

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B Check if applicable: [X] Address change, [ ] Name change, [ ] Initial return, [ ] Final return/terminated, [ ] Amended return, [ ] Application pending. C UNITED WAY OF ANCHORAGE, PO BOX 200108, ANCHORAGE, AK 99520. D Employer identification number 92-0027948. E Telephone number 907-263-3800. G Gross receipts \$ 12,676,116.

F Name and address of principal officer: CLARK HALVORSON, SAME AS C ABOVE. H(a) Is this a group return for subordinates? [ ] Yes, [X] No. H(b) Are all subordinates included? [ ] Yes, [ ] No.

I Tax-exempt status: [X] 501(c)(3), [ ] 501(c) ( ) (insert no.), [ ] 4947(a)(1) or [ ] 527. J Website: WWW.LIVEUNITEDANC.ORG. H(c) Group exemption number

K Form of organization: [X] Corporation, [ ] Trust, [ ] Association, [ ] Other. L Year of formation: 1961. M State of legal domicile: AK

Part I Summary

1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF ANCHORAGE CREATES PATHWAYS TO A BETTER LIFE FOR ALL BY DRIVING MEASURABLE CHANGES IN THE AREAS OF EDUCATION, INCOME, AND HEALTH, THE BUILDING BLOCKS OF A GOOD LIFE.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box [ ] if the organization discontinued its operations... 3 Number of voting members of the governing body (24). 4 Number of independent voting members of the governing body (24). 5 Total number of individuals employed in calendar year 2019 (55). 6 Total number of volunteers (estimate if necessary) (24). 7a Total unrelated business revenue from Part VIII, column (C), line 12 (87,048). 7b Net unrelated business taxable income from Form 990-T, line 39 (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (6,024,487 / 7,208,968). 9 Program service revenue (1,378,316 / 1,873,602). 10 Investment income (28,670 / 139,400). 11 Other revenue (140,810 / 343,079). 12 Total revenue - add lines 8 through 11 (7,572,283 / 9,565,049).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (2,699,749 / 2,415,574). 14 Benefits paid to or for members ( ) ( ). 15 Salaries, other compensation, employee benefits (2,967,354 / 3,127,072). 16a Professional fundraising fees ( ) ( ). 16b Total fundraising expenses (Part IX, column (D), line 25) (1,375,861). 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) (1,638,158 / 3,343,644). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) (7,305,261 / 8,886,290). 19 Revenue less expenses. Subtract line 18 from line 12 (267,022 / 678,759).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) (10,921,912 / 12,293,028). 21 Total liabilities (Part X, line 26) (2,697,365 / 3,587,315). 22 Net assets or fund balances. Subtract line 21 from line 20 (8,224,547 / 8,705,713).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer ANGELA PINSONNEAULT, Date, CFO/VP OF FINAN

Paid Preparer Use Only: Print/Type preparer's name TOM J. DOMAGALA, CPA, Preparer's signature, Date, Check self-employed [ ] if PTIN P00122688, Firm's name ALTMAN ROGERS & CO, Firm's address 3000 C STREET SUITE 201 ANCHORAGE, AK 99503, Firm's EIN 92-0143182, Phone no. (907) 274-2992

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O

[X] Yes [ ] No

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

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

[ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 3,882,208. including grants of \$ 2,415,574.) (Revenue \$ )

COMMUNITY - UNITED WAY OF ANCHORAGE ENGAGES IN A VARIETY OF ACTIVITIES AIMED AT FOSTERING COLLABORATION TO ACHIEVE SHARED COMMON GOALS AND DERIVE MEASURABLE IMPROVEMENTS FOR THE ANCHORAGE COMMUNITY.

4b (Code: ) (Expenses \$ 2,283,680. including grants of \$ ) (Revenue \$ 1,873,602.)

INCOME AND HEALTH - UNITED WAY IS WORKING WITH PARTNERS ACROSS ALL SECTORS OF THE ANCHORAGE COMMUNITY DEVELOPING AND IMPLEMENTING PROGRAMS WITH THE GOAL BEING THAT ALL ANCHORAGE RESIDENTS ARE HOUSED, FINANCIALLY STABLE AND HAVE THE OPPORTUNITY TO INCREASE THEIR INCOME AND SAVE FOR THEIR FUTURE. WHEN INDIVIDUALS OR FAMILIES ARE IN FINANCIALLY PRECARIOUS POSITIONS THEIR HEALTH IS IMPACTED AS WELL AS THEIR OPPORTUNITIES - BEING UNABLE TO AFFORD HEALTHCARE OR EDUCATION OPTIONS THAT COULD ADVANCE THEIR CAREER CAN KEEP THEM FROM ACHIEVING FINANCIAL STABILITY.

4c (Code: ) (Expenses \$ 640,141. including grants of \$ ) (Revenue \$ )

EDUCATION - UNITED WAY LEADS PARTNERSHIPS THAT STRATEGICALLY SUPPORT THE MOST AT-RISK STUDENTS IN THE ANCHORAGE COMMUNITY.

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

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

4e Total program service expenses 6,806,029.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>   | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>   |     | 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? <i>If 'Yes,' complete Schedule D, Part I.</i>  | 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? <i>If 'Yes,' complete Schedule D, Part II.</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>   |     | 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? <i>If 'Yes,' complete Schedule D, Part IV.</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>   | X   |    |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>   | X   |    |
| b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>  |     | X  |
| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>   |     | 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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>   | X   |    |
| 20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>   |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| 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>  | X   |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....  |     | X  |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....   | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....  |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....  |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....   |     |    |
| <b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....  |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....   |     | X  |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....   |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....  |     | X  |
| <b>28b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....   |     | X  |
| <b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....  |     | X  |
| <b>35b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....   |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

|  | Yes | No |
|--|-----|----|
| <b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....   |     |    |
| <b>1 b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....  |     |    |
| <b>1 c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... | X   |    |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|  |  | Yes | No |
|--|--|-----|----|
| <b>2a</b>  | 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. . . . . <b>2a</b> 55  |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>   | X   |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>  | X   |    |
| <b>b</b>   | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3b</b>   | X   |    |
| <b>4a</b>  | 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)? . . . . . <b>4a</b> |     | X  |
| <b>b</b>   | If 'Yes,' enter the name of the foreign country ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>   |     | X  |
| <b>c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6a</b>                                    |     | X  |
| <b>b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | 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? . . . . . <b>7a</b>  | X   |    |
| <b>b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>  | X   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>   |     | X  |
| <b>d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>   |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>  |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>   |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders. . . . . <b>11a</b>  |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>  |     |    |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>   |     |    |
| <b>b</b>   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>  |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . . <b>13b</b>  |     |    |
| <b>c</b>   | Enter the amount of reserves on hand . . . . . <b>13c</b>  |     |    |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>  |     | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>  |     |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>15</b>   |     | X  |
| If 'Yes,' see instructions and file Form 4720, Schedule N.   |  |     |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>  |     | X  |
| If 'Yes,' complete Form 4720, Schedule O.  |  |     |    |

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

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

**Section A. Governing Body and Management**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1 a</b> | Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 24<br>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>1 b</b> | Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1 b</b> 24   |     |    |
| <b>2</b>   | 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? . . . . .   |     | X  |
| <b>3</b>   | 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? . . . . .   |     | X  |
| <b>4</b>   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | X  |
| <b>5</b>   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | X  |
| <b>6</b>   | Did the organization have members or stockholders? . . . . .  |     | X  |
| <b>7 a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .  |     | X  |
| <b>7 b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   |     | X  |
| <b>8</b>   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8 a</b> | The governing body? . . . . .   | X   |    |
| <b>8 b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | X   |    |
| <b>9</b>   | 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. . . . .   |     | X  |

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

|             |  | Yes | No |
|-------------|--|-----|----|
| <b>10 a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| <b>10 b</b> | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| <b>11 a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| <b>11 b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O   |     |    |
| <b>12 a</b> | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .   | X   |    |
| <b>12 b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | X   |    |
| <b>12 c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . . SEE SCHEDULE O   | X   |    |
| <b>13</b>   | Did the organization have a written whistleblower policy? . . . . .  | X   |    |
| <b>14</b>   | Did the organization have a written document retention and destruction policy? . . . . .   | X   |    |
| <b>15</b>   | 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?   |     |    |
| <b>15 a</b> | The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. . . . .  | X   |    |
| <b>15 b</b> | Other officers or key employees of the organization. . . . .<br>If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |     | X  |
| <b>16 a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | X  |
| <b>16 b</b> | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
ANGELA PINSONNEAULT PO BOX 200108 ANCHORAGE AK 99520 907-263-3810

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) MICHELE BROWN<br>PRESIDENT/CEO      | 37.5<br>0  |   |                       | X       |              |                              | 171,428. | 0.   | 10,000.   |   |
| (2) BEVERLY WESTHOFF<br>CFO/VP OF FINAN | 37.5<br>0  |   |                       | X       |              |                              | 93,920.  | 0.   | 0.  |   |
| (3) BELINDA BREAU<br>DIRECTOR           | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (4) LAURIE BUTCHER<br>SECRETARY         | 5<br>0   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (5) GREG DEAL<br>DIRECTOR               | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (6) MIKE DUNN<br>VICE CHAIR             | 5<br>0   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (7) BILL FALSEY<br>DIRECTOR             | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8) CHARLES FEDULLO<br>DIRECTOR         | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) RICK FOX<br>DIRECTOR                | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (10) DARLENE GATES<br>DIRECTOR          | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) MIKE HUSTON<br>DIRECTOR            | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) DICK MANDSAGER<br>DIRECTOR         | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) JORDAN MARSHALL<br>DIRECTOR        | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) RACHEL NORMAN<br>DIRECTOR          | 2<br>0   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) JOE MARUSHACK<br>DIRECTOR  | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (16) ALEXANDRA MCKAY<br>DIRECTOR  | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (17) DANIEL MITCHELL<br>DIRECTOR  | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (18) SUSAN PARKES<br>DIRECTOR   | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (19) FRANK PASKVAN<br>DIRECTOR  | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (20) NATASHA POPE<br>CHAIR  | 5<br>0   | X   |                       | X       |              |                              | 0.   | 0.  | 0.  |
| (21) BRAD SPEES<br>DIRECTOR   | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (22) BETH STUART<br>TREASURER   | 5<br>0   | X   |                       | X       |              |                              | 0.   | 0.  | 0.  |
| (23) ED ULMAN<br>DIRECTOR   | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (24) VERONICA REEM<br>DIRECTOR  | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (25) DAVID WIGHT<br>DIRECTOR  | 2<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| <b>1 b Subtotal</b>   |  |   |                       |         |              |                              | 265,348.   | 0.  | 10,000.   |
| <b>c Total from continuation sheets to Part VII, Section A</b>  |  |   |                       |         |              |                              | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>  |  |   |                       |         |              |                              | 265,348.   | 0.  | 10,000.   |
| <b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>▶ 1</b> |  |   |                       |         |              |                              |  |   |   |

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| RURAL ALASKA COMMUNITY ACTION PROGRAM INC 731 EAST 8TH AVENUE ANCHOR   | HOMELESSNESS INITIATIVES       | 506,462.            |
| CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY, SUITE 2300 NEW YORK,   | HOMELESSNESS INITIATIVES       | 100,582.            |
|  |                                |                     |
|  |                                |                     |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>▶ 2</b> |                                |                     |



Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer Identification number

UNITED WAY OF ANCHORAGE

92-0027948

**Part VII** Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A)<br>Name and title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| THOMAS YETMAN<br>-----<br>DIRECTOR              | 2<br>-----<br>0  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANGELA PINSONNEAULT<br>-----<br>CFO/VP OF FINAN | 37.5<br>-----<br>0   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |
| -----   |  |  |                       |         |              |                              |        |  |   |   |

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |            |
|---|--|--|--|---|--|------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....   | <b>1 a</b> 5,054,581.  |  |   |  |            |
|   | <b>b</b> Membership dues .....   | <b>1 b</b>   |  |   |  |            |
|   | <b>c</b> Fundraising events .....  | <b>1 c</b>   |  |   |  |            |
|   | <b>d</b> Related organizations .....   | <b>1 d</b>   |  |   |  |            |
|   | <b>e</b> Government grants (contributions) .....   | <b>1 e</b> 1,410,285.  |  |   |  |            |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1 f</b> 744,102.  |  |   |  |            |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f .....  | <b>1 g</b>   |  |   |  |            |
|   | <b>h Total.</b> Add lines 1a-1f .....  | <b>▶</b> 7,208,968.  |  |   |  |            |
|   | <b>Program Service Revenue</b>   | <b>2 a</b> <u>DESIGNATION FEES</u> .....                       |  | 900099                                  | 1,873,602.   | 1,873,602. |
| <b>b</b> .....  |  |  |  |   |  |            |
| <b>c</b> .....  |  |  |  |   |  |            |
| <b>d</b> .....  |  |  |  |   |  |            |
| <b>e</b> .....  |  |  |  |   |  |            |
| <b>f</b> All other program service revenue .....                              |  |  |  |   |  |            |
| <b>g Total.</b> Add lines 2a-2f .....   |  | <b>▶</b> 1,873,602.  |  |   |  |            |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  | 123,611.   |   | 123,611.   |            |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |  |   |  |            |
|   | <b>5</b> Royalties .....   |  |  |   |  |            |
|   | <b>6 a</b> Gross rents .....   |  |  | (i) Real                                | (ii) Personal  |            |
|   |  | <b>6 a</b>   | 396,795.   |   |  |            |
|   |  | <b>b</b> Less: rental expenses .....                           | <b>6 b</b> 248,951.                                |   |  |            |
|   | <b>c</b> Rental income or (loss) .....   | <b>6 c</b> 147,844.  |  |   |  |            |
|   | <b>d</b> Net rental income or (loss) .....   | <b>▶</b> 147,844.  |  |   | 147,844.   |            |
|   | <b>7 a</b> Gross amount from<br>sales of assets<br>other than inventory .....  |  |  | (i) Securities                          | (ii) Other   |            |
|   |  | <b>7 a</b>   | 2,771,357.   |   |  |            |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... | <b>7 b</b> 2,755,568.                              |   |  |            |
|   | <b>c</b> Gain or (loss) .....  | <b>7 c</b> 15,789.   |  |   |  |            |
|   | <b>d</b> Net gain or (loss) .....  | <b>▶</b> 15,789.   |  |   | 15,789.  |            |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... |  |  |   |  |            |
| <b>8 a</b>  |  |  |  |   |  |            |
| <b>b</b> Less: direct expenses .....  |  | <b>8 b</b>   |  |   |  |            |
| <b>c</b> Net income or (loss) from fundraising events .....                   | <b>▶</b>   |  |  |   |  |            |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 ..... |  |  |  |   |  |            |
|   | <b>9 a</b>   | 193,596.   |  |   |  |            |
|   | <b>b</b> Less: direct expenses .....   | <b>9 b</b> 106,548.  |  |   |  |            |
| <b>c</b> Net income or (loss) from gaming activities .....                    | <b>▶</b> 87,048.   |  |  | 87,048.                                 |  |            |
| <b>10 a</b> Gross sales of inventory, less .....                              |  |  |  |   |  |            |
|   | <b>10 a</b>  |  |  |   |  |            |
|   | <b>b</b> Less: cost of goods sold. ....  | <b>10 b</b>  |  |   |  |            |
| <b>c</b> Net income or (loss) from sales of inventory .....                   | <b>▶</b>   |  |  |   |  |            |
| <b>Miscellaneous<br/>Revenue</b>  | <b>11 a</b> <u>OTHER REVENUE</u> .....   |  | 900099   | 108,187.                                | 108,187.   |            |
|   | <b>b</b> .....   |  |  |   |  |            |
|   | <b>c</b> .....   |  |  |   |  |            |
|   | <b>d</b> All other revenue .....   |  |  |   |  |            |
|   | <b>e Total.</b> Add lines 11a-11d .....  | <b>▶</b> 108,187.  |  |   |  |            |
| <b>12 Total revenue.</b> See instructions .....                               | <b>▶</b> 9,565,049.  | 1,981,789.   | 87,048.  | 287,244.                                |  |            |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 2,415,574.                   | 2,415,574.                             |   |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                              |  |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                              |  |   |                                    |
| 4 Benefits paid to or for members   |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees  | 359,940.                     | 171,342.                               | 93,141.                                       | 95,457.                            |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0.                           | 0.                                     | 0.  | 0.                                 |
| 7 Other salaries and wages  | 2,090,484.                   | 995,134.                               | 540,949.                                      | 554,401.                           |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                              |  |   |                                    |
| 9 Other employee benefits   | 483,381.                     | 216,625.                               | 148,283.                                      | 118,473.                           |
| 10 Payroll taxes  | 193,267.                     | 86,612.                                | 59,287.                                       | 47,368.                            |
| 11 Fees for services (nonemployees):  |                              |  |   |                                    |
| a Management  |                              |  |   |                                    |
| b Legal   | 2,492.                       | 2,010.                                 | 401.  | 81.                                |
| c Accounting  |                              |  |   |                                    |
| d Lobbying  |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| f Investment management fees  | 35,952.                      |  | 35,952.                                       |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 1,210,403.                   | 996,496.                               | 187,849.                                      | 26,058.                            |
| 12 Advertising and promotion  | 97,071.                      | 2,643.                                 | 86,897.                                       | 7,531.                             |
| 13 Office expenses  | 119,695.                     | 42,134.                                | 56,919.                                       | 20,642.                            |
| 14 Information technology   |                              |  |   |                                    |
| 15 Royalties  |                              |  |   |                                    |
| 16 Occupancy  | 117,968.                     | 55,420.                                | 61,435.                                       | 1,113.                             |
| 17 Travel   | 24,403.                      | 3,227.                                 | 18,326.                                       | 2,850.                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings   |                              |  |   |                                    |
| 20 Interest   | 7,989.                       | 7,989.                                 |   |                                    |
| 21 Payments to affiliates   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization  | 27,288.                      |  | 27,288.                                       |                                    |
| 23 Insurance  | 25,575.                      | 1,080.                                 | 23,669.                                       | 826.                               |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                              |  |   |                                    |
| a COVID-19 COMMUNITY  | 1,124,865.                   | 1,124,865.                             |   |                                    |
| b UNCOLLECTABLE CAMPAIGN PLEDGES  | 283,528.                     |  | 283,528.                                      |                                    |
| c GRANT INDIRECT EXPENSES   | 77,256.                      | 77,103.                                | 151.  | 2.                                 |
| d UW AMERICA MEMBERSHIP FEES  | 67,676.                      | 2,230.                                 | 62,568.                                       | 2,878.                             |
| e All other expenses  | 121,483.                     | 605,545.                               | -982,243.                                     | 498,181.                           |
| 25 Total functional expenses. Add lines 1 through 24e   | 8,886,290.                   | 6,806,029.                             | 704,400.                                      | 1,375,861.                         |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|--|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash – non-interest-bearing .....   | 667,828.                 | <b>1</b>   | 2,720,916.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 1,631,809.               | <b>2</b>   | 842,781.              |
|   | <b>3</b> Pledges and grants receivable, net .....  | 1,897,454.               | <b>3</b>   | 2,275,120.            |
|   | <b>4</b> Accounts receivable, net .....  | 16,471.                  | <b>4</b>   | 13,335.               |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                       |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                       |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                       |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 75,994.                  | <b>9</b>   | 83,041.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 4,095,866.    |            |                       |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 2,000,665.    | 2,203,406. | <b>10c</b> 2,095,201. |
|   | <b>11</b> Investments – publicly traded securities .....   | 4,428,950.               | <b>11</b>  | 4,262,634.            |
|   | <b>12</b> Investments – other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                       |
|   | <b>13</b> Investments – program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                       |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>  |                       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... |  | 10,921,912.              | <b>16</b>  | 12,293,028.           |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 392,706.                 | <b>17</b>  | 565,839.              |
|   | <b>18</b> Grants payable .....   | 2,079,132.               | <b>18</b>  | 1,879,674.            |
|   | <b>19</b> Deferred revenue .....   | 36,517.                  | <b>19</b>  | 556,331.              |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 155,406.                 | <b>23</b>  | 82,873.               |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 33,604.                  | <b>25</b>  | 502,598.              |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   |                          | 2,697,365. | <b>26</b>             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                       |
|   | <b>27</b> Net assets without donor restrictions .....  | 4,672,746.               | <b>27</b>  | 5,142,062.            |
|   | <b>28</b> Net assets with donor restrictions .....   | 3,551,801.               | <b>28</b>  | 3,563,651.            |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                       |
| <b>32</b> Total net assets or fund balances .....                         |  | 8,224,547.               | <b>32</b>  | 8,705,713.            |
| <b>33</b> Total liabilities and net assets/fund balances .....            |  | 10,921,912.              | <b>33</b>  | 12,293,028.           |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 9,565,049. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 8,886,290. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 678,759.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 8,224,547. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -197,593.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 8,705,713. |

**Part XII Financial Statements and Reporting**

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

|  |  | Yes | No |
|--|--|-----|----|
| <b>1</b>   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____   |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  |  |     |    |
| <b>2a</b>  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | 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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |  |     |    |
| <b>2b</b>  | Were the organization's financial statements audited by an independent accountant?   | 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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |  |     |    |
| <b>2c</b>  | 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |  |     |    |
| <b>3a</b>  | 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?   |     | X  |
| <b>3b</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     |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>UNITED WAY OF ANCHORAGE</b> | Employer identification number<br><b>92-0027948</b> |
|--|---|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015   | (b) 2016   | (c) 2017   | (d) 2018   | (e) 2019   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   | 6,240,735. | 5,930,616. | 6,376,400. | 6,024,487. | 7,208,968. | 31,781,206. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |            |            |            |            |            | 0.          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.   |            |            |            |            |            | 0.          |
| 4 <b>Total.</b> Add lines 1 through 3.   | 6,240,735. | 5,930,616. | 6,376,400. | 6,024,487. | 7,208,968. | 31,781,206. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). |            |            |            |            |            | 2,342,854.  |
| 6 <b>Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 29,438,352. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015   | (b) 2016   | (c) 2017   | (d) 2018   | (e) 2019   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4.   | 6,240,735. | 5,930,616. | 6,376,400. | 6,024,487. | 7,208,968. | 31,781,206.              |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   | 167,896.   | 189,619.   | 198,510.   | 101,762.   | 520,406.   | 1,178,193.               |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  | 71,957.    | 73,834.    | 76,770.    | 129,083.   | 87,048.    | 438,692.                 |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI  | 92,757.    | 65,981.    | 39,222.    | 39,454.    | 108,187.   | 345,601.                 |
| 11 <b>Total support.</b> Add lines 7 through 10.   |            |            |            |            |            | 33,743,692.              |
| 12 Gross receipts from related activities, etc. (see instructions).  |            |            |            |            | 12         | 5,063,791.               |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |         |
|--|----|---------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). | 14 | 87.24 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14.                       | 15 | 90.39 % |

16a **33-1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2018.** 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—2019.** 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—2018.** 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.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b. . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15. . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)). . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17. . . . .                         | <b>18</b> | % |

**19a 33-1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**b 33-1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) 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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If 'Yes,' answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a |    |
| b A family member of a person described in (a) above?   | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b> .                                       | 11c |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1   |    |

**Section D. All Type III Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1   |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2   |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3   |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |    |     |    |
|--|----|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |    |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |    |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |    |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |    |     |    |
| 2 Activities Test. Answer (a) and (b) below.   |    | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |     |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b |     |    |
| 3 Parent of Supported Organizations. Answer (a) and (b) below.   |    |     |    |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .   | 3a |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A – Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035.  | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1.  | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

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

| Section D – Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E – Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                                |  |   |
| a From 2014 . . . . .   |                                |  |   |
| b From 2015 . . . . .   |                                |  |   |
| c From 2016 . . . . .   |                                |  |   |
| d From 2017 . . . . .   |                                |  |   |
| e From 2018 . . . . .   |                                |  |   |
| f <b>Total</b> of lines 3a through e  |                                |  |   |
| g Applied to underdistributions of prior years  |                                |  |   |
| h Applied to 2019 distributable amount  |                                |  |   |
| i Carryover from 2014 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                |  |   |
| 4 Distributions for 2019 from Section D, line 7:                     \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| b Applied to 2019 distributable amount  |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                                |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.   |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a Excess from 2015 . . . . .  |                                |  |   |
| b Excess from 2016 . . . . .  |                                |  |   |
| c Excess from 2017 . . . . .  |                                |  |   |
| d Excess from 2018 . . . . .  |                                |  |   |
| e Excess from 2019 . . . . .  |                                |  |   |

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

**PART II, LINE 10 - OTHER INCOME**

| <u>NATURE AND SOURCE</u> | <u>2019</u>        | <u>2018</u>       | <u>2017</u>       | <u>2016</u>       | <u>2015</u>       |
|--------------------------|--------------------|-------------------|-------------------|-------------------|-------------------|
| MISCELLANEOUS REVENUE    | \$ 108,187.        | \$ 39,454.        | \$ 39,222.        | \$ 65,981.        | \$ 92,757.        |
| TOTAL                    | <u>\$ 108,187.</u> | <u>\$ 39,454.</u> | <u>\$ 39,222.</u> | <u>\$ 65,981.</u> | <u>\$ 92,757.</u> |

**Schedule B****(Form 990, 990-EZ, or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

Form 990-PF

 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |  |
|---|--|
| Name of organization<br>UNITED WAY OF ANCHORAGE | Employer identification number<br>92-0027948 |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|---|-------------------------------|---|
| 1          | CONOCOPHILLIPS ALASKA<br>P.O. BOX 100360<br>ANCHORAGE, AK 99510-0360          | \$ 832,313.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | BP EXPLORATION (ALASKA) INC.<br>PO BOX 196612<br>ANCHORAGE, AK 99519          | \$ 574,544.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | ALYESKA PIPELINE SERVICE COMPANY<br>PO BOX 196660<br>ANCHORAGE, AK 99519-6660 | \$ 237,422.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | WELLS FARGO<br>PO BOX 196127<br>ANCHORAGE, AK 99519-6127                      | \$ 177,679.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | RASMUSON FOUNDATION<br>301 W. NORTHERN LIGHTS, #400<br>ANCHORAGE, AK 99503    | \$ 616,600.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | GCI<br>2550 DENALI STREET, STE #1000<br>ANCHORAGE, AK 99503                   | \$ 238,632.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br>UNITED WAY OF ANCHORAGE | Employer identification number<br>92-0027948 |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|------------|--|-------------------------------|--|
| 7          | UPS<br>6200 LOCKHEED AVE<br>ANCHORAGE, AK 99502  | \$ 327,359.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 8          | AT&T<br>208 S AKARD, STE 103<br>DALLAS, TX 75202   | \$ 208,870.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 9          | U.S. DHHS<br>7500 SECURITY BLVD<br>BALTIMORE, MD 21244                                   | \$ 203,064.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 10         | THE ALASKA COMMUNITY FOUNDATION<br>3201 C STREET, SUITE 110<br>ANCHORAGE, AK 99503       | \$ 334,380.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 11         | PREMERA BLUE CROSS BLUE SHIELD OF A<br>JL TOWER, 3800 CENTERPOINT<br>ANCHORAGE, AK 99503 | \$ 250,000.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 12         | SHARE<br>550 W 7TH AVENUE, STE 1800<br>ANCHORAGE, AK 99501                               | \$ 216,698.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |



|  |   |
|--|---|
| Name of organization<br><b>UNITED WAY OF ANCHORAGE</b> | Employer identification number<br><b>92-0027948</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|---|-------------------------------|---|
| 13         | US DEPT OF THE TREASURY<br>-----<br>1500 PENNSYLVAINIA AVE NW<br>-----<br>WASHINGTON, DC 20220<br>----- | \$ 538,000.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>UNITED WAY OF ANCHORAGE</b> | Employer identification number<br><b>92-0027948</b> |
|--|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| -----                     | N/A<br>-----<br>-----<br>-----               | \$-----   | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----   | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----   | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----   | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----   | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----   | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----   | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----   | -----                |

Name of organization **UNITED WAY OF ANCHORAGE** Employer identification number **92-0027948**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$                      *N/A*  
 Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I               | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|---|------------------------|--|--|
|   | <i>N/A</i>             |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

Employer identification number

UNITED WAY OF ANCHORAGE

92-0027948

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

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

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .                       | 32                      |                              |
| 2 Aggregate value of contributions to (during year) . . . . . | 4,228,538.              |                              |
| 3 Aggregate value of grants from (during year) . . . . .      | 4,225,276.              |                              |
| 4 Aggregate value at end of year . . . . .                    | 2,475,700.              |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.**

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

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

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

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | <b>2 a</b>                      |
| b Total acreage restricted by conservation easements . . . . .   | <b>2 b</b>                      |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | <b>2 c</b>                      |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | <b>2 d</b>                      |

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

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

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

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

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

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

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    | 3,551,801.       | 2,239,525.     | 2,288,411.         | 2,295,642.           | 2,701,746.          |
| b Contributions                                  | 4,262,707.       | 2,618,919.     | 1,584,962.         | 1,625,086.           | 1,404,434.          |
| c Net investment earnings, gains, and losses     | -25,581.         | 63,311.        | 85,657.            | 123,441.             | -27,372.            |
| d Grants or scholarships                         | 4,225,276.       | 1,369,954.     | 1,704,505.         | 1,755,758.           | 1,783,166.          |
| e Other expenditures for facilities and programs |                  |                |                    | 0.                   |                     |
| f Administrative expenses                        |                  |                | 15,000.            |                      |                     |
| g End of year balance                            | 3,563,651.       | 3,551,801.     | 2,239,525.         | 2,288,411.           | 2,295,642.          |

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  95.00 %
- c Term endowment  5.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

|  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  | X  |
| (ii) Related organizations   | 3a(ii) | X  |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      | 351,388.                        |                              | 351,388.       |
| b Buildings  |                                      | 3,140,780.                      | 1,430,367.                   | 1,710,413.     |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 603,698.                        | 570,298.                     | 33,400.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 2,095,201.     |

BAA

**Part VII Investments – Other Securities.**

N/A

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) -----   |                |   |
| (B) -----   |                |   |
| (C) -----   |                |   |
| (D) -----   |                |   |
| (E) -----   |                |   |
| (F) -----   |                |   |
| (G) -----   |                |   |
| (H) -----   |                |   |
| (I) -----   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) |                |   |

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' 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)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |   |

**Part IX Other Assets.**

N/A

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)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (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.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) TENANT SECURITY DEPOSITS  | 16,758.        |
| (3) PPP LOAN  | 485,840.       |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) | 502,598.       |

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. SEE PART XIII.

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

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

|   |   |    |             |             |
|---|---|----|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1           | 8,869,372.  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |             |
|   | a Net unrealized gains (losses) on investments                                  | 2a | -197,593.   |             |
|   | b Donated services and use of facilities  | 2b | 476,397.    |             |
|   | c Recoveries of prior year grants   | 2c |             |             |
|   | d Other (Describe in Part XIII.) SEE PART XIII                                  | 2d | -1,329,980. |             |
|   | e Add lines 2a through 2d   | 2e |             | -1,051,176. |
| 3 | Subtract line 2e from line 1  |    | 3           | 9,920,548.  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |             |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b              | 4a |             |             |
|   | b Other (Describe in Part XIII.) SEE PART XIII                                  | 4b | -355,499.   |             |
|   | c Add lines 4a and 4b   | 4c |             | -355,499.   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5           | 9,565,049.  |

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

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

|   |  |    |            |            |
|---|--|----|------------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 8,388,888. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |            |
|   | a Donated services and use of facilities   | 2a | 476,397.   |            |
|   | b Prior year adjustments   | 2b |            |            |
|   | c Other losses   | 2c |            |            |
|   | d Other (Describe in Part XIII.) SEE PART XIII                                   | 2d | 355,499.   |            |
|   | e Add lines 2a through 2d  | 2e |            | 831,896.   |
| 3 | Subtract line 2e from line 1   |    | 3          | 7,556,992. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |            |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b               | 4a | 35,952.    |            |
|   | b Other (Describe in Part XIII.) SEE PART XIII                                   | 4b | 1,293,346. |            |
|   | c Add lines 4a and 4b  | 4c |            | 1,329,298. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5          | 8,886,290. |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

PER DONOR INSTRUCTIONS, EARNINGS OF THE ENDOWMENT ARE REINVESTED IN THE ENDOWMENT FUND THEREBY GROWING UNTIL SIGNIFICANT EARNINGS ARE GENERATED AT WHICH TIME EARNINGS WILL BE USED FOR GENERAL OPERATING EXPENSES.

**PART X - FASB ASC 740 FOOTNOTE**

UNITED WAY IS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. UNITED WAY EARNS UNRELATED BUSINESS INCOME THROUGH RENTAL

**Part XIII Supplemental Information** (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

OF COMMERCIAL SPACE, WHICH IS DEBT FINANCED. UNITED WAY'S INCOME TAX LIABILITY RELATED TO THE DEBT-FINANCED INCOME IS NOT MATERIAL TO THE FINANCIAL STATEMENTS. UNITED WAY'S POLICY IS TO REPORT INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE. AS OF JUNE 30, 2020 AND 2019 THERE WERE NO UNCERTAIN TAX POSITIONS, OR UNRECOGNIZED TAX BENEFITS FOR WHICH MANAGEMENT BELIEVES IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF TAX CONTINGENCIES WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE REPORTING DATE. WITH FEW EXCEPTIONS, UNITED WAY IS NO LONGER SUBJECT TO EXAMINATIONS BY THE FEDERAL AND STATE AUTHORITIES FOR THE YEARS BEFORE JUNE 30, 2017.

**SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

|   |                       |
|---|-----------------------|
| DONOR DESIGNATIONS.....                     | \$ -1,009,818.        |
| UNCOLLECTIBLE CAMPAIGN PLEDGES EXPENSE..... | -283,528.             |
| INVESTMENT FEES.....                        | -35,952.              |
| GAIN ON INVESTMENT IN ACF.....              | -682.                 |
| TOTAL                                       | <u>\$ -1,329,980.</u> |

**SCHEDULE D, PART XI, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

|  |                     |
|--|---------------------|
| GAMING EXPENSES REPORTED ON PART VIII..... | \$ -106,548.        |
| RENTAL EXPENSE REPORTED ON PART VIII.....  | -248,951.           |
| TOTAL                                      | <u>\$ -355,499.</u> |

**SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

|  |                    |
|--|--------------------|
| GAMING EXPENSES REPORTED ON PART VIII..... | \$ 106,548.        |
| RENTAL EXPENSES REPORTED ON PART VIII..... | 248,951.           |
| TOTAL                                      | <u>\$ 355,499.</u> |

**SCHEDULE D, PART XII, LINE 4B  
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

|   |                      |
|---|----------------------|
| DONOR DESIGNATIONS.....                     | \$ 1,009,818.        |
| UNCOLLECTABLE CAMPAIGN PLEDGES EXPENSE..... | 283,528.             |
| TOTAL                                       | <u>\$ 1,293,346.</u> |



**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   | 0.  |

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

AK  
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**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.

| REVENUE         | (a) Event #1   | (b) Event #2  | (c) Other events       | (d) Total events                    |
|-----------------|--|---|------------------------|-------------------------------------|
|                 | (event type)   | (event type)  | NONE<br>(total number) | (add column (a) through column (c)) |
| 1               | Gross receipts   |   |                        |                                     |
| 2               | Less: Contributions  |   |                        |                                     |
| 3               | Gross income (line 1 minus line 2)                           |   |                        |                                     |
| DIRECT EXPENSES | 4  | Cash prizes   |                        |                                     |
|                 | 5  | Noncash prizes  |                        |                                     |
|                 | 6  | Rent/facility costs   |                        |                                     |
|                 | 7  | Food and beverages  |                        |                                     |
|                 | 8  | Entertainment   |                        |                                     |
|                 | 9  | Other direct expenses                                       |                        |                                     |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                        |                                     |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                        |                                     |

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

| REVENUE         | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming  | (d) Total gaming  |
|-----------------|--|---|---|---|
|                 |  |   |   | (add column (a) through column (c))   |
| 1               | Gross revenue  |   | 193,596.  | 193,596.  |
| DIRECT EXPENSES | 2  | Cash prizes                                   | 75,524.   | 75,524.   |
|                 | 3  | Noncash prizes                                |   |   |
|                 | 4  | Rent/facility costs                           | 3,669.  | 3,669.  |
|                 | 5  | Other direct expenses                         | 27,355.   | 27,355.   |
|                 | 6  | Volunteer labor                               | <input type="checkbox"/> Yes <u>0</u> %<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <u>100</u> %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   | 106,548.  |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   | 87,048.   |

9 Enter the state(s) in which the organization conducts gaming activities: AK

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

|                                      |            |         |
|--------------------------------------|------------|---------|
| <b>a</b> The organization's facility | <b>13a</b> | %       |
| <b>b</b> An outside facility         | <b>13b</b> | 100.0 % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SUSAN ROSS

Address ▶ PO BOX 200108, ANCHORAGE, AK 99508

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ SUSAN ROSS

Gaming manager compensation ▶ \$ 62,069.

Description of services provided ▶ ACNTING FOR GAMING & DISBURS OF PROC.

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 87,048. **SEE PART IV**

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**PART III, LINE 17B  
DISTRIBUTIONS REQUIRED UNDER STATE LAW**

|              |    |                       |
|--------------|----|-----------------------|
| ALASKA       | \$ | <u>87,048.</u>        |
| <b>TOTAL</b> | \$ | <u><u>87,048.</u></u> |

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ABUSED WOMEN'S AID IN CRISIS,<br>100 W 13TH AVENUE<br>ANCHORAGE, AK 99501          | 92-0061049 |                                 | 16,345.                  | 0.                                |   |                                       | DV PREVENTION EDUCATION            |
| (2) ALASKA CHILD & FAMILY<br>4600 ABBOTT ROAD<br>ANCHORAGE, AK 99507                   | 92-0038588 |                                 | 28,181.                  | 0.                                |   |                                       | COMMUNITY PROGRAMS                 |
| (3) ALASKA HEALTH FAIR, INC<br>720 W 58TH AVE, UNIT J<br>ANCHORAGE, AK 99518           | 92-0118421 |                                 | 20,290.                  | 0.                                |   |                                       | HEALTH FAIRS                       |
| (4) ALASKA LITERACY PROGRAM<br>1345 RUDAKOF CIRCLE, STE 104<br>ANCHORAGE, AK 99508     | 23-7451172 |                                 | 22,826.                  | 0.                                |   |                                       | IMPACT FAMILY LITERACY             |
| (5) ALASKA LITERACY PROGRAM<br>1345 RUDAKOF CIRCLE, STE 104<br>ANCHORAGE, AK 99508     | 23-7451172 |                                 | 28,181.                  | 0.                                |   |                                       | VOLUNTEER LITERACY PROGRAM         |
| (6) ALASKAN AIDS ASSISTANCE ASSOC<br>1057 W FIREWEED LANE, #102<br>ANCHORAGE, AK 99503 | 92-0113788 |                                 | 16,909.                  | 0.                                |   |                                       | HIV/AIDS PREVENTION AND EDUCATION  |
| (7) ALASKAN AIDS ASSISTANCE ASSOC<br>1057 W FIREWEED LANE, #102<br>ANCHORAGE, AK 99503 | 92-0113788 |                                 | 15,218.                  | 0.                                |   |                                       | CLIENT RESOURCES                   |
| (8) ANCHORAGE COMM MENTAL HEALTH<br>4020 FOLKER STREET<br>ANCHORAGE, AK 99508          | 51-0152394 |                                 | 35,035.                  | 0.                                |   |                                       | SAFE AND READY TO LEARN            |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **50**
- 3 Enter total number of other organizations listed in the line 1 table **1**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                               |                          |                          |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

UNITED WAY OF ANCHORAGE REQUIRES ALL POTENTIAL RECIPIENTS TO PROVIDE DOCUMENTARY EVIDENCE OF FINANCIAL WELL-BEING, PROPER AND APPROPRIATE GOVERNANCE FOR A NOT-FOR-PROFIT ORGANIZATION, AND CERTIFICATION OF COMPLIANCE WITH ANTI-TERRORISM LAWS. UNITED WAY OF ANCHORAGE MONITORS THE USE OF GRANTS BY REQUIRING GRANTEEES TO PROVIDE PROJECTED AND ACTUAL FINANCIAL INFORMATION, CLIENT BENEFICIARY DATA AND SERVICE STATISTICS INCLUDING SPECIFIED PERIODIC OUTCOME MEASUREMENT DATA, FREQUENCY DEPENDING ON THE AWARD AGREEMENT BUT AT LEAST QUARTERLY. ON-GOING FUNDING MAY BE IMPACTED BY THE ORGANIZATION'S ABILITY TO DEMONSTRATE APPROPRIATE OUTCOME ACHIEVEMENT. UNITED WAY OF ANCHORAGE ALWAYS RESERVES THE RIGHT TO CONDUCT ON-SITE VISITS FOR BOTH FISCAL AND PROGRAMMATIC MONITORING.

**Continuation Sheet for Schedule I (Form 990)**

**2019**

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

Continuation Page **1** of **5**

|  |   |
|--|---|
| Name of the organization<br><b>UNITED WAY OF ANCHORAGE</b> | Employer identification number<br><b>92-0027948</b> |
|--|---|

| <b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> (Schedule I (Form 990), Part II.) |            |                                 |                          |                                   |   |                                       |                                    |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| ANCHORAGE NEIGHBORHOOD HEALTH<br>4951 BUSINESS PARK BLVD<br>ANCHORAGE, AK 99503  | 92-0047965 |                                 | 42,272.                  |                                   |   |                                       | ACCESS TO QUALITY HEALTH CARE      |
| ANCHORAGE YOUTH COURT<br>838 W 4TH AVE<br>ANCHORAGE, AK 99501  | 92-0129615 |                                 | 6,763.                   |                                   |   |                                       | ANCHORAGE YOUTH COURT              |
| BEAN'S CAFE, INC<br>1020 E 4TH AVE<br>ANCHORAGE, AK 99501  | 92-0072522 |                                 | 16,908.                  |                                   |   |                                       | BEAN'S CAFE                        |
| BIG BROTHERS BIG SISTERS OF A<br>1057 W FIREWEED LANE, #202<br>ANCHORAGE, AK 99503   | 80-0064172 |                                 | 20,572.                  |                                   |   |                                       | COMMUNITY BASED MENTORING          |
| BIG BROTHERS BIG SISTERS OF A<br>1057 W FIREWEED LANE, #202<br>ANCHORAGE, AK 99503   | 80-0064172 |                                 | 40,580.                  |                                   |   |                                       | SCHOOL BASED MENTORING             |
| BOYS & GIRLS CLUBS OF SC AK<br>2300 W 36TH AVENUE<br>ANCHORAGE, AK 99517   | 92-0036082 |                                 | 84,542.                  |                                   |   |                                       | CLUBHOUSE PROGRAM                  |
| CAMP FIRE USA ALASKA COUNCIL<br>161 KLEVIN STREET, STE 100<br>ANCHORAGE, AK 99508  | 92-0029613 |                                 | 14,090.                  |                                   |   |                                       | FAMILY STRENGTHENING PROGRAM       |
| CAMP FIRE USA ALASKA COUNCIL<br>161 KLEVIN STREET, #100<br>ANCHORAGE, AK 99508   | 92-0029613 |                                 | 92,997.                  |                                   |   |                                       | SCHOOL AGE PROGRAM                 |
| CATHOLIC SOCIAL SERVICES<br>3710 E 20TH AVENUE<br>ANCHORAGE, AK 99508  | 92-0037322 |                                 | 33,817.                  |                                   |   |                                       | BROTHER FRANCIS SHELTER            |
| CATHOLIC SOCIAL SERVICES<br>3710 E 20TH AVENUE<br>ANCHORAGE, AK 99508  | 92-0037322 |                                 | 28,181.                  |                                   |   |                                       | CLARE HOUSE                        |

## Continuation Sheet for Schedule I (Form 990)

# 2019

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

Continuation Page 2 of 5

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|-------------------------------------|
| CATHOLIC SOCIAL SERVICES<br>3710 E 20TH AVENUE<br>ANCHORAGE, AK 99508           | 92-0037322 |                                 | 16,908.                  |                                   |   |                                       | HOMELESS FAMILY SERVICES            |
| CATHOLIC SOCIAL SERVICES<br>3710 E 20TH AVENUE<br>ANCHORAGE, AK 99508           | 92-0037322 |                                 | 16,909.                  |                                   |   |                                       | ST FRANCIS HOME                     |
| CATHOLIC SOCIAL SERVICES<br>3710 E 20TH AVENUE<br>ANCHORAGE, AK 99508           | 92-0037322 |                                 | 19,727.                  |                                   |   |                                       | REFUGEE ASSISTANCE AND IMMIGRATION  |
| BEST BEGINNINGS<br>3350 COMMERCIAL DR #104A<br>ANCHORAGE, AK 99501              | 45-5066055 |                                 | 11,272.                  |                                   |   |                                       | ANCHORAGE IMAGINATION LIBRARY       |
| CHILD CARE CONNECTION, INC<br>3350 COMMERCIAL DR STE 208<br>ANCHORAGE, AK 99501 | 92-0113419 |                                 | 39,453.                  |                                   |   |                                       | CHILD CARE RESOURCE AND REFERRAL    |
| CHRISTIAN HEALTH ASSOCIATES<br>1825 ACADEMY DR<br>ANCHORAGE, AK 99507           | 92-0152088 |                                 | 14,090.                  |                                   |   |                                       | ANCHORAGE PROJECT ACCESS            |
| MONEY MANAGEMENT INTERNATIONAL<br>417 BARROW ST.<br>ANCHORAGE, AK 99501         | 92-0089285 |                                 | 22,545.                  |                                   |   |                                       | FINANCIAL LITERACY FOR ALL ALASKANS |
| COVENANT HOUSE ALASKA<br>PO BOX 100620<br>ANCHORAGE, AK 99510                   | 13-3419755 |                                 | 11,272.                  |                                   |   |                                       | PASSAGE HOUSE                       |
| COVENANT HOUSE ALASKA<br>PO BOX 100620<br>ANCHORAGE, AK 99510                   | 13-3419755 |                                 | 24,517.                  |                                   |   |                                       | CRISIS CENTER                       |
| FOOD BANK OF ALASKA<br>2121 SPAR AVENUE<br>ANCHORAGE, AK 99501                  | 92-0073175 |                                 | 28,181.                  |                                   |   |                                       | ANTI-HUNGER LEADERSHIP              |

## Continuation Sheet for Schedule I (Form 990)

# 2019

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

Continuation Page 3 of 5

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| GIRL SCOUTS OF ALASKA<br>3911 TURNAGAIN BOULEVARD, E<br>ANCHORAGE, AK 99517        | 92-6000179 |                                 | 33,924.                  |                                   |   |                                       | GIRL SCOUT LEADERSHIP EXPERIENCE   |
| HABITAT FOR HUMANITY - ANCH,<br>900 EAST BENSON BLVD<br>ANCHORAGE, AK 99508        | 92-0140434 |                                 | 14,090.                  |                                   |   |                                       | HABITAT FOR HUMANITY OPERATIONS    |
| KIDS' CORPS, INC<br>PO BOX 102048<br>ANCHORAGE, AK 99510                           | 94-3042122 |                                 | 43,962.                  |                                   |   |                                       | HEAD START                         |
| LUTHERAN SOCIAL SERVICES OF A<br>1303 W 33RD STREET, STE A<br>ANCHORAGE, AK 99503  | 94-3055592 |                                 | 12,681.                  |                                   |   |                                       | TRANSITIONAL LIVING PROGRAM        |
| NINE STAR ENTERPRISES, INC.<br>730 I STREET<br>ANCHORAGE, AK 99501                 | 92-0069154 |                                 | 28,181.                  |                                   |   |                                       | YOUTH EDUCATION & EMPLOYMENT       |
| PROGRAMS FOR INFANTS & CHILD.<br>161 KLEVIN STREET, STE 103<br>ANCHORAGE, AK 99508 | 92-0100494 |                                 | 36,635.                  |                                   |   |                                       | INFANT EARLY LEARNING              |
| SALVATION ARMY ANCHORAGE<br>PO BOX 101459<br>ANCHORAGE, AK 99510                   | 92-1156347 |                                 | 69,325.                  |                                   |   |                                       | MCKINNELL HOUSE                    |
| SALVATION ARMY ANCHORAGE<br>143 E 9TH AVENUE<br>ANCHORAGE, AK 99501                | 92-1156347 |                                 | 45,089.                  |                                   |   |                                       | THE SALVATION ARMY OLDER ALASKANS  |
| SPIRIT OF YOUTH<br>PO BOX 243721<br>ANCHORAGE, AK 99501                            | 92-0168893 |                                 | 8,454.                   |                                   |   |                                       | ALASKA TEEN MEDIA INSTITUTE        |
| STAR, INC<br>1057 W FIREWEED LANE, STE 230<br>ANCHORAGE, AK 99503                  | 92-0071466 |                                 | 39,453.                  |                                   |   |                                       | STAR DIRECT SERVICES PROGRAM       |



Continuation Sheet for Schedule I (Form 990)

2019

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

Continuation Page 4 of 5

|   |  |
|---|--|
| Name of the organization<br>UNITED WAY OF ANCHORAGE | Employer identification number<br>92-0027948 |
|---|--|

| <b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> (Schedule I (Form 990), Part II.) |            |                                 |                          |                                   |   |                                       |                                    |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| VOLUNTEERS OF AMERICA ALASKA<br>2600 CORDOVA ST STE 101<br>ANCHORAGE, AK 99503   | 70-2240098 |                                 | 16,909.                  |                                   |   |                                       | CMCA                               |
| VOLUNTEERS OF AMERICA ALASKA<br>2600 CORDOVA ST STE 101<br>ANCHORAGE, AK 99503   | 74-2240098 |                                 | 14,654.                  |                                   |   |                                       | RESTORATIVE JUSTICE                |
| YWCA ANCHORAGE<br>324 E 5TH AVENUE<br>ANCHORAGE, AK 99501  | 92-0130244 |                                 | 31,083.                  |                                   |   |                                       | WOMEN'S ECONOMIC EMPOWERMENT CTR   |
| YWCA ANCHORAGE<br>324 E 5TH AVENUE<br>ANCHORAGE, AK 99501  | 92-0130244 |                                 | 12,963.                  |                                   |   |                                       | WOMENS WELLNESS PROGRAM            |
| RURAL (CAP)<br>731 EAST 8TH AVENUE<br>ANCHORAGE,, AK 99501   | 92-0033876 |                                 | 28,433.                  |                                   |   |                                       | FOSTER GRANDPARENTS                |
| RURAL ALASKA COM. ACTION PRGM<br>731 EAST 8TH AVENUE<br>ANCHORAGE, AK 99501  | 92-0033876 |                                 | 14,090.                  |                                   |   |                                       | TRANSITIONAL HOUSING PROGRAM       |
| VOLUNTEERS OF AMERICA OF AK<br>2600 CORDOVA ST STE 101<br>ANCHORAGE, AK 99503  | 74-2240098 |                                 | 49,035.                  |                                   |   |                                       | ASSIST                             |
| ABUSED WOMEN'S AID IN CRISIS<br>100 W 13TH AVENUE<br>ANCHORAGE, AK 99501   | 92-0061049 |                                 | 42,271.                  |                                   |   |                                       | EMERGENCY SHELTER & HOUSING        |
| ANCHORAGE COMM MENTAL HEALTH<br>4020 FOLKER STREET<br>ANCHORAGE, AK 99508  | 51-0152394 |                                 | 8,454.                   |                                   |   |                                       | HOMELESS HOUSING INITIATIVE        |
| NINE STAR ENTERPRISES, INC.<br>730 I STREET<br>ANCHORAGE, AK 99501   | 92-0069154 |                                 | 22,545.                  |                                   |   |                                       | WORKFORCE DEVELOPMENT              |

## Continuation Sheet for Schedule I (Form 990)

# 2019

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

Continuation Page 5 of 5

|  |   |
|--|---|
| Name of the organization<br><b>UNITED WAY OF ANCHORAGE</b> | Employer identification number<br><b>92-0027948</b> |
|--|---|

| <b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) |            |                                 |                          |                                   |   |                                       |                                    |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| <u>CCS EARLY LEARNING</u><br><u>208 EAST 4TH AVENUE</u><br><u>ANCHORAGE, AK 99501</u>  | 92-0040291 |                                 | 28,181.                  |                                   |   |                                       | HEAD<br>START/EARLY<br>HEAD START  |
| <u>CENTER FOR SAFE ALASKANS</u><br><u>4241 B STREET, STE 100</u><br><u>ANCHORAGE, AK 99503</u>   | 92-0169574 |                                 | 14,966.                  |                                   |   |                                       | RAISE YOUR<br>VOICE                |
| <u>HOSPICE OF ANCHORAGE</u><br><u>2612 E NORTHERN LIGHTS BLVD</u><br><u>ANCHORAGE, AK 99508</u>  | 92-0018009 |                                 | 20,290.                  |                                   |   |                                       | HOSPICE<br>SERVICES                |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |
|  |            |                                 |                          |                                   |   |                                       |                                    |

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**2019**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

UNITED WAY OF ANCHORAGE

92-0027948

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. **PART III**

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization? .....

**b** Any related organization? .....

If 'Yes' on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If 'Yes' on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. ....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. ....

**9** If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|            | Yes | No |
|------------|-----|----|
| <b>1 a</b> |     |    |
| <b>1 b</b> |     |    |
| <b>2</b>   | X   |    |
| <b>3</b>   |     |    |
| <b>4 a</b> |     | X  |
| <b>4 b</b> | X   |    |
| <b>4 c</b> |     | X  |
| <b>5 a</b> |     | X  |
| <b>5 b</b> |     | X  |
| <b>6 a</b> |     | X  |
| <b>6 b</b> |     | X  |
| <b>7</b>   |     | X  |
| <b>8</b>   |     | X  |
| <b>9</b>   |     |    |

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

**Schedule J (Form 990) 2019**

**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.

| (A) Name and Title |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|--------------------------------|---|
|                    |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                |   |
| MICHELE BROWN      | (i)  | 171,428.   | 0.                                  | 0.                                  | 10,000.  | 0.                      | 181,428.                       | 0.  |
| 1 PRESIDENT/CEO    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                             | 0.  |
| 2                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 3                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 4                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 5                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 6                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 7                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 8                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 9                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 10                 | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 11                 | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 12                 | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 13                 | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 14                 | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 15                 | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |
| 16                 | (i)  |  |                                     |                                     |  |                         |                                |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                |   |

**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 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION**

MICHELLE BROWN - \$10,000 TOP HAT COMPENSATION PLAN

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

**FORM 990, PART III, LINE 2 - NEW SERVICES**

COMMUNITY - UNITED WAY OF ANCHORAGE ENGAGES IN A VARIETY OF ACTIVITIES AIMED AT FOSTERING COLLABORATION TO ACHIEVE SHARED COMMON GOALS AND DERIVE MEASURABLE IMPROVEMENTS FOR THE ANCHORAGE COMMUNITY.

UWA ADMINISTERED A SIGNIFICANT AMOUNT OF THE MUNICIPALITY OF ANCHORAGE'S COVID-19 PROGRAMS. MOST OF THIS DID NOT OCCUR UNTIL FY21, BUT WE DID ADMINISTER \$513,000 FOR THE RENTAL AND UTILITY RELIEF PROGRAM DURING FY20.

UWA STARTED THE ANCHORAGE CARES CAMPAIGN IN RESPONSE TO THE PANDEMIC. AS OF 6-30-20, \$326,166 RAISED AND \$305,822 PAID OUT.

UWA PARTNERS WITH ACF ON THE AK CAN DO CAMPAIGN IN RESPONSE TO THE PANDEMIC. AS OF 6-30-20, \$480,047 RAISED AND \$285,873 PAID OUT.

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

THE FORM IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL.

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

BY REVIEWING AND OBTAINING STATEMENTS OF UNDERSTANDING AND COMPLIANCE ANNUALLY.

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

THE EXECUTIVE COMMITTEE OF THE BOARD SERVES TO REVIEW AND ESTABLISH THE CEO'S COMPENSATION AND CONSIDERS THE PACKAGE LEVEL FOR COMPARABLE ORGANIZATIONS IN ANCHORAGE, ALASKA, AND NATIONWIDE AND MAY INCLUDE SURVEYS CONDUCTED BY THE FORAKER GROUP AND UNITED WAY WORLDWIDE AND OTHER SURVEYS OR ADVICE OF CONSULTANTS TO HELP DETERMINE, AS THE IRS DEFINES IT, "THE VALUE THAT WOULD ORDINARILY BE PAID FOR SERVICES BY ALIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES." THE COMMITTEE'S

RECOMMENDATION IS PRESENTED TO THE FULL BOARD FOR APPROVAL.

Name of the organization

UNITED WAY OF ANCHORAGE

Employer identification number

92-0027948

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

MOST IS AVAILABLE ON WEBSITE AND IS ALSO AVAILABLE UPON REQUEST.

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

|                          | (A)<br>TOTAL         | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUND-<br>RAISING |
|--------------------------|----------------------|----------------------------|--------------------------------|-------------------------|
| PROFESSIONAL/CONTRACTUAL | 1,205,153.           | 992,261.                   | 187,005.                       | 25,887.                 |
| PROJECT PROGRAM EXPENSE  | 5,250.               | 4,235.                     | 844.                           | 171.                    |
| <b>TOTAL</b>             | <b>\$ 1,210,403.</b> | <b>\$ 996,496.</b>         | <b>\$ 187,849.</b>             | <b>\$ 26,058.</b>       |

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>UNITED WAY OF ANCHORAGE</b>                        | Taxpayer identification number (TIN)<br><br><b>92-0027948</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions.<br><br><b>PO BOX 200108</b>                     |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><br><b>ANCHORAGE, AK 99520</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 07

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

• The books are in the care of ▶ ANGELA PINSONNEAULT -----

Telephone No. ▶ 907-263-3810 ----- Fax No. ▶ -----

• If the organization does not have an office or place of business in the United States, check this box ..... ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. .... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 5/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 19, and ending 6/30, 20 20.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |           |    |    |
|--|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



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

**2019**

For calendar year 2019 or other tax year beginning 7/01, 2019, and ending 6/30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

|   |                      |   |   |
|---|----------------------|---|---|
| <p><b>A</b> <input checked="" type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501( C )( 3 )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> | <b>Print or Type</b> | <p style="text-align: right;"><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>UNITED WAY OF ANCHORAGE</b><br/>PO BOX 200108<br/>ANCHORAGE, AK 99520</p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p style="text-align: center;">92-0027948</p> <p><b>E</b> Unrelated business activity code (See instructions.)</p> <p style="text-align: center;">713200</p> |
|---|----------------------|---|---|

|  |  |
|--|--|
| <p><b>C</b> Book value of all assets at end of year</p> <p style="text-align: center;">12,293,028.</p> | <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type . . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|--|--|

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **GAMING**. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of ▶ **ANGELA PINSONNEAULT** Telephone number ▶ **907-263-3810**

| Part I Unrelated Trade or Business Income  | (A) Income      | (B) Expenses | (C) Net         |
|--|-----------------|--------------|-----------------|
| <b>1 a</b> Gross receipts or sales. . . . . <u>193,596.</u>  |                 |              |                 |
| <b>b</b> Less returns and allowances. . . . .  |                 |              |                 |
| <b>c</b> Balance ▶   | <b>1 c</b>      |              |                 |
| <b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .   | <u>193,596.</u> |              |                 |
| <b>3</b> Gross profit. Subtract line 2 from line 1c. . . . .   | <b>3</b>        |              | <u>193,596.</u> |
| <b>4 a</b> Capital gain net income (attach Schedule D) . . . . .   | <b>4 a</b>      |              |                 |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .                      | <b>4 b</b>      |              |                 |
| <b>c</b> Capital loss deduction for trusts . . . . .   | <b>4 c</b>      |              |                 |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .               | <b>5</b>        |              |                 |
| <b>6</b> Rent income (Schedule C) . . . . .  | <b>6</b>        |              |                 |
| <b>7</b> Unrelated debt-financed income (Schedule E) . . . . .   | <b>7</b>        |              |                 |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . . | <b>8</b>        |              |                 |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .      | <b>9</b>        |              |                 |
| <b>10</b> Exploited exempt activity income (Schedule I) . . . . .  | <b>10</b>       |              |                 |
| <b>11</b> Advertising income (Schedule J) . . . . .  | <b>11</b>       |              |                 |
| <b>12</b> Other income (See instructions; attach schedule) . . . . .                                     | <b>12</b>       |              |                 |
| <b>13 Total.</b> Combine lines 3 through 12. . . . .   | <b>13</b>       | <u>0.</u>    | <u>193,596.</u> |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) |             |  |                 |
|--|-------------|--|-----------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .   |             |  |                 |
| <b>15</b> Salaries and wages . . . . .   |             |  |                 |
| <b>16</b> Repairs and maintenance . . . . .  |             |  |                 |
| <b>17</b> Bad debts . . . . .  |             |  |                 |
| <b>18</b> Interest (attach schedule) (see instructions) . . . . .  |             |  |                 |
| <b>19</b> Taxes and licenses . . . . .   |             |  |                 |
| <b>20</b> Depreciation (attach Form 4562) . . . . .  | <b>20</b>   |  |                 |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .  | <b>21 a</b> |  |                 |
| <b>22</b> Depletion . . . . .  |             |  |                 |
| <b>23</b> Contributions to deferred compensation plans . . . . .   |             |  |                 |
| <b>24</b> Employee benefit programs . . . . .  |             |  |                 |
| <b>25</b> Excess exempt expenses (Schedule I) . . . . .  |             |  |                 |
| <b>26</b> Excess readership costs (Schedule J) . . . . .   |             |  |                 |
| <b>27</b> Other deductions (attach schedule) . . . . .   |             |  |                 |
| <b>27</b> SEE STATEMENT 1  |             |  |                 |
| <b>28 Total deductions.</b> Add lines 14 through 27. . . . .   |             |  | <u>193,596.</u> |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13. . . . .  |             |  | <u>193,596.</u> |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .                                   |             |  |                 |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29. . . . .  |             |  | <u>0.</u>       |

**Part III Total Unrelated Business Taxable Income**

|    |  |    |    |
|----|--|----|----|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....                                    | 32 | 0. |
| 33 | Amounts paid for disallowed fringes.....   | 33 |    |
| 34 | Charitable contributions (see instructions for limitation rules).....  | 34 |    |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33.....             | 35 | 0. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).....   | 36 |    |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.....   | 37 | 0. |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions).....   | 38 |    |
| 39 | <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37..... | 39 | 0. |

**Part IV Tax Computation**

|    |  |    |    |
|----|--|----|----|
| 40 | <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21).....  | 40 | 0. |
| 41 | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... | 41 |    |
| 42 | <b>Proxy tax.</b> See instructions.....  | 42 |    |
| 43 | Alternative minimum tax (trusts only).....   | 43 |    |
| 44 | <b>Tax on Noncompliant Facility Income.</b> See instructions.....  | 44 |    |
| 45 | <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies.....  | 45 | 0. |

**Part V Tax and Payments**

|     |  |     |    |
|-----|--|-----|----|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....   | 46a |    |
| b   | Other credits (see instructions).....  | 46b |    |
| c   | General business credit. Attach Form 3800 (see instructions).....  | 46c |    |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827).....  | 46d |    |
| e   | <b>Total credits.</b> Add lines 46a through 46d.....   | 46e | 0. |
| 47  | Subtract line 46e from line 45.....  | 47  | 0. |
| 48  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach schedule)..... | 48  |    |
| 49  | <b>Total tax.</b> Add lines 47 and 48 (see instructions).....  | 49  | 0. |
| 50  | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.....  | 50  |    |
| 51a | Payments: A 2018 overpayment credited to 2019.....   | 51a |    |
| b   | 2019 estimated tax payments.....   | 51b |    |
| c   | Tax deposited with Form 8868.....  | 51c |    |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions).....  | 51d |    |
| e   | Backup withholding (see instructions).....   | 51e |    |
| f   | Credit for small employer health insurance premiums (attach Form 8941).....  | 51f |    |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439<br><input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total.....   | 51g |    |
| 52  | <b>Total payments.</b> Add lines 51a through 51g.....  | 52  | 0. |
| 53  | Estimated tax penalty (see instructions). Check if Form 2220 is attached.....  | 53  |    |
| 54  | <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.....  | 54  |    |
| 55  | <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.....  | 55  |    |
| 56  | Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | 56  |    |

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

|    |   |     |    |
|----|---|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here..... | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.....   |     | X  |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ <input type="checkbox"/> 0.   |     |    |

**Sign Here**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: CFO/VP OF FINAN  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: TOM J. DOMAGALA, CPA  
 Preparer's signature: *Tom J. Domagala, CPA*  
 Date: 5-10-2021  
 Check  if self-employed  
 PTIN: P00122688  
 Firm's name: ALTMAN ROGERS & CO  
 Firm's EIN: 92-0143182  
 Firm's address: 3000 C STREET SUITE 201 ANCHORAGE, AK 99503  
 Phone no.: (907) 274-2992

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

|     |   |     |  |   |   |   |  |     |    |
|-----|---|-----|--|---|---|---|--|-----|----|
| 1   | Inventory at beginning of year.....             | 1   |  | 6 | Inventory at end of year.....   | 6 |  |     |    |
| 2   | Purchases.....                                  | 2   |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2..... | 7 |  |     |    |
| 3   | Cost of labor.....                              | 3   |  |   |   |   |  | Yes | No |
| 4 a | Additional section 263A costs (attach schedule) | 4 a |  |   |   |   |  |     |    |
| b   | Other costs (attach sch)                        | 4 b |  |   |   |   |  |     |    |
| 5   | <b>Total.</b> Add lines 1 through 4b.....       | 5   |  |   |   |   |  |     | X  |

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

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

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

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

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

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations                  |                                    |  |   |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
|                                   |                                  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1)                               |                                  |  |                                    |  |   |
| (2)                               |                                  |  |                                    |  |   |
| (3)                               |                                  |  |                                    |  |   |
| (4)                               |                                  |  |                                    |  |   |

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

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

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

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

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1)                                 |  |  |   |  |                                     |   |
| (2)                                 |  |  |   |  |                                     |   |
| (3)                                 |  |  |   |  |                                     |   |
| (4)                                 |  |  |   |  |                                     |   |
| <b>Totals</b> .....                 |  | Enter here and on page 1, Part I, line 10, column (A).                     | Enter here and on page 1, Part I, line 10, column (B).  |  |                                     | Enter here and on page 1, Part II, line 25.                                     |

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

| 1 Name of periodical                      | 2 Gross advertising income                            | 3 Direct advertising costs                             | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). |
|---|---|--|---|----------------------|--------------------|--|
| (1)                                       |   |  |   |                      |                    |  |
| (2)                                       |   |  |   |                      |                    |  |
| (3)                                       |   |  |   |                      |                    |  |
| (4)                                       |   |  |   |                      |                    |  |
| <b>Totals from Part I</b> .....           |   |  |   |                      |                    |  |
| <b>Totals, Part II (lines 1– 5)</b> ..... | Enter here and on page 1, Part I, line 11, column (A) | Enter here and on page 1, Part I, line 11, column (B). |   |                      |                    | Enter here and on page 1, Part II, line 26.                                |

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

| 1 Name   | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
|  |         | 0%                                    |   |
|  |         | 0%                                    |   |
|  |         | 0%                                    |   |
|  |         | 0%                                    |   |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |         |                                       |   |

STATEMENT 1  
FORM 990-T, PART II, LINE 27  
OTHER DEDUCTIONS

|   |          |                 |
|---|----------|-----------------|
| GAMING CASH PRIZES.....                     | \$       | 75,524.         |
| GAMING RENT/FACILITY COST.....              |          | 3,669.          |
| GAMING OTHER DIRECT EXPENSES.....           |          | 27,355.         |
| ALASKA STATUTE SEC. 05.15.150 EXPENSES..... |          | 87,048.         |
|   | TOTAL \$ | <u>193,596.</u> |

United Way of Anchorage

**FEDERAL TAXABLE INCOME**

Federal taxable income ..... 0

**TAXABLE INCOME**

Alaska apportionment factor ..... 1.000000

Alaska taxable income ..... 0

**TAX COMPUTATION**

Alaska corporate income tax ..... 0

Net Alaska income tax ..... 0

**TAX RATES**

Marginal tax rate ..... 0.00%

**Forms needed for this return**

Alaska: 6000

**PDF Attachments**

Auto-Attach PDFs will be added to the list after the E-File is submitted

Alaska

Federal Form 990-T Attachment, Federal Form 990-T.PDF  
Federal Form 990-T Attachment, Federal Form 990-T.PDF

**Tax Rates**

|        | <u>Marginal</u> | <u>Effective</u> |
|--------|-----------------|------------------|
| Alaska | 0%              | 0%               |



CLIENT UWANCHOR

**ALTMAN ROGERS & CO  
3000 C STREET SUITE 201  
ANCHORAGE, AK 99503  
(907) 274-2992**

May 18, 2021

United Way of Anchorage  
PO Box 200108  
Anchorage, AK 99520

FEDERAL ID: 92-0027948

Dear Client:

Your 2019 Alaska Corporation Income Tax Return was acknowledged as accepted by the State of Alaska on May 14, 2021. No tax is payable with the filing of this return.

Please be sure to call if you have any questions.

Sincerely,



Tom J. Domagala, CPA

10:30 AM

Altman, Rogers & Company

Client UWANCHOR - United Way of Anchorage  
AK Even Return.....\$0

EIN: 92-0027948

Activity

---

AK - ACCEPTED 05/14 (Current Status)  
Submission ID: 920364202113404wup7g

Previous Activity

- 05/14 Sent to Lacerte
  - 05/14 Ready to Send
  - 05/14 Passed Validation
  - 05/14 Sent to Alaska
  - 05/14 Received at Lacerte
-

# Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2019 or the taxable year beginning 7/01, 2019, ending 6/30, 2020

**2019**

|   |  |                             |   |                          |
|---|--|-----------------------------|---|--------------------------|
| EIN<br><b>92-0027948</b>  |  | NAICS Code<br><b>713200</b> | Contact Person<br><b>Angela Pinsonneault</b>    |                          |
| Name<br><b>United Way of Anchorage</b>  |  |                             | Title<br><b>CFO/ Fin VP</b>                     |                          |
| Mailing Address<br><b>PO Box 200108</b>   |  |                             | Contact Email Address                           |                          |
| City<br><b>Anchorage</b>  |  |                             | State<br><b>AK</b>                              | Zip Code<br><b>99520</b> |
|   |  |                             | Contact Telephone Number<br><b>907-263-2000</b> | Contact Fax Number       |
| Return Information (check applicable boxes)   |  |                             |   |                          |
| <input type="checkbox"/> Final Alaska return <input type="checkbox"/> Carryback is waived for net operating loss <input type="checkbox"/> Exempt organization with UBTI<br><input type="checkbox"/> Consolidated Alaska return <input type="checkbox"/> Public Law 86-272 applies <input type="checkbox"/> S Corporation (attach Form 1120S)<br><input type="checkbox"/> Amended return <input type="checkbox"/> HOA filing Form 1120-H <input type="checkbox"/> Personal Holding Company<br><input type="checkbox"/> Federal extension is in effect <input type="checkbox"/> Small corporation exemption (see instructions) <input type="checkbox"/> Cooperative Association |  |                             |   |                          |
| If amended return box above is checked, then check the following boxes, if applicable:  |  |                             |   |                          |
| <input type="checkbox"/> Amended return to report IRS audit or Form 1120X <input type="checkbox"/> This is a protective claim   |  |                             |   |                          |

## SCHEDULE A – NET INCOME TAX SUMMARY

|  |           |     |
|--|-----------|-----|
| 1 Alaska income (loss) from Schedule H, line 12.....   | <b>1</b>  |     |
| 2 Alaska net operating loss utilized: carryover ( ) carryback ( ). Total.....                              | <b>2</b>  | ( ) |
| 3 Alaska taxable income. Add lines 1-2.....  | <b>3</b>  |     |
| 4 Alaska income tax from Schedule D, line 2.....   | <b>4</b>  |     |
| 5 Other taxes from Schedule E, line 7.....   | <b>5</b>  |     |
| 6 Total tax. Add lines 4-5.....  | <b>6</b>  |     |
| 7 Alaska incentive credits applied against tax from Form 6300, line 49.....                                | <b>7</b>  |     |
| 8 Federal-based credits from Form 6390, line 33.....   | <b>8</b>  |     |
| 9 Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220.. | <b>9</b>  | 0.  |
| 10 Payments from page 3, Schedule C.....   | <b>10</b> |     |
| 11 Alaska credit for prior year minimum tax (see instructions).....  | <b>11</b> |     |
| 12 Alaska incentive credits claimed as refund from Form 6300, line 38.....                                 | <b>12</b> |     |
| 13 Tax due (overpaid). Subtract the sum of lines 10-12 from line 9.....                                    | <b>13</b> | 0.  |
| 14 Penalty for underpayment of estimated tax (see instructions).....                                       | <b>14</b> |     |
| 15 Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP.....                           | <b>15</b> | 0.  |
| 16 Overpayment credited to 2020 estimated tax (enter as positive number).....                              | <b>16</b> |     |
| 17 Refund. Add lines 15-16.....  | <b>17</b> |     |

|  |                   |                               |   |
|--|-------------------|-------------------------------|---|
| <i>I declare, under penalty of perjury, that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</i> |                   |                               | <input checked="" type="checkbox"/> Check if the DOR may discuss this return with the preparer (see instructions) |
| Officer's Signature  | Date              | Title                         |   |
|  |                   | <b>Interim CFO/Fin VP</b>     |   |
| Preparer's Signature   | Date              | Preparer Firm's Name          | Preparer's SSN or PTIN  |
| <b>Tom J. Domagala,</b> <i>Tom J. Domagala, CPA</i>  | <b>5-10-2021</b>  | <b>ALTMAN ROGERS &amp; CO</b> | <b>P00122688</b>  |
| Preparer Firm's Address  | EIN               | Phone                         |   |
| <b>3000 C Street Suite 201</b>   | <b>92-0143182</b> | <b>(907) 274-2992</b>         |   |
| City   | State             | Zip Code                      |   |
| <b>Anchorage</b>   | <b>AK</b>         | <b>99503</b>                  |   |

|                   |                                 |
|-------------------|---------------------------------|
| EIN<br>92-0027948 | Name<br>United Way of Anchorage |
|-------------------|---------------------------------|

**SCHEDULE B – ALASKA TAXPAYER INFORMATION**

**1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.**

| A<br>Name of each corporation with nexus in Alaska  | B<br>P.L.<br>86-272<br>applies | C<br>Alaska<br>Insurance<br>Company | D<br>EIN | E<br>NAICS<br>Code |       |          |
|---|--------------------------------|-------------------------------------|----------|--------------------|-------|----------|
| Name  | <input type="checkbox"/>       | <input type="checkbox"/>            |          |                    |       |          |
| Address   |                                |                                     |          |                    |       |          |
| City  |                                |                                     |          |                    | State | Zip Code |
| Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales |                                |                                     |          |                    |       |          |
| Name  | <input type="checkbox"/>       | <input type="checkbox"/>            |          |                    |       |          |
| Address   |                                |                                     |          |                    |       |          |
| City  |                                |                                     |          |                    | State | Zip Code |
| Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales |                                |                                     |          |                    |       |          |
| Name  | <input type="checkbox"/>       | <input type="checkbox"/>            |          |                    |       |          |
| Address   |                                |                                     |          |                    |       |          |
| City  |                                |                                     |          |                    | State | Zip Code |
| Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales |                                |                                     |          |                    |       |          |
| Name  | <input type="checkbox"/>       | <input type="checkbox"/>            |          |                    |       |          |
| Address   |                                |                                     |          |                    |       |          |
| City  |                                |                                     |          |                    | State | Zip Code |
| Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales |                                |                                     |          |                    |       |          |

**2** If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

|         |      |       |          |  |
|---------|------|-------|----------|--|
| EIN     | Name |       |          |  |
| Address | City | State | Zip Code |  |

**3** If this is the first return, indicate if:  Successor to previously existing business (Enter name, address, and EIN of previous business)

|         |      |       |          |  |
|---------|------|-------|----------|--|
| EIN     | Name |       |          |  |
| Address | City | State | Zip Code |  |

**4** Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

|        |      |  |  |  |
|--------|------|--|--|--|
| EIN    | Name |  |  |  |
| Reason |      |  |  |  |

|                   |                                 |
|-------------------|---------------------------------|
| EIN<br>92-0027948 | Name<br>United Way of Anchorage |
|-------------------|---------------------------------|

**SCHEDULE C – TAX PAYMENT RECORD**

| Estimated Payments                | Date | Amount |
|-----------------------------------|------|--------|
| First.....                        |      |        |
| Second.....                       |      |        |
| Third.....                        |      |        |
| Fourth.....                       |      |        |
| Total estimated tax payments..... |      | 0.     |

| Summary  | Date | Amount |
|--|------|--------|
| Payment with extension                                   |      |        |
| Total estimated tax payments                             |      | 0.     |
| Overpayment from prior year                              |      |        |
| Less: Quick Refund from Form 6230                        |      |        |
| Amended return only:                                     |      |        |
| Tax paid with original return and additional tax paid    |      |        |
| Less: Overpayment previously credited to 2020            |      |        |
| Less: Refund from original return and additional refunds |      |        |
| Total net payments to Schedule A, line 10                |      | 0.     |

**SCHEDULE D – ALASKA TAX COMPUTATION**

Tax Rate Table is contained in instructions

|   |   |  |
|---|---|--|
| 1 Alaska taxable income from Schedule A, line 3.....                                | 1 |  |
| 2 Tax. Use Tax Rate Table to compute tax. Enter here and on Schedule A, line 4..... | 2 |  |

**SCHEDULE E – OTHER TAXES**

|  |   |          |
|--|---|----------|
| 1 Base Erosion and Anti-Abuse Tax (BEAT) from federal Form 8991..... | 1 |          |
| 2 Apportionment factor, from Schedule I, line 14.....                | 2 | 1.000000 |
| 3 Multiply line 1 by line 2.....                                     | 3 |          |
| 4 Personal Holding Company tax (see instructions).....               | 4 | 0.       |
| 5 Tax on early cessation of operations – LNG storage facility.....   | 5 | 0.       |
| 6 Other taxes (see instructions).....                                | 6 | 0.       |
| 7 Add lines 3-6. Enter here and on Schedule A, line 5.....           | 7 | 0.       |

|                   |                                 |
|-------------------|---------------------------------|
| EIN<br>92-0027948 | Name<br>United Way of Anchorage |
|-------------------|---------------------------------|

**SCHEDULE H – COMPUTATION OF ALASKA INCOME**

|                    |            |  |   |
|--------------------|------------|--|---|
|                    | <b>1</b>   | Federal taxable income (loss) (see instructions) .....   |   |
| Combined Reporting | <b>2a</b>  | Federal taxable income (loss) of corporations not included in line 1 .....   |   |
|                    | <b>2b</b>  | Foreign corporations with 20% or greater U.S. factors .....  |   |
|                    | <b>2c</b>  | Income from tax haven corporations and any FSC profit .....  |   |
|                    | <b>2d</b>  | Federal taxable (income) loss of non-unitary corporations .....  |   |
|                    | <b>2e</b>  | Federal taxable (income) loss of corporations with U.S. factors of less than 20% .....                                       |   |
|                    | <b>2f</b>  | Intercompany eliminations (see instructions) .....   |   |
|                    |            | <b>2g</b>  | Total adjustments for combined reporting. Add lines 2a-2f ..... |
|                    | <b>3</b>   | Net income before state modifications and adjustments. Add lines 1 and 2g .....  |   |
| Additions          | <b>4a</b>  | Taxes based on or measured by net income .....   |   |
|                    | <b>4b</b>  | Expenses incurred to produce non-business income .....   |   |
|                    | <b>4c</b>  | Federal charitable contributions from federal Form 1120, line 19 .....   |   |
|                    | <b>4d</b>  | Net Section 1231 losses from federal Form 4797, line 11 .....  |   |
|                    | <b>4e</b>  | Oil and gas service industry expenditures. Enter amount from Form 6327, line 2 .....   |   |
|                    | <b>4f</b>  | Adjustment for in-state oil refinery expenditures under AS 43.20.053 .....   |   |
|                    | <b>4g</b>  | Other (attach schedule) .....  |   |
|                    |            | <b>4h</b>  | Total additions. Add lines 4a-4g .....                          |
|                    | <b>5</b>   | Total. Add lines 3 and 4h .....  |   |
| Subtractions       | <b>6a</b>  | Interest from obligations of the United States .....   |   |
|                    | <b>6b</b>  | Intercompany dividends .....   |   |
|                    | <b>6c</b>  | Section 78 gross-up dividends .....  |   |
|                    | <b>6d</b>  | 80% of dividends received from foreign corporations .....  |   |
|                    | <b>6e</b>  | 80% of royalties accrued or received from foreign corporations .....   |   |
|                    | <b>6f</b>  | Non-business income (attach schedule) .....  |   |
|                    | <b>6g</b>  | Federal Form 1120, line 8 capital gain income .....  |   |
|                    | <b>6h</b>  | Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12 .....                                    |   |
|                    | <b>6i</b>  | Other (attach schedule) .....  |   |
|                    |            | <b>6j</b>  | Total subtractions. Add lines 6a-6i .....                       |
|                    | <b>7</b>   | Apportionable income (loss). Subtract line 6j from line 5 .....  |   |
|                    | <b>8</b>   | Apportionment factor from Schedule I, line 14 .....  | 1.000000  |
|                    | <b>9</b>   | Income (loss) apportioned to Alaska. Multiply line 7 by line 8 .....   |   |
|                    | <b>10</b>  | Non-business income (loss) net of expenses allocable to Alaska (attach schedule) .....                                       |   |
| Alaska Items       | <b>11a</b> | Alaska capital and Section 1231 gain (loss) from Schedule J, line 20 .....   |   |
|                    | <b>11b</b> | Alaska charitable contribution deduction from Schedule K, line 10d, column C .....   |   |
|                    | <b>11c</b> | Alaska dividends-received deduction (see instructions) .....   |   |
|                    |            | <b>11d</b>   | Total Alaska items (add lines 11a-11c) .....                    |
|                    | <b>12</b>  | Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1 ..... |   |

|                   |                                 |
|-------------------|---------------------------------|
| EIN<br>92-0027948 | Name<br>United Way of Anchorage |
|-------------------|---------------------------------|

**SCHEDULE I – APPORTIONMENT FACTOR**

|                 |                                 |   |                  |                                    |
|-----------------|---------------------------------|---|------------------|------------------------------------|
| <b>Property</b> | <b>1</b> Property within Alaska |   |                  |                                    |
|                 |                                 | <b>A</b><br>EIN   | <b>B</b><br>Name | <b>C</b><br>Property within Alaska |
|                 | <b>1a</b>                       |   |                  |                                    |
|                 | <b>1b</b>                       |   |                  |                                    |
|                 | <b>1c</b>                       |   |                  |                                    |
|                 | <b>1d</b>                       |   |                  |                                    |
|                 | <b>1e</b>                       |   |                  |                                    |
|                 | <b>2</b>                        | Total of line 1 column C .....  |                  |                                    |
|                 | <b>3</b>                        | Property everywhere .....   |                  |                                    |
|                 | <b>4</b>                        | Property factor. Divide line 2 by line 3.....   |                  |                                    |
| <b>Payroll</b>  | <b>5</b> Payroll within Alaska  |   |                  |                                    |
|                 |                                 | <b>A</b><br>EIN   | <b>B</b><br>Name | <b>C</b><br>Payroll within Alaska  |
|                 | <b>5a</b>                       |   |                  |                                    |
|                 | <b>5b</b>                       |   |                  |                                    |
|                 | <b>5c</b>                       |   |                  |                                    |
|                 | <b>5d</b>                       |   |                  |                                    |
|                 | <b>5e</b>                       |   |                  |                                    |
|                 | <b>6</b>                        | Total of line 5 column C .....  |                  |                                    |
|                 | <b>7</b>                        | Payroll everywhere.....   |                  |                                    |
|                 | <b>8</b>                        | Payroll factor. Divide line 6 by line 7.....  |                  |                                    |
| <b>Sales</b>    | <b>9</b> Sales within Alaska    |   |                  |                                    |
|                 |                                 | <b>A</b><br>EIN   | <b>B</b><br>Name | <b>C</b><br>Sales within Alaska    |
|                 | <b>9a</b>                       |   |                  |                                    |
|                 | <b>9b</b>                       |   |                  |                                    |
|                 | <b>9c</b>                       |   |                  |                                    |
|                 | <b>9d</b>                       |   |                  |                                    |
|                 | <b>9e</b>                       |   |                  |                                    |
|                 | <b>10</b>                       | Total of line 9 column C .....  |                  |                                    |
|                 | <b>11</b>                       | Sales everywhere.....   |                  |                                    |
|                 | <b>12</b>                       | Sales factor. Divide line 10 by line 11.....  |                  |                                    |
|                 | <b>13</b>                       | Add lines 4, 8, and 12.....   |                  |                                    |
|                 | <b>14</b>                       | Apportionment factor. Divide line 13 by 3.....<br>(if less than 3 factors are used, see instructions) |                  |                                    |
|                 |                                 |   | 1.000000         |                                    |

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**SCHEDULE J – ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES**

| Section 1231 Gains and Losses |   | A<br>Combined | B<br>AK factor | C<br>Alaska Gain or (loss) |
|-------------------------------|---|---------------|----------------|----------------------------|
| 1                             | Current Section 1231 gains and (losses). If a loss enter the result on line 19 . . .                            |               | 1.000000       |                            |
| 2                             | Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number . . . . .            |               |                |                            |
| 3                             | If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15. . . . .  |               |                |                            |
| 4                             | If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero . . . . . |               |                | 0.                         |

**Short-Term Capital Gains and Losses – STCG/(L)**

|    |  |  |          |  |
|----|--|--|----------|--|
| 5  | Total current STCG/(L) . . . . .   |  |          |  |
| 6  | Non-business STCG/(L) . . . . .  |  |          |  |
| 7  | Apportionable STCG/(L). Subtract line 6 from line 5. . . . .                                   |  | 1.000000 |  |
| 8  | Non-business STCG/(L) allocable to Alaska. . . . .   |  |          |  |
| 9  | Alaska capital loss carryover utilized ( _____ ) carryback utilized ( _____ ). Total . . . . . |  |          |  |
| 10 | Net STCG/(L), add lines 7C, 8, and 9. . . . .  |  |          |  |

**Long-term Capital Gains and Losses – LTCG/(L)**

|    |  |  |          |  |
|----|--|--|----------|--|
| 11 | Total current LTCG/(L) . . . . .                               |  |          |  |
| 12 | Non-business LTCG/(L) . . . . .                                |  |          |  |
| 13 | Apportionable LTCG/(L). Subtract line 12 from line 11. . . . . |  | 1.000000 |  |
| 14 | Non-business LTCG/(L) allocable to Alaska. . . . .             |  |          |  |
| 15 | Enter amount from line 3. . . . .                              |  |          |  |
| 16 | Net LTCG/(L). Add lines 13C, 14, and 15. . . . .               |  |          |  |

**Summary**

|    |  |  |  |  |
|----|--|--|--|--|
| 17 | Excess net short-term capital gain, line 10, over net long-term capital loss, line 16. . . . . |  |  |  |
| 18 | Excess net long-term capital gain, line 16, over net short-term capital loss, line 10. . . . . |  |  |  |
| 19 | If line 1C is a loss, enter here, otherwise enter the amount from line 4 . . . . .             |  |  |  |
| 20 | Add lines 17-19. Enter here and on Schedule H, line 11a. . . . .                               |  |  |  |



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**SCHEDULE K – CHARITABLE CONTRIBUTION DEDUCTION**

|  |     | A<br>10% Limit | B<br>25% Limit | C<br>Total |
|--|-----|----------------|----------------|------------|
| 1 Current charitable contributions .....   | 1   |                |                |            |
| 2 Education credit contributions. See instructions .....   | 2   |                |                |            |
| 3 Subtract line 2 from line 1 .....  | 3   |                |                |            |
| 4 Apportionment factor from Schedule I, line 14 .....  | 4   | 1.000000       |                |            |
| 5 Current Alaska Charitable Contributions. Multiply line 3 by line 4 .....   | 5   |                |                |            |
| 6 Alaska charitable contribution carryover from Form 6385, line 18 .....   | 6   |                |                |            |
| 7 Add lines 5-6 .....  | 7   |                |                |            |
| 8 Taxable income for deduction limitation purposes (see instructions) .....  | 8   |                |                |            |
| 9 Multiply line 8, column A by 10% and column B by 25% ..  | 9   |                |                |            |
| 10a Lesser of line 7, column A or line 9, column A. Send to 10d .....  | 10a |                |                |            |
| 10b Subtract line 10a, column A from line 9, column B .....  | 10b |                |                |            |
| 10c Lesser of line 7, column B or line 10b. Send to 10d .....  | 10c |                |                |            |
| 10d Alaska Charitable Contribution Deduction is the sum of line 10d, columns A and B. Enter on column C and Schedule H, line 11b ..... | 10d |                |                |            |

**SCHEDULE L – ALASKA DIVIDENDS – RECEIVED DEDUCTION (DRD)**

1 Dividend income included in Schedule H, line 3 ..... 1

|              |   |  |
|--------------|---|--|
| Not Eligible | 2a Intercompany dividends from Schedule H, line 6b .....                                |  |
|              | 2b Section 78 gross-up dividends from Schedule H, line 6c .....                         |  |
|              | 2c 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80% ..... |  |
|              | 2d Dividends subtracted on Schedule H, line 6f as non-business income .....             |  |
|              | 2e Total dividends not eligible for DRD. Add lines 2a-2d .....                          |  |

|  |   |          |
|--|---|----------|
| 3 Total dividends eligible for DRD. Subtract line 2e from line 1 ..... | 3 |          |
| 4 Apportionment factor from Schedule I, line 14 .....                  | 4 | 1.000000 |
| 5 Apportioned dividends. Multiply line 3 by line 4 .....               | 5 |          |
| 6 Dividends allocable to Alaska included on Schedule H, line 10 .....  | 6 |          |
| 7 Total dividends included in taxable income. Add lines 5-6 .....      | 7 |          |

|   |    | A<br>Apportioned Dividends | B<br>Percentage | C<br>DRD (A x B) |
|---|----|----------------------------|-----------------|------------------|
| 8a Dividends qualifying for 100% deduction .....    | 8a |                            | 100%            |                  |
| 8b Dividends qualifying for 65% deduction .....     | 8b |                            | 65%             |                  |
| 8c Dividends qualifying for 50% deduction .....     | 8c |                            | 50%             |                  |
| 8d Dividends qualifying for 26.7% deduction .....   | 8d |                            | 26.7%           |                  |
| 8e Dividends qualifying for 23.3% deduction .....   | 8e |                            | 23.3%           |                  |
| 8f Other, if applicable (enter % in column B) ..... | 8f |                            | 0               |                  |

9 Tentative dividends-received deduction. Add lines 8a-8f, column C (see instructions) ..... 9