OF ALASKA FOUNDA		Similar Eunde or A	accupto	23-7394620		
Fa		n answered "Yes" on Form 990, Part IV, lin			ccounts.	Complete if the		
	organization		(a) Donor advis	ed funds	(h) Funds ar	nd other accounts	—	
4	Total number at an	ad of year					—	
1 2		nd of year f contributions to (during year)						
2		f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in v		leld in donor advised fur	nde			
U	are the organization's property, subject to the organization's exclusive legal control?							
6		on inform all grantees, donors, and donor a					••	
Ŭ		oses and not for the benefit of the donor o						
	impermissible priva				•	Yes N	No	
Pa		ation Easements. Complete if the org						
1		servation easements held by the organization			,		—	
		of land for public use (for example, recrea	· · · · ·	Preservation of a his	torically impo	ortant land area		
		f natural habitat	, _	Preservation of a cer	• •			
	Preservation	of open space		_				
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation contri	oution in the form of a c	onservation e	easement on the last		
	day of the tax year					l at the End of the Tax Ye	ar	
а	Total number of co	onservation easements			2a			
b	Total acreage restr				2b			
с	-	vation easements on a certified historic stru			2c			
d		vation easements included in (c) acquired a						
	listed in the Nation	nal Register			2d			
3		vation easements modified, transferred, rel			nization durin	g the tax		
	year 🕨							
4	Number of states v	where property subject to conservation eas	sement is located >					
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspe	ction, handling of				
	violations, and enfo	orcement of the conservation easements it	holds?			. 🗌 Yes 🗌 N	No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservat	on easement	ts during the year		
	▶							
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservation e	asements du	ring the year		
	▶\$							
8		vation easement reported on line 2(d) abov	•					
		(4)(B)(ii)?				Yes N	No	
9		be how the organization reports conservation		•				
	,	d include, if applicable, the text of the footn	note to the organization	s financial statements th	hat describes	the		
De		ounting for conservation easements. ations Maintaining Collections of	Ant Historical Tr	and the state	Similar Ao	aata		
Fal		-	-	easures, or other	Similar AS	5615.		
		the organization answered "Yes" on Form						
<b>1</b> a	•	elected, as permitted under FASB ASC 95	•					
		easures, or other similar assets held for put			ance of public	2		
	· •	Part XIII the text of the footnote to its finar						
b	•	elected, as permitted under FASB ASC 95	•					
		ures, or other similar assets held for public	exhibition, education, education, education, education, education, education, education, education, education,	or research in furtherand	e of public s	ervice,		
	-	ng amounts relating to these items:			• •			
		ded on Form 990, Part VIII, line 1						
~	.,			acate for financial acin				
2	-	received or held works of art, historical treat		-	provide			
-	•	unts required to be reported under FASB A	•		•			
		on Form 990, Part VIII, line 1						
		Form 990, Part X					<u></u>	
	-	eduction Act Notice, see the Instructions	5 101 FULLI 330.		SCUG	edule D (Form 990) 20	121	
13205	10-28-21		31					

		OF ALASKA FOUNI				23-739		Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make s	significant u	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	how they further th	e organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma			-			Yes	No No
Par	t IV Escrow and Custodial Arran				n Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa		Ū			, ,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for contribution	s or other assets not	included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII					······ —	]	
~	Amount							
с	Beginning balance				1c			
	Additions during the year							
-	Distributions during the year	1e 1f						
f	Ending balance Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.					∟		
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears hack	(a) Four	years back
4		292,632,144.	211,273,264.	., ,		64,211.		912,041.
	Beginning of year balance	7,735,154.	21,161,510.	, ,		04,621.	-	201,823.
	Contributions							
	Net investment earnings, gains, and losses	-14,235,711.	68,091,382.			11,966. 56 227		551,495.
	Grants or scholarships	7,574,397.	6,123,826.	6,778,762.	۵,۵	6,556,327.		315,428.
е	Other expenditures for facilities							
	and programs	1 0 6 0 0 0 0	4 550 400	1 600 700			-	
f	Administrative expenses	1,960,830.	1,770,186.			81,728.		685,720.
g	End of year balance	276,596,360.	292,632,144.	, ,	210,1	42,743.	197,0	664,211.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	7.6300	_%					
	Permanent endowment  77.3700	%						
С	Term endowment  15.0000	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he organiza	ation	-	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	x
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b	Х
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) /	Accumulate	ed	(d) Book	value
	-	basis (investr	nent) basis	(other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	0c)				0.
		<u>quari onn 330, i dil</u>		<u></u>		Schedule	D (Form	990) 2021

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### UNIVERSITY OF ALASKA FOUNDATION Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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) CASH HELD FOR LONG-TERM INVESTMENTS	1,250,262.	END-OF-YEAR MARKET VALUE
(B) FUTURES CONTRACTS	-3,260.	END-OF-YEAR MARKET VALUE
(C) DEBT SECURITIES	56,015,065.	END-OF-YEAR MARKET VALUE
(D) COMMINGLED FUNDS	112,381,438.	END-OF-YEAR MARKET VALUE
(E) HEDGE FUNDS	101,762,002.	END-OF-YEAR MARKET VALUE
(F) PRIVATE CAPITAL FUNDS	124,523,913.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	395,929,420.	

### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on 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 TERM ENDOWMENT LIABILITY 1,000,000. (2)DUE TO LGTF 169,021,040. (3)

(4) SPLIT INTEREST AGREEMENT	198,655.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 25)	170,219,695.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 UNIVERSITY OF ALASKA FOUNDATION			23-739462	0 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re <sup>-</sup>	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,890,199.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-71,684,107.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-38,678.		
е	Add lines <b>2a</b> through <b>2d</b>			2e -	-71,722,785.
3	Subtract line 2e from line 1			3	75,612,984.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,346,923.		
b	Other (Describe in Part XIII.)	4b	-12,120.		
с	c Add lines 4a and 4b			4c	3,334,803.
5				5	78,947,787.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	19,034,758.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	12,120.		
е	Add lines 2a through 2d			2e	12,120.
3	Subtract line 2e from line 1			3	19,022,638.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,346,923.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	3,346,923.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	22,369,561.
Pa	rt 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:

EARNINGS ON ENDOWMENTS ARE USED TO SUPPORT THE UNIVERSITY OF ALASKA AS

SPECIFIED BY OUR DONORS INCLUDING, BUT NOT LIMITED TO, SCHOLARSHIPS,

FELLOWSHIPS, PROFESSORSHIPS AND DEPARTMENT SUPPORT. THE UNIVERSITY OF

ALASKA AND THE FOUNDATION ARE INVESTED JOINTLY IN THE CONSOLIDATED

ENDOWMENT FUND. THE UNIVERSITY HAS 44% OWNERSHIP AND THE FOUNDATION HAS

56% OWNERSHIP.

PART X, LINE 2:

THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION

503(C)(3) OF THE IRC AND IS GENERALLY NOT SUBJECT TO FEDERAL INCOME TAXES.

CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE FOR TAX PURPOSES BY THE

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021         UNIVERSITY OF ALASKA FOUNDATION           Part XIII         Supplemental Information (continued)	23-7394620	Page 5
DONOR, SUBJECT TO THE NORMAL LIMITATIONS IMPOSED BY THE TAXING		
AUTHORITIES. HOWEVER, THE FOUNDATION IS SUBJECT TO INCOME TAXES ON ANY NET		
INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND		
NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION.		
ACCORDINGLY, THE FOUNDATION RECORDED FEDERAL AND STATE INCOME TAX		
LIABILITIES OF \$-0- FOR THE YEARS ENDED JUNE 30, 2022 AND 2021,		
RESPECTIVELY, PRIMARILY ORIGINATING FROM CERTAIN INVESTMENTS IN PRIVATE		
CAPITAL. THE INCOME TAX EXPENSE IS REPORTED ON THE CONSOLIDATED STATEMENTS		
OF ACTIVITIES AS A REDUCTION IN INVESTMENT INCOME.		
THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE		
POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME		
TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50%		
LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE		
REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
ADJUSTMENTS TO REMAINDER TRUST LIABILITY -38,678.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES -12,120.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES 12,120.		
132055 10-28-21	Schedule D (Form	990) 202

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047			
(Form 990)	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2021	
Department of the Treasury		Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue Service								Inspection	
Name of the organization Employer						Employer id	entification number		
	UNIVERSITY	OF ALASKA FOUNDATION					23-73946	20	
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person social</li> <li>2 a Did the organization key employees list</li> </ul>	tions email solicitations itations blicitations on have a written o red in Form 990, P ) highest paid indiv	f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye		
(i) Name and addres or entity (fund		(ii) Activity	ty fundraiser (iv) Gross receipts to (o have custody of from activity f		Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization			
RUFFALO NOEL LEVIT	Z LLC -		Yes	No					
1025 KIRKWOOD PARK	WAY SW,	ANNUAL GIVING PROGRAM		х	0.		54,848.	-54,848.	
GARY HUBBELL CONSU	LTING -	CAPITAL CAMPAIGN							
3143 E HAMPSHIRE A	143 E HAMPSHIRE AVENUE, CONSULTANT X 0.		30,000.	-30,000.					
DONOR RELATIONS GU	RU - 808								
HAWTHORNE LANE UNI	т 451,	DONOR RELATIONS CONSULTANT		X	0.		17,935.	17,935.	
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit c	contrib	► utions	or has been notified	it is e	102,783		

CA,GA,HI,ID,LA,NC,SC,WI,UT,WV,OR,FL,CO,AL,DC,MS,MN,AZ,NY,NM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

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UNIVERSITY OF ALASKA FOUNDATION 23-7394620 Schedule G (Form 990) 2021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CELEBRITY CHEF NONE (add col. (a) through INVITATIONAL col. (c)) (event type) (total number) (event type) Revenue 52,960 52,960. 1 Gross receipts 2 Less: Contributions 19,000 19,000. Gross income (line 1 minus line 2) 33,960 33,960. 3 4 Cash prizes Noncash prizes 5 Direct Expense: Rent/facility costs 6 3,156. 3,156. 7 Food and beverages 3,635, 3,635. Entertainment 8 5,329. 5,329. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 12,120. ► 21,840. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes % Yes % Yes Volunteer labor No 6 No No Direct expense summary. Add lines 2 through 5 in column (d) 7 ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 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:

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Schedule G (Form 990) 2021

Sch	iedule G (Form 990) 2021	UNIVERSITY OF ALASKA FOUNDATION	23-7394620	Page 3
	Is the organization a grantor, ber	aming activities with nonmembers?		No
10	to administer charitable gaming? Indicate the percentage of gamir		Yes	└── No
			13a	%
				%
		ne person who prepares the organization's gaming/special events books and records:		
	Name			
	Address 🕨			
15a	a Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
ł		ning revenue received by the organization <b>&gt;</b> \$ and the amount	t	
c	of gaming revenue retained by the lif "Yes," enter name and address	e third party ▶\$ s of the third party:		
	Name 🕨			
16	Gaming manager information:			
10				
	Name ►			
	Gaming manager compensation	► \$		
	Description of services provided	▶		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
a	a Is the organization required unde	er state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?			└── No
ł	Enter the amount of distributions organization's own exempt activition	required under state law to be distributed to other exempt organizations or spent in th	ie	
Pa	Int IV Supplemental Info	<b>rmation.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); an sapplicable. Also provide any additional information. See instructions.	d Part III, lines 9,	9b, 10b,
SCF		LIST OF TEN HIGHEST PAID FUNDRAISERS:		
	,,,,,			
(I)	NAME OF FUNDRAISER: RUFF	ALO NOEL LEVITZ LLC		
(I)	ADDRESS OF FUNDRAISER:			
102	5 KIRKWOOD PARKWAY SW, CE	DAR RAPIDS, IA 52404		
	,			
(I)	NAME OF FUNDRAISER: GARY	HUBBELL CONSULTING		
(I)	ADDRESS OF FUNDRAISER: 3	143 E HAMPSHIRE AVENUE, MILWAUKEE, WI 53211		
1320	83 10-21-21	S	chedule G (Form	990) 2021
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Schedule G	G (Form 990) UNIVERSITY OF ALASKA FOUNDATION	23-7394620	Page 4
Part IV	(Form 990) UNIVERSITY OF ALASKA FOUNDATION Supplemental Information (continued)		
(I) NAME	OF FUNDRAISER: DONOR RELATIONS GURU		
מחתג (ד)	ESS OF FUNDRAISER:		
	ess of fondatisea.		
808 HAWT	HORNE LANE UNIT 451, CHARLOTTE, NC 28204		
		Schedule G	(Form 990)
132084 11-18-	21		

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	nizations,		OMB No. 1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ited States		2021
Department of the Treasury Internal Revenue Service		p	-	Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization	VERSITY OF	ALASKA FOUNDA	TION					Employer identification number 23-7394620
Part I General Informatio	n on Grants a	nd Assistance						
<ol> <li>Does the organization ma criteria used to award the</li> <li>Describe in Part IV the org</li> </ol>	grants or assis	tance?						
Part II Grants and Other	Assistance to	Domestic Organiz		Governments. C	Complete if the org	anization answered	Yes" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of or government		<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALASKA PO BOX 755000 FAIRBANKS, AK 99775		92-6000147	STATE OF ALASKA	9,612,352.	26,106.	FMV	AIRLINE VOUCHERS	STUDENT, PROGRAM AND OTHER DEPARTMENT SUPPORT FOR THE UNIVERSITY
<ul><li>2 Enter total number of sect</li><li>3 Enter total number of other</li></ul>				l e line 1 table		1		1. 

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

Schedule I (Form 990) 2021 UNIVERSITY OF ALASK	A FOUNDATION				23-7394620	Pag
Part III Grants and Other Assistance to Domestic Individ Part III can be duplicated if additional space is need	uals. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncash a	ssistance
		Guorigian		()		
TUDENT AID	1495	4,819,940.	0.	N/A	N/A	
Part IV Supplemental Information. Provide the information	n required in Part I. lin	e 2: Part III. column	(b): and any other ac	ditional information.		
		<u> </u>	(10), and any other ac			

PART I, LINE 2:

ALL GRANT FUNDS PROVIDED TO THE UNIVERSITY ARE REQUIRED TO INCLUDE

APPROPRIATE DOCUMENTATION PROVIDING DETAILS ON EXPENDITURES, INCLUDING

AUTHORIZED SIGNATURE AUTHORITY. ALL SCHOLARSHIP REQUESTS ARE MONITORED BY

REVIEW OF THE CRITERIA RELATED TO THE SCHOLARSHIP, WHICH PROVIDES ASSURANCE

THAT THE RECIPIENT MEETS ELIGIBILITY REQUIREMENTS. STUDENT PROGRESS IS

MONITORED TO ASSURE CONTINUED COMPLIANCE WITH ESTABLISHED CRITERIA.

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SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service Ie of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id			mber
- tan	ie er trie organization	UNIVERSITY OF ALASKA FOUNDATION	23-73		on nai	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or c		nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. <b>1</b> b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
3		ny, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant				
	Form 990 of 0	ther organizations Approval by the board or compensation of	committee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
		eive payment from a supplemental nonqualified retirement plan?				x
		eive payment from an equity-based compensation arrangement?				x
	If "Yes" to any of lir	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
а	The organization?			<u>5a</u>		X
b	Any related organiz	ation?		. 5b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the n	-				v
a	The organization?			<u>6a</u>		X
b		ation?		. <u>6b</u>		X
-		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
0		nes 5 and 6? If "Yes," describe in Part III		. 7		-
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		0		x
9				8		
9		d the organization also follow the rebuttable presumption procedure described in 53.4958-6(c)?		9		
ТНА		eduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990	2021
LNA	I OF TAPE WORK RO	5445401 A51 110406, 366 H6 11344640113 101 F01111 330.	Schedu	ie o (Porn		, 202

132111 11-02-21

## Schedule J (Form 990) 2021 UNIVERSITY OF ALASKA FOUNDATION

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

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

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

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAT PITNEY	(i)	0.	0.	0.	0.	0.	٥.	٥.
DIRECTOR	(ii)	360,286.	0.	0.	43,813.	15,176.	419,275.	٥.
(2) DAN WHITE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	305,707.	0.	0.	43,813.	28,214.	377,734.	0.
(3) TOD BURNETT	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	227,191.	10,000.	0.	29,009.	7,763.	273,963.	0.
(4) KAREN CAREY	(i)	0.	0.	0.	0.	0.	0.	0.
CHANCELLOR	(ii)	218,243.	0.	0.	29,402.	0.	247,645.	0.
(5) MEGAN REIBE	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	172,586.	0.	0.	24,320.	25,959.	222,865.	0.
(6) STAN MISHIN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR OF FINANCE-OFFICE	(ii)	129,702.	0.	0.	19,546.	30,348.	179,596.	0.
(7) SEAN PARNELL	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	146,636.	0.	0.	3,213.	13,975.	163,824.	0.
(8) TLISA NORTHCUTT	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF DONOR RELATIONS OFFICER	(ii)	118,942.	0.	0.	3,213.	40,007.	162,162.	0.
(9) DAVID WOODLEY	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR OF INFORMATION SECURITY	(ii)	114,580.	0.	0.	3,213.	42,773.	160,566.	0.
(10) EMILY DRYGAS	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR PRINCIPAL GIFTS	(ii)	124,435.	0.	0.	3,213.	32,907.	160,555.	0.
(11) HARRY NEED	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR DIRECTOR OF PHILANTHROPIC SER	(ii)	104,635.	0.	0.	16,240.	32,050.	152,925.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

23-7394620

Schedule J (Form 990) 2021	UNIVERSITY OF ALASKA FOUNDATION	23-7394620	Page 3

### Part III Supplemental Information

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

PART I, LINE 3:

THE UA FOUNDATION'S COMPENSATION SYSTEM IS ADMINISTERED BY THE UNIVERSITY

#### OF ALASKA'S HUMAN RESOURCES DEPARTMENT IN ACCORDANCE WITH THE UNIVERSITY'S

POLICIES AND PROCEDURES.

Schedule J (Form 990) 2021

			Nonc	ash Contri	ibutions		OMB No.	545-004	47
	of the Treasury	<ul> <li>Complete if the</li> <li>Attach to Form</li> </ul>		answered "Yes" o	n Form 990, Part IV, lines 2	29 or 30.	<b>20</b> Open to		-
Internal Rever	enue Service	► Go to www.irs.g	jov/Form990 fo	r instructions and	the latest information.		Inspe	ction	
Name of t	the organiza	tion				Employe	r identificati	on nui	mbe
		UNIVERSITY OF A	LASKA FOUNDA	ATION			23-739462	0	
Part I	Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d)</b> d of determin ontribution ai	•	:s
1 Art	- Works of a	rt							
		reasures							
		interests							
		lications							
		ousehold goods							
6 Car	s and other	vehicles							
7 Boa	ats and plan	es							
		perty							
		licly traded		32	1,173,166.	FMV			
10 Sec	curities - Clo	sely held stock							
	curities - Par st interests	tnership, LLC, or							
<b>12</b> Sec	curities - Mis	cellaneous							
<b>13</b> Qua		rvation contribution -							
<b>14</b> Qua	alified conse	rvation contribution - Other							
	al estate - Re								
16 Rea	al estate - Co	ommercial							
		her							
		ical supplies							
		cts							
		mens							
	heological a								
<b>25</b> Oth		AIRLINES VOUC	) X	49	36,339.	AVERAGE TIC	KET PRICE		
<b>26</b> Oth	ner 🕨 (	GIFTS	) X	4	3,145.	FMV			
27 Oth	ner 🕨 (		)						
<b>28</b> Oth	ner 🕨 (		)						
<b>29</b> Nun	mber of Fori	ns 8283 received by the org	ganization during	g the tax year for co	ontributions				
for v	which the o	ganization completed Form	n 8283, Part V, D	onee Acknowledg	ement			0	
								Yes	No
<b>30a</b> Duri	ing the year	, did the organization receiv	e by contributic	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
mus	st hold for a	t least three years from the	date of the initia	l contribution, and	which isn't required to be u	sed for			
exe	mpt purpos	es for the entire holding per	riod?				<u>30a</u>		X
b lf "Y	Yes," descri	be the arrangement in Part	II.						
31 Doe	es the orgar	ization have a gift acceptar	ice policy that re	equires the review o	of any nonstandard contribu	tions?	31	Х	
	° °	•		•	cit, process, or sell noncash				•
	tributions?						<u>32a</u>		X
	Yes," descri		1		ferred to the test of the test	- I I			
			in column (c) fo	r a type ot property	for which column (a) is che	cked,			
des	cribe in Par	. II.		tions for Form 990					

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Schedule M		Y OF ALASKA FOUNDATION	23-7394620	Page <b>2</b>
Part II		<b>on.</b> Provide the information required by Part I, lin, the number of contributions, the number of item	nes 30b, 32b, and 33, and whether the organizations received, or a combination of both. Also complete	on ete
SCHEDULE	M, PART I, COLUMN (B):			
THE NUMBE	R OF CONTRIBUTIONS WAS U	SED IN PART I.		
132142 11-17-2	1		Schedule M (Form 9	90) 2021
		46		

15180511 131839 A251575

2021.05080 UNIVERSITY OF ALASKA FOUN A2515751

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection
Name of the organization			identification number 394620
PART I, LINE 15/PA	RT VII, LINE 2/PART IX FUNCTIONAL EXPENSE REPORTING		
THE REPORTING OF C	OMPENSATION IN THE FORM 990 RELFECTS THE AMOUNTS THE		
UNIVERSITY OF ALAS	KA FOUNDATION DIRECTLY REIMBURSES TO UNIVERSITY OF		
ALASKA FOR COMPENS	ATION, BENEFITS AND RELATED COSTS OF EMPLOYMENT OF		
EMPLOYEES DEVOTING	TIME TO THE FOUNDATION. SINCE THE FOUNDATION		
REIMBURSES THESE A	MOUNTS DIRECTLY, THE REIMBURSEMENTS ARE REPORTED AS		
SALARIES, BENEFITS	AND PAYROLL TAXES WITHIN THE FORM 990. THE		
FOUNDATION BELIEVE	S THE PRESENTATION MORE ACCURATELY REFLECTS THE TRUE		
NATURE OF THE REIM	BURSEMENT TO THE UNIVERSITY. FOR FISCAL YEAR 2022,		
THE FOUNDATION REI	MBURSED THE UNIVERSITY FOR APPROXIMATELY 36 EMPLOYEES		
SERVING THE FOUNDA	TION IN BOTH A FULL TIME AND PART TIME CAPACITY.		
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE EXECUTIVE COMM	ITTEE CONSISTS OF NO MORE THAN SIX MEMBERS, WHO ARE ALSO		
MEMBERS OF THE GOV	ERNING BODY. THE COMMITTEE ACTS ONLY DURING INTERVALS		
BETWEEN MEETINGS O	F THE BOARD OF DIRECTORS AND MAY EXERCISE ALL OF		
AUTHORITY AND POWE	RS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE		
AFFAIRS OF THE FOUL	NDATION, WITH THE EXCEPTION THAT THEY MAY NOT AMEND THE		
BYLAWS.			
FORM 990, PART VI,	SECTION A, LINE 2:		
LINDA HULBERT HAS	A BUSINESS RELATIONSHIP WITH JOE HECKMAN, LAURA BRUCE &		
MEG NORDALE.			
MEG NORDALE HAS A	BUSINESS RELATIONSHIP WITH LINDA HULBERT.		
	BUSINESS RELATIONSHIP WITH DARROLL HARGRAVES, ELLA GOSS,	Cab-	
132211 11-11-21	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. را 7	Sche	dule O (Form 990) 2021

47 2021.05080 UNIVERSITY OF ALASKA FOUN A2515751

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization UNIVERSITY OF ALASKA FOUNDATION	Employer identification number 23-7394620
MARY HUGHES, DALE ANDERSON, PAT PITNEY, TOD BURNETT, MEGAN RIEBE & TLISA	
NORTHCUTT.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE BOARD INCLUDES BETWEEN 20 AND 30 VOTING MEMBERS, AS DETERMINED FROM	
TIME TO TIME BY THE BOARD. THERE ARE FOUR CLASSES OF MEMBERS:	
-EX-OFFICIO DIRECTORS INCLUDE THE PRESIDENT OF THE UNIVERSITY AND THE	
UNIVERSITY CHANCELLORS, AS VOTING MEMBERS;	
-REGENT DIRECTORS INCLUDE TWO MEMBERS OF THE BOARD OF REGENTS, ANNUALLY	
APPOINTED BY THE CHAIR OF THE BOARD OF REGENTS, AS VOTING MEMBERS;	
-ELECTED DIRECTORS INCLUDE NOT LESS THAN 14 AND NO MORE THAN 24 DIRECTORS,	
AS VOTING MEMBERS. THEY ARE ELECTED BY A MAJORITY VOTE OF THE BOARD OF	
DIRECTORS PRESENT AT A DULY NOTICED MEETING OF THE BOARD FROM THE SLATE OF	
CANDIDATES PREPARED BY THE COMMITTEE ON MEMBERSHIP;	
-EMERITUS DIRECTORS ARE HONORARY LIFETIME MEMBERS OF THE BOARD WHO DO NOT	
HAVE THE ABILITY TO VOTE AND THEIR NUMBER IS NOT INCLUDED IN CALCULATING	
THE TOTAL NUMBER OF DIRECTORS AND QUORUM.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY THE FOUNDATION'S ACCOUNTING DEPARTMENT AND	
INDEPENDENT ACCOUNTING FIRM, WHO PRESENTS THE DRAFT RETURN TO THE FINANCE	
AND AUDIT COMMITTEE OF THE BOARD FOR IT'S REVIEW AND APPROVAL TO FILE IT	
WITH THE IRS. THE REVIEW INCLUDES A PRESENTATION BY THE INDEPENDENT	
ACCOUNTING FIRM AND THE FOUNDATION'S CFO HIGHLIGHTING KEY SECTIONS OF THE	
RETURN AND ANY MATERIAL CHANGES FROM THE PRIOR YEAR.	

PART V LINE 2A

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
UNIVERSITY OF ALASKA FOUNDATION	23-7394620
COMPENSATION AND RELATED TAX FILINGS, SUCH AS THE W-2 AND W-3, ARE	
PROVIDED BY THE UNIVERSITY OF ALASKA. THE FOUNDATION REIMBURSES THE	
UNIVERSITY FOR ALL COMPENSATION AND RELATED EXPENSES.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE UNIVERSITY OF ALASKA FOUNDATION HAS A CONFLICT OF INTEREST POLICY WHICH	
APPLIES TO BOARD MEMBERS, ALL COMMITTEES, SUBCOMMITTEES, OFFICERS,	
EMPLOYEES, AND VOLUNTEERS HAVING BOARD-DELEGATED POWERS. THIS POLICY IS	
DISTRIBUTED ANNUALLY AND EACH RECIPIENT REVIEWS THE POLICY, SIGNS IT AND	
RETURNS IT TO THE BOARD COORDINATOR INDICATING EITHER NO CONFLICTS OR	
DISCLOSING ANY EXISTING OR FORESEEABLE CONFLICTS. ANY DISCLOSURES ARE THEN	
FORWARDED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND ACTION. THE POLICY	
PROVIDES THAT POTENTIAL CONFLICTS ARE TO BE DISCLOSED TO THE BOARD,	
COMMITTEE, OFFICER OR SUPERVISOR AS SOON AS PRACTICABLE AFTER BECOMING	
AWARE OF A POTENTIAL CONFLICT. IF A CONFLICT IS DISCLOSED IN A MEETING, THE	
PERSON OF INTEREST IS ASKED TO LEAVE THE MEETING DURING THE DISCUSSION OF,	
AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE	
CONFLICT. IF APPROPRIATE, ANOTHER PERSON OR COMMITTEE MAY BE APPOINTED TO	
INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. THE	
NATURE OF THE POTENTIAL CONFLICT, THE DETERMINATION BY THE BOARD OR	
COMMITTEE, AND DETAILS OF ANY VOTES TAKEN ARE DOCUMENTED IN THE MINUTES OF	
THE MEETING. ANY PERSON VIOLATING THE CONFLICT OF INTEREST POLICY SHALL BE	
SUBJECT TO APPROPRIATE DISCIPLINE, INCLUDING DISMISSAL OR REMOVAL FROM	
OFFICE.	

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FORM 990, PART VI, SECTION B, LINE 15:

THE UA FOUNDATION'S COMPENSATION SYSTEM IS ADMINISTERED BY THE UNIVERSITY

132212 11-11-21

Name of the organization       UNIVERSITY OF ALASKA FOUNDATION         OF ALASKA'S HUMAN RESOURCES DEPARTMENT IN ACCORDANCE WITH THE UNIVERSITY'S         POLICIES AND PROCEDURES.	Employer identification number 23-7394620
POLICIES AND PROCEDURES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CT, FL, IL, ME, MA, MD, MI, MN, NH, NJ, NV, NY, OR, WA, AK, CO, KY, NC, OH, OK, RI, VA, UT	
SC	
<u></u>	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ARTICLES OF INCORPORATION AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE	
GENERAL PUBLIC ON THE FOUNDATION WEBSITE, WWW.ALASKA.EDU/FOUNDATION. THE	
CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE GENERAL PUBLIC UPON	
REQUEST.	
FORM 990, PART IX, LINE 2	
THE FOUNDATION PROVIDES GRANTS AND OTHER ASSISTANCE TO DOMESTIC	
INDIVIDUALS THROUGH ITS RELATED ENTITY, THE UNIVERSITY OF ALASKA. THESE	
SCHOLARSHIPS ARE FUNDING THE STUDENTS AT THE UNIVERSITY OF ALASKA.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL ADJUSTMENT OF REMAINDER TRUST -38,678.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT	
HAS NOT CHANGED FROM THE PRIOR YEAR.	

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CHEDULE R Form 990) epartment of the Treasury ternal Revenue Service	Image:									
ame of the organizati	ON UNIVERSITY OF ALASKA	FOUNDATION				Employer identification numb 23-7394620				
Part I Identification	on of Disregarded Entities. Complet	e if the organization answered "Yes	s" on Form 990, Part IV, line 33.							
	<b>(a)</b> ess, and EIN (if applicable) disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year asse	(f) ts Direct controlling entity				
		-								

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
UNIVERSITY OF ALASKA - 92-6000147							
PO BOX 756540	EDUCATION THROUGH TEACHING						
FAIRBANKS, AK 99775	AND RESEARCH	ALASKA			N/A		х
	_						
	-						
	_						

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

Schedule R (Form 990) 2021

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Schedule R (Form 990) 2021 UNIVERSITY OF ALASKA FOUNDATION

23-7394620 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	6	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total	Share of end-of-year assets	-	ortionate	Code V-UBI amount in box 20 of Schedule	General managin partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<b></b>
UNIVERSITY OF ALASKA											
FOUNDATION CONSOLIDATED			UNIVERSITY OF								
ENDOWMENT FUND, LP -	INVESTMENT		ALASKA								
46-2876772, 125 HIGH STREET,	MANAGEMENT	DE	FOUNDATION	INVESTMENT	50,402,016.	384,443,921.	x		43,243.	x	99.99%
	7										
	1										
	1										
	1										
	1										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) ction (b)(13) trolled tity?
		country)				235613		No
								<u> </u>
								<u> </u>
								<u> </u>
								<u> </u>

chedule R (Form 990) 2021 UNIVERSITY OF ALASKA FOUNDATION	23-7394620		Page
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)		x	
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)	<u>1e</u>		X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			Х
h Purchase of assets from related organization(s)	1h		х
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)	4:		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)	41	x	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	4	x	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		x	
o Sharing of paid employees with related organization(s)	4.	X	
p Reimbursement paid to related organization(s) for expenses	1p	x	
<b>q</b> Reimbursement paid by related organization(s) for expenses		x	1
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		Х

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF ALASKA FOUNDATION CONSOLIDATED ENDOWMENT FUND, LE	В	7,183,269.	FAIR MARKET VALUE
(2) UNIVERSITY OF ALASKA FOUNDATION CONSOLIDATED ENDOWMENT FUND, LE	с	16,844,300.	FAIR MARKET VALUE
(3) UNIVERSITY OF ALASKA FOUNDATION CONSOLIDATED ENDOWMENT FUND, LE	M	1,199,930.	FAIR MARKET VALUE
(4) UNIVERSITY OF ALASKA	В	14,458,398.	FAIR MARKET VALUE
(5) UNIVERSITY OF ALASKA	с	777,500.	FAIR MARKET VALUE
(6) UNIVERSITY OF ALASKA	K	111,776.	FAIR MARKET VALUE

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) UNIVERSITY OF ALASKA	0	3,202,216.	FAIR MARKET VALUE
(8) UNIVERSITY OF ALASKA	Р	1,374,145.	FAIR MARKET VALUE
(9) UNIVERSITY OF ALASKA	Q	227,427.	FAIR MARKET VALUE
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			

## Schedule R (Form 990) 2021 UNIVERSITY OF ALASKA FOUNDATION

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

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

(a)	(b)	(c)	(d)	(	<b>e)</b> e all	(f)	(g)	(	h)	(i)	(	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne	rs sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	al or	Percentag
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	partne 501( org	c)(3)  s.?	total	end-of-year	alloca	itions?	amount in box 20 of Schedule K-1	part	ner?	ownershi
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	NO	
	-												
												-	
	_												
	_												
	_												
												-+	
	_												
	_												
	_												
												-	
	-												
	-												
	_												
												-+	
	1												
	-												
	4												
									1				

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 UNIVERSITY OF ALASKA FOUNDATION	23-7394620	Page
Part VII         Supplemental Information           Provide additional information for responses to questions on Schedule R. See instructions.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
UNIVERSITY OF ALASKA FOUNDATION CONSOLIDATED ENDOWMENT		
FUND, LP		
EIN: 46-2876772		
125 HIGH STREET		
BOSTON, MA 02110		
SCHEDULE R, PART II		
THE UNIVERSITY OF ALASKA DOES NOT MEET THE DEFINITION OF A 'RELATED		
ORGANIZATION' FOR REQUIRED REPORTING ON FORM 990, SCHEDULE R. ALTHOUGH		
THE UNIVERSITY IS SUPPORTED BY THE UNIVERSITY OF ALASKA FOUNDATION, THE		
FOUNDATION IS A PUBLIC CHARITY UNDER SECTION 170(B)(1)(A)(VI) RATHER		
THAN UNDER SECTION 509(A)(3). THE UNIVERSITY OF ALASKA FOUNDATION IS		
VOLUNTARILY REPORTING DATA UPON PART VII AND SCHEDULE R AS THOUGH THERE		
WERE A 509(A)(3) SUPPORTING/SUPPORTED RELATIONSHIP IN PLACE WITH THE		
UNIVERSITY BECAUSE MANAGEMENT BELIEVES THAT DONORS AND OTHER READERS OF		
THE FORM 990 HAVE AN EXPECTATION THAT THIS INFORMATION WILL BE INCLUDED		
ON THIS FORM 990.		

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UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2022**

Name UNIVERSITY OF ALASKA FOUNDATION	Employer Identification Number 23-7394620
Based on the information provided with this return, the following are possible carryover amounts to ne	
'EDERAL POST-2017 NET OPERATING LOSS - PARTNERSHIP INVESTMEN	1,071,509
FEDERAL PRE-2018 NET OPERATING LOSS	
MA NET OPERATING LOSS	1,014
IN NET OPERATING LOSS	177

119341 04-01-21

nd Entity: PARI				DETAIL C	ARRYOVER SCH	EDULE				
Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used fo
291,510. 457,519.										
E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amour Used f
<u>c</u>										
	E Amount	82 Annual Limitation         Original Carryover Amount       Total Amount         322,480.         291,510.         457,519.         457         510.         457         457         457         Used         Annunt         Used         Used for	82 Annual Limitation       Section 382 Carryover         Original       Total       Amount         Carryover       Amount       Used         322,480.       291,510.       457,519.         457,519.       457       457         E       Amount       Amount         S       Used for       Used for	82 Annual Limitation       Section 382 Carryover         Original Carryover Amount Used       Total Amount Used for       Amount Used for       Amount Used for         322,480.	82 Annual Limitation       Section 382 Carryover         Original Carryover Amount       Total Amount       Amount Used for       Amount Used for         322,480.       291,510.	B2 Annual Limitation     Section 382 Carryover       Original Carryover Amount Used for     Total Amount Used for     Amount Used for     Amount Used for     Amount Used for       322,480.       291,510.     457,519.       457,519.       9	B2 Annual Limitation       Section 382 Carryover         Original Carryover Amount Used       Total Amount Used for       Amount Used for       Amount Used for       Amount Used for       Amount Used for         322,480.       291,510.       457,519.       Image: Section 382 Carryover       Image: Section 382 Carryover         457,519.       Image: Section 382 Carryover       Image: Section 382 Carryover <t< td=""><td>Bit Annual Limitation         Section 382 Carryover           Original Carryover Amount Used for         Total Amount Used for         Amount Used for</td><td>Bit Model Limitation       Section 382 Caryover         Original Carryover Amount Used for       Total Amount Used for       Amount Used for       Amount Used for       Amount Used for       Amount Used for       Amount Used for       Mount Used for       Mo</td><td>Bit Amount Carryover       Section 382 carryover         Original Carryover Amount Used for       Total Amount Used for       Amount Used for       Amount</td></t<>	Bit Annual Limitation         Section 382 Carryover           Original Carryover Amount Used for         Total Amount Used for         Amount Used for	Bit Model Limitation       Section 382 Caryover         Original Carryover Amount Used for       Total Amount Used for       Amount Used for       Amount Used for       Amount Used for       Amount Used for       Amount Used for       Mount Used for       Mo	Bit Amount Carryover       Section 382 carryover         Original Carryover Amount Used for       Total Amount Used for       Amount Used for       Amount

Vame:	UNIVERSITY OF	ALASKA FOUNDA	TION							FEIN:	23-73946
	nd Entity: PRE- 82 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL CARRYOVER SCHEDULE						
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/18	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2011 2012 2016	8,654. 55,187. 125,567.	8,654. 55,187. 93,655.	8,654. 55,187. 52,237.	41,418.							
Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoun Used fo

Name	: UNIVERSITY OF	ALASKA FOUND	ATION							FEIN:	23-7394620
	Type and Entity:       NOL       MA       DETAIL CARRYOVER SCHEDULE         Section 382 Annual Limitation       Section 382 Carryover										
Year Origi nateo	Original Carryover Amount	Total Amount Used	Amount Used for								
A 202 3 C	1 1,014.										
A 202 B C D E E G H											
J											
S F											
/											
Deta Type	E Amount I S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 3											
- G H											
J K											
- N 0											
2 2											
R S F											
/ /											

Nam	: UNIVERSITY	OF ALASKA FOUR	NDATION							FEIN:	23-7394620
	Type and Entity:       NOL       MN       DETAIL CARRYOVER SCHEDULE         Section 382 Annual Limitation       Section 382 Carryover										
Yea Orig nate	Original - Carryover d Amount	Total Amount Used	Amount Used for								
A 202 3 C	1 1	77.									
A 202 B C C C E E G H											
G H											
J											
S F		_	-								
/											
Deta Type	I E Amount I S Used fo B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
4 3											
G H											
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