### Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number CATHOLIC CAMP & CONFERENCE MINISTRIES Address change OF ALASKA, INC. Name change Doing business as 45-5486352 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 7180 EAST TWIN LAKES DRIVE 907-232-2066 City or town, state or province, country, and ZIP or foreign postal code 279.382 G Gross receipts \$ Amende WASILLA, AK 99654 H(a) Is this a group return F Name and address of principal officer SALLY SEELEY for subordinates? Yes X No pendina SAME AS C ABOVE 」Yes No H(b) Are all subordinates included? Tax-exempt status  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.STTHERESEAK.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2012 M State of legal domicile: AK Part I Summary Briefly describe the organization's mission or most significant activities TO OPERATE A CATHOLIC SUMMER Activities & Governance CAMP AND TO PROVIDE CAMP AND CONFERENCE FACILITIES. if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 13 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 18 5 Total number of volunteers (estimate if necessary) 148 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 141,137 128,345. 128,869 Program service revenue (Part VIII, line 2g) 135,709. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28. 10 45. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <3,302. <6.390.> 266,732 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 257.709. 12 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51,327 .268. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 1,950. b Total fundraising expenses (Part IX, column (D), line 25) 97,053 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 114,141. Total expenses Add lines 13-17 (must equal Part IX, column-(A), line 25) 148,380 175,409. 19 Revenue less expenses Subtract line 18 from line 12 118,352. 82,300. 58 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,171,522 1,193,484. JUL 3 1 2018 21 Total liabilities (Part X, line 26) 765,614 705,276. Net assets or fund balances. Subtract line 21 from line 20 405,908 488,208. Signature Block 16.20 Under penalties of perjury, I declare that I have exampled 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. Signature of officer 07/26/2018 Kreszuī MICHAEL TREASURES Type or print name and title PTIN Print/Type preparer's name

 Sign ි`Ĥere ි Paid CINDY L. HULQUIST CPA P00166182 Preparer Firm's name THOMAS, HEAD & GREIS Firm's EIN 92-0043874 Use Only Firm's address 1400 WEST BENSON BLVD., ANCHORAGE, AK 99503-3683 Phone no. (907)272-1571X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 732001 11-28-17

								ED IU DAY		
	(415 U	SER DAYS	S), 2 GI	ROUPS HO	LDING W	EEKLY O	R MONTH	LY MEETIN	IGS (1311	USER
	DAYS),	AND 46	GROUPS	HOLDING	OVERNI	GHT EVE	NTS (29	39 USER I	AYS).	
										·
						·		-	· · · · · · · · · · · · · · · · · · ·	
								·	_	
	·						W.F		-	
				<del></del>						
						-				
				-						<del>.</del>
4c	10-4-	\( (5,	•				<del>-</del>	) (5		<del></del>
40	(Соде	/ (Expenses	•		including grants	or \$		) (Revenue \$		,
							<del></del>			
	<del></del> -	<del></del>								
		· · · · · · · · · · · · · · · · · · ·				_				
	<del></del>				<del></del>				· · · · · · · · · · · · · · · · · · ·	
	<del></del>	<del></del>								
								- ·		
						<del></del>				
4d	Other progra	am services (De	escribe in Sche	edule O.)						
	(Expenses \$			including grants of \$			) (Revenue \$		)	

160,713.

Total program service expenses

Form 990 (2017) OF ALASKA, INC.
Part IV Checklist of Required Schedules

45-5486352

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	<u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			Ì
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			,,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		440	х	
_	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	^_	-
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	:	X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	i	Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	···•		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		L <sub>X</sub>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14 <u>a</u>		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	l		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	Ì		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	}		]
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>X</u>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		<b> </b>
	complete Schedule C. Part III	. 40		ı Y

Form 990 (2017) OF ALASKA, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	<u>X</u>	(2017)
		FORM		/ \

45-5486352

Page 5

Series the number reported in Box 3 of Form 1066 Enter 0- Inot applicable   1a   0   1b   1c   0   1c   1c   1c   1c   1c   1c		Check if Schedule O contains a response or note to any line in this Part V			
1a Enter the number reported in Box 3 of Form 1096 Enter -0 in not applicable 1b 10 0 1c First the number of Forms WS2 anducted in in 1a Enter 0 in not applicable 1c First the number of Forms WS2 anducted in in 1a Enter 0 in not applicable 1c First the number of reports WS2 and Section 170 (Section 1) (Se			-	Yes	No
b Enter the number of Forms W2Q included in line 1a. Enter O-If not applicable   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming  (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,  the first for the calendar year ending with or within the year covered by this return.  1b If at least one is reported on line 2a, did the organization line all required federal employment tax returns?  3b If If the sum of lines 1s and 2a is greater than 250, you may be required to e-line (see instructions)  3c Dot the organization have unrelated business gross income of \$1,000 or more during the year?  3c Dot the organization have unrelated business gross income of \$1,000 or more during the year?  3c Dot If Yes, in the first of Form 500 of 17 fro the year If "No, 15 in 68 you provide an explanation in Schedule O  3c Bose the organization have an abank account; securities account, or other financial accounts?  3c If Yes, in the same of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR)  3c Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  3c Vers. To line Sa or 5b, did the organization first it was or is a prizy to a prohibited tax shefter transaction?  3c Vers. To line Sa or 5b, did the organization first it was or is a prizy to a prohibited tax shefter transaction or gifts were not tax deductible?  3c Vers. To line Sa or 5b, did the organization first it was or is a prizy to a prohibitions or gifts were not tax deductible?  3c Vers. To line Sa or 5b, did the organization first was or is a prizy to a prohibitions or gifts were not tax deductible?  3c Vers. To line Sa or 5b, did the organization first was or is a prizy to a prohibitions or gifts were not tax deductible?  3c Dot the organization receive a purplied in excess of 5f made party as continuous organization from the prizy of	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  10 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  11 If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  12 If Yes, I see und clinic 1 and 2 is greater than 250, you may be required to e-five (see instructions)  13 If Yes, I see it filed a Form 950 To frith sey and I "No, *to line 8) provide an explanation on Schedulo 0  14 Al 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 freeign country (such as a bank account, securities account, or other financial account)?  15 If Yes, I send the main of the foreign country \$\frac{1}{2}\$ as a bank account, securities account, or other financial accounts (FBAR)  16 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  16 If Yes, Yes, I one So of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  16 If Yes, Yes, the disconsistant of the organization that it was or is a party to a prohibited tax shelter transaction at any centributions that were not tax deductibles of the organization an express statement that such contributions or gifts were not tax deductibles charitable contributions?  16 If Yes, Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions and party for goods and services provided?  16 United the organization that may receive deductible contributions under section 170(c).  17 Organizations that may receive deductible contributions or desired the party of the organization feed to the Form 6820?  18 Organization received a contribution of cards party feed party feed party feed part	b				
2a Earler the number of employees reported on Form W3-Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b (if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file feee instructions)  3 Did the organization have unreliated business gross income of \$1,000 or more during the year?  5 If Yes, This is filed a Form 390 To fire year? If YNo, 1 to fine 3b, provide an explanation in Schedule O  8 At any time during the calendary art, did the organization for innerest 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).  8 If Yes, The reference of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  9 See enstructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  9 Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction?  10 If Yes, 1 one Sa or 5b, did the organization the Form 888E7?  11 Provided the organization that it was or is a party to a prohibited tax shelter transaction?  12 If Yes, 1 one Sa or 5b, did the organization the Form 888E7?  13 Did any taxable party norify the organization the Form 888E7?  14 If Yes, 1 one Sa or 5b, did the organization the Organization the accounts any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the page.  15 If Yes, 1 one Sa organization that were not tax deductible as charitable contributions under section 170(c).  16 If Yes, 1 one Saze?  17 Organizations that may receive deductible contributions under section 170(c).  18 If Yes, 1 one Saze?  19 Organizations that may receive deductible contributions under section 170(c).  19 United the organ	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
filed for the calendar year ending with or within the year covered by this return    2a		(gambling) winnings to prize winners?	1c	X	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If 'Yes,' has it filed a Form 990 T for this year' If 'Yos,' to line 3a, provide an explanation in Schedule 0  3a At any time during the celeradry year, did the organization have an inferest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See in Filing and the seed of the foreign Call and the seed of the filing and filing a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrielated business gross income of \$1,000 or more during the year?  b If Yes,* has it filed a Form 990-17 for this year? If Yeo,* to fire \$3, provide an explanation in Schedule O 3 An Al 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 to the solid provided in the companion of the foreign country to the solid provided in the foreign country to the solid provided in the foreign country to the financial account; or other financial account; or the financial account; or the financial account; or the financial account; (FBAR)  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did ones the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that the rent tax deductible as charitable contributions?  6 Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  6 Did the organization shall may receive deductible contributions under section 170(c).  8 Did the organization shall may receive deductible contributions under section 170(c).  9 Did the organization shall may receive deductible contributions under section 170(c).  9 Did the organization shall may receive deductible contributions in class party to the organization that that party to the party time that the number of Forms 8282 filed during the year?  9 Did		filed for the calendar year ending with or within the year covered by this return 2a 18			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b if "Yes," has if filed a Form 990-T for this year? if "No," to line 30, provide an explanation in Schedule O  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 if "Yes," enter the name of the foreign country See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing fi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a 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, or other financial accounts (FBAR)  See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  So Was the organization aperuty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aperuty to a prohibited tax shelter transaction at any time during the tax year?  5b Ust 16 "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If the organization receive a payment in excess of \$75 made partly sale contribution and partly for goods and services provided to the payor?  8b If "Yes," did the organization notity the donor of the value of the goods or services provided?  9b If the organization receive a payment in excess of \$75 made partly sale contributions and partly for goods and services provided to the payor?  9b If "Yes," indicate the number of Forms 8282 filed during the year  10b Id the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  10b If the organization organization services a contribution of qualified relictual property, did the organization file Form 8899 as required?  11b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file organization make any stable distributions under section 49667  9b Did the sponsoring organization make any stable distributions under section 496		· · · · · · · · · · · · · · · · · · ·	За		X
francial account in a foreign country   Such as a bank account, securities account, or other financial accounts?  b if "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Sa X was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization file Form 8886-17  6b Doses 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 chairable contributions?  6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization self, exchange, or otherwise dispose of tangbile personal property for which it was required to file Form 88827  d if "Yes," indicate the number of Forms 8282 filed during the year  17d	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b D any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Ba of 5b, did the organization file Form 8886-7?  5d 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 chartable combustors?  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8 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?  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization enceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified mitelectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of qualified mitelectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of qualified mitelectual property, did the organization file Form 1998-C?  8 Sponsoring organization make and taxable distributions under section 4966?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable di	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible; 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible; 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The Sponsoring organization may the year, permiums, directly or indirectly, on a personal benefit contract? 7 The Sponsoring organization may the year, permiums, directly or indirectly, on a personal benefit contract? 7 The Sponsoring organization make any taxable distributions under section 4966? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring			4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c C S 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?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?  6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization start may receive deductible contributions under section 170(c).  9 Did the organization start may receive deductible contributions under section 170(c).  10 If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  11 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  11 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 If the organization receive a contribution of qualified intellectual property, did the organization file Form 1988-0?  14 If the organization receive a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1988-0?  15 Sponsoring organization malitationing donor advised funds.  16 Did the sponsoring organization malitationing donor advised funds.  17 Did the sponsoring organization make a distribution to a donor, donor advised funds.  18 Did the sponsoring organization make any taxable distributions under	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to like 5 ao 15b, did the organization file Form 8865-T?  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?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization receive deductible contributions under section 170(c).  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?  If "Yes," indicate the number of Forms 8282 filed during the year  If the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-0?  Sponsoring organization make any taxable distribution of diverse type and the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds.  If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds.  If the organization make any taxable distributions under section 4966?  If the sponsoring organization make any taxable distribution under section 4966?  If the sponsoring organization make any taxable distributions under section 4966?  If the Section 501(c)(7) organizations. Enter:  In intuition fees and capital contributions included on Part VIII, like 12  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  If the organization has a distribution to a donor, donor advisor, or related person?  If the organization created from them)  Secti	_	•		'	
c If "Yes," to line 5a or 5b, did the organization file Form 8886 T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 J  6 J  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 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?  9 Did the organization notify the donor of the value of the goods or services provided?  10 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization during the year, pay premiums on a personal benefit contract?  11 Did the organization increave any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization magenta and the increase of the very payments on a personal benefit contract?  13 Did the organization magenta and the increase of the very payments on a personal benefit contract?  14 Did the organization received a contribution of qualified intellectual properly, did the organization file a Form 1098-C?  15 Sponsoring organization magental properly for which it was required?  16 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  17 Did the organization have excess business holdings at any time during the year?  18 Did the sponsoring organization make any taxable distributions under section 4966?  19 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  11 D			5a		
6a 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?  6a X  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  b if "Yes," did the organization rity the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  The organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  The organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b					<u> X</u>
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a	_		5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c 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 If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  p Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(2) aganizations. Enter  intitution fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(2) aganizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11b  22a Sec	ьа	-	_		7.7
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Section 501(c)(7) organizations. Enter:  11 Initiation fees and capital contributions included on Part VIII, line 12  12 Gross income from members or shareholders  13 Gection 501(c)(12) organizations. Enter  14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 501(c)(2) qualified nonprofit health insurance issuers.  13 Section 501(c)(2) qualified nonprofit health insurance issuers.  14 Section 501(c)(2) qualified nonprofit health insurance issuers.  15 If 'Yes,' enter the amount of texeves the organization is report on Schedule O  15 Enter the amount of reserves in hand  16 E	h	·	- 6a		_A_
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Ves," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Ves," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplaines, or other vehicles, did the organization file a Form 1098-02 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. d Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041?  12b  13c  15c  15c  15c  15c  15c  15c  15c		-	6h		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c	7		OD		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  72		- ','	7a		x
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e	b				
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  Gross income from members or shareholders  B Gross income from members or shareholders  B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13c Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O  13c 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  13c Enter the am	С				
d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premium, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9a  Job the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  f Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves on hand  13a  Lib If "Yes," enter the amount of reser		to file Form 8282?	7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	d	If "Yes," indicate the number of Forms 8282 filed during the year			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make acess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter  a Gross income from embers or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accured during the year  1 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 July 10 Jul	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did Gross income from members or shareholders  Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Did Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year  Dif the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a	9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  I is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a X  b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	h		<b>7</b> h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation for secret shareholders Initiation for shareholders Initiation for maintain formation for a factor of club facilities Initiation for secret shareholders Initiation for public use of club facilities Initiation for maintain formation filing form 90 in lieu of Form 1041? Initiation formation for a factor of the amount of tax-exempt interest received or accrued during the year Initiation formation for a factor of the amount of tax-exempt interest received or accrued during the year Initiation is second to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Initiation is licensed to issue qualified health plans Initiation is licensed to issue qualified health plans Initiation is required to maintain by the states in which the organization is licensed to issue qualified health plans Initiation I	8				
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Did  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b Using the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  13b  13c  Liter "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		•			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_				
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		1 1			
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13c  14a X  14b  15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  13c  14a  X  15		Note. See the instructions for additional information the organization must report on Schedule O			
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the		ļ	
14a Did the organization receive any payments for indoor tanning services during the tax year?     14a X       b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O     14b		organization is licensed to issue qualified health plans 13b	- 1	Ì	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C				
		·	14a	ļ	<u> </u>
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			<u> </u>

OF ALASKA, INC. Form 990 (2017)

45-5486352 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 13									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 13			1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	١.								
	more members of the governing body?	7a		_X_						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		_X_						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ļ ,								
а	The governing body?	8a	X	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>						
þ	<b>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?									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	v							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	400	х							
40		12c		v						
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	13		X						
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	-14-								
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_	The organization's CEO, Executive Director, or top management official	15a		X						
a b	Other officers or key employees of the organization	15b		X						
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130								
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
.00	taxable entity during the year?	16a		x						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	55		<del></del> -						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	]								
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	1.00								
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le							
-	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records.									
	THE ORGANIZATION - 907-232-2066									
	7180 EAST TWIN LAKES DRIVE, WASILLA, AK 99654									
72200	8 11.28.17	Form	990	(2017)						

## 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per	box	not c unle	ss pe	rtion more rson	than is both	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		rsated	Ľ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RUDY POGLITSH	40.00	1								
EXECUTIVE DIRECTOR		ļ		X	<u> </u>	ļ	_	22,500.	0.	7,238
(2) MAC CAREY	2.50									
PRESIDENT		X	-	Х				0.	0.	0
(3) BRIAN KRUCHOSKI	3.00	1,		٦,						
VICE PRESIDENT	5.00	X		X		-	-	0.	0.	0
(4) JULIE PEPE-PHELPS	3.00	x		x		i		0.	0.	_
SECRETARY CONTROL	5.00	1-	_	^				·		0
(5) SALLY SEELEY	3.00	x		x				0.	0.	0
TREASURER (6) ROBERT MCMORROW, JR.	2.00	^		Δ	$\vdash$	-	-			<u>_</u>
DIRECTOR	2:00	X						0.	o.	0
(7) JAMES SEELEY	8.00		ļ –				_			<u>~</u> _
DIRECTOR		x						0.	0.	0
(8) THOMAS BLAKE	3.00	Π				ļ				
DIRECTOR		x						0.	0.	0
(9) BERNARD FREEMAN	3.00									
DIRECTOR		X						0.	0.	0
(10) RAYMOND HICKEL	3.00								_	
DIRECTOR		X			_		_	0.	0.	0
(11) BISHOP DAVID MAHAPPEY	3.00	]								
DIRECTOR		X		<u> </u>				0.	0.	0
(12) RICHARD OWENS	3.00	1								
DIRECTOR		X	_		_	ļ		0.	0.	0
(13) YVETTE TOUSIGNANT	3.00	l			ļ				_	
DIRECTOR		X	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
(14) ANNIE BILL	3.00					ļ				
DIRECTOR		X	-		-	-	$\vdash$	0.	0.	0
		1								
		]_								
			_		L.	<u></u>	<u> </u>			
		ļ	ļ	ļ						
		L	<u></u>			<u> </u>	L.	L	L	

990 (2017) OF ALASKA		CC	ONE	FEF	REI	NCE	C 1	MINISTRIES	<u>45-54</u>	863	<u>352</u>	P	age 8
t VII Section A. Officers, Directors, Trus		ploy	ees,	and	d Hi	ghes	st C	ompensated Employe					
(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck ss pe	tion more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount o		-
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om th anizat d relat inizati	e ion ed
		_			_								
				_									
		_			<u>_</u>								
		_											
				L									
		<u> </u>											
		<u> </u>											
Sub-total  Total from continuation sheets to Part V	II, Section A						<b>▶</b>	22,500.		0.		7,2	0.
Total (add lines 1b and 1c)							<b>&gt;</b>	22,500.	<u></u>	0.		<u>7,2</u>	<u>38.</u>
Total number of individuals (including but neompensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable	• 			0
Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee,	, or I	highest compensated e	mployee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			amn	ensa	ation	ano	d oth	ner compensation from	the organization	}	3		X
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	•		4		X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· ·				-		eiati	ed organization or indiv			5		Х
Complete the table for your five highest on	mponeated in	don	ondo	nt c	ont	racto	aro t	hat received more than	\$100,000 of com-				<del></del>
Complete this table for your five highest co the organization. Report compensation for	•									perisa 	ttion ii	rom	
(A) Name and business	address	N	ONI	€ _				(B) Description of s	services	Co	(C omper		n
	<del>.</del>												
										_	_		_
						_				_			-
	<u> </u>		_				7	<del></del>					

Form 990 (2017)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2017) OF ALASKA, INC.
Part VIII Statement of Revenue

		Check if Schedule O conta	ıns a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	С	Fundraising events	1c	200.				
트	d	d Related organizations	1d					
ă.E	е	Government grants (contribution	ons) <u>1e</u>					
i S	f	All other contributions, gifts, grants	s, and					
불희		similar amounts not included above	e <b>1f</b>	128,145.				
음	g	Noncash contributions included in lines 1	la-1f \$	23,528.				
<u> </u>	h	Total. Add lines 1a-1f	<del></del>	▶	128,345.			
				<b>Business Code</b>				
ė	2 a			611710	68,402.	68,402.		
ه <u>چ</u>	b	RETREATS/RENTAL	S	611710	67,307.	67,307.		
Program Service Revenue	c	c						
eve v	d	d						
Prog	е	e			<del></del>		·	
₫	f	f All other program service rever	nue					
	9	Total. Add lines 2a-2f			<u>135,709.</u>			
Į	3	Investment income (including o	dividends, inter	est, and				
		other similar amounts)		▶	45.			45.
	4	Income from investment of tax	-exempt bond	proceeds 🕨				
	5	Royalties		<b>&gt;</b>				
			(ı) Real	(ii) Personal				
	6 a	a Gross rents		<u> </u>				
	b	b Less rental expenses		<del> </del>				
	C	c Rental income or (loss)		1				
		d Net rental income or (loss)		, <b>.</b>				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	t	b Less cost or other basis		1 1				
		and sales expenses		<del>                                     </del>				
	C	c Gain or (loss)		<del></del>				
		d Net gain or (loss)	_	<b>_</b>	<del></del>			<del> </del>
ine	8 a	a Gross income from fundraising	•	1				
/en		including \$2	<del></del>					
Re		contributions reported on line	•	11 665				
Other Reven		Part IV, line 18		11,665.				
₹	ŀ	b Less direct expenses	b	19,417.	.7 750	Į l		.7.750
		c Net income or (loss) from fundi		<b>P</b>	<u>&lt;7,752.</u>	P		<u>&lt;7,752.</u> >
	9 a	a Gross income from gaming act		]		ļ		
	_	Part IV, line 19						
			b	·				ļ
		c Net income or (loss) from gami	_	··· P				
	10 a	<ul> <li>Gross sales of inventory, less r</li> <li>and allowances</li> </ul>		2,522.		į l		Ţ
		•	, a					
		b Less cost of goods sold		2,256.	266	266		
	<del>                                     </del>	c Net income or (loss) from sales		D	266.	266.		<del> </del>
	<del>                                     </del>	Miscellaneous Revenue		Business Code 900099	1 006	1,096.		l
		a <u>MISCELLANEOUS R</u>		300033	1,096.	1,090.		+
		b		<del> </del>	<del></del>	<del> </del>		<del> </del>
	] [	d All other revenue		<del> </del>	·	<del> </del> -		+
		e Total, Add lines 11a-11d	•	<b></b>	1,096.		· · · · · · · · · · · · · · · · · · ·	<del> </del>
	12	Total revenue See instructions.			257,709.		0	. <7,707.>

Form 990 (2017) OF ALASKA, INC.

Part IX | Statement of Functional Expenses

Do not include amounts reported on times 6b, 7b, 8b, 9b, and 10b of Part VIII   Total segenase   Program service   Pro	<u>Section</u>	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
Total expenses					<u> </u>	<u>(D)</u>
and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to domestic individuals See Part IV, line 12 and 16 Benefits paid to rife members Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 Benefits paid to rife members Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 Benefits paid to rife members Grants and the proposes Grants and the		•	Total expenses	Program service	Management and	
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, line 15 and 16 4 Benefits past to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to disqualified persons (as defined under section 4858(ff)) and apsteom described in section 4858(ff)) and apsteom described in section 4858(ff)) and add persons discrebed in section 4858(ff) and 430) employer centributions (include section 401) and 430) employer centributions 9 Other employee benefits 9 Payroll taxes 1 Fees for services (non-employees) 1 Adaptement 1 Legal 2 Accounting 1 A 346.	1	Grants and other assistance to domestic organizations				
Individuals See Part IV, line 22   Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		and domestic governments. See Part IV, line 21	<del></del>			
3 Grants and other assettance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to of for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees, and displayed trustees, and meetings in the case of the compensation of trustees, conventions, and meetings in the case of the conversal properties of the co	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign midviduals. See Part IV, lines 15 and 16 Benetits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation for included above, to disqualified persons (as defined under section 4958(f()) and persons described in section 4958(f()) and depressors described in section 4958(f()) and depressors described in section 4978 and 4979 depressors described in 4979 depressors defined in 4979 depressors described in 4979 depress		individuals See Part IV, line 22				
Individuals   See Part IV, lines 15 and 16	3	• • • • • • •				
Benefits paid to or for members   29,738.   29,738.						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and 403(f) employer contributions) 7 Other employee barriefts 8 Penson plan acruals and contributions (include section 401(k) and 403(f) employer contributions) 9 Other employee barriefts 10 Payroll taxes 11 Fees for services (non-employees) 11 Fees for services (non-employees) 12 Accounting 13 Caccounting 14 J. 176. 14 J. 176. 15 Person for fore training services See Part IV, line 17 investment management tees 15 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, let line 11g separes on Sch OJ. 12 Advertising and promotion 13 Office expenses 14 J. 17 J. 186. 15 Person for fore expenses on Sch OJ. 16 Royalties 16 Occupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest short of the expenses on Schools (A) amount, let line 11g amount expenses for any federal, state, or local public officials 19 Payments to affiliates 10 Payments to affiliates 10 Payments to affiliates 11 Payments to affiliates 12 Payments to affiliates 13 Payments to affiliates 14 Payments to affiliates 15 Payments (A) Interesting the payments in the 24x filing amount, list line 24x expenses on Schools (J. 1) 18 Payments (A) Interesting the payments of the pa						
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(()1)) and persons described in section 4958(()1)) and 493(()) amployer contributions (include section 401()) and 403(()) amployer contributions)  9 Other employee benefits 10 Payrolit taxes 11 Fees for services (non-employees)  a Management b Legal c Accounting d Lobbyring d Lobbyring e Professional fundrasing services See Part IV, line 17 investment management fees g Other (films 11) amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  12 Advertising and promotion 22 (2, 815)	4	,				
6 Compensation not included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8)  7 Other salanes and wages 8 Penson plan accruals and contributions (include section 401(k) and 403(p) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Agragment 13 Logal 14 Logal 15 Agragment 16 Logal 17 Agragment 18 Logal 18 Penson plan and an advantage and the section 401(k) and 403(p) employer contributions 19 Chrocomorphic persons and section 401(k) and 403(p) employer contributions 10 Logal 18 Agragment 19 Logal 18 Agragment 19 Logal 20 Accounting 21 Agragment 22 Agragment 23 Chrocomorphic persons and fundrasing services See Part IV, line 17 investment management fees 23 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list lier il g expenses on Sch O.) 22 Agragment 23 Office expenses 23 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list lier il g expenses on Sch O.) 24 Agreetising and promotion 25 Agragment and promotion 26 Cocupancy 27 Color (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 24 expenses not covered 24 amount exceeds 10% of line 25, column (A) amount, list line 24 expenses son Schedul O.) 28 Agraematic appears and amortization 1 amount, list line 24 expenses son Schedul O.) 29 Deprecation, depletion, and amortization 1 amount, list line 24 expenses son Schedul O.) 20 Deprecation, depletion, and amortization 1 amount, list line 24 expenses son Schedul O.) 29 Deprecation, depletion, and amortization 1 amount, list line 24 expenses son Schedul O.) 20 Deprecation, depletion, and amortization 1 amount, list line 24 expenses son Schedul O.) 21 Deprecation of the 25 column (A) amount, list line 24 expenses on Schedul O.) 21 Deprecation depenses Add lines 1 through 24e 1, 681. 1, 681. 1, 681. 1, 681. 1, 681. 1,	5		00 530	00 500		
persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8)  7 Other salanes and wages 8 Penson plan accruals and contributions (include section 401(s) and 403(p) employer contributions) 9 Other employee benefits 10 Payrolit taxes 11 Fees for services (non-employees) 12 Management 13 Legal 14 Lobbyring 15 Professional fundraising services See Part IV, line 17 16 Investment management fees 17 Other time 11g expenses on Sch O.) 18 Advertising and promotion 19 Other (Illine 11g anional texades 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 19 Advertising and promotion 10 Office expenses 10 Occupancy 11 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conference, conventions, and meetings interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Depreciation, depletion, and amortization language and interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Conference, conventions, and meetings interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 22 Depreciation, depletion, and amortization language and unique expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (D) and count (B)			29,738.	29,738.	<del></del>	
persons described in section 4958(c/(3)(B)  7 Other salenses and wages  8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroil taxes  11 Fees for services (non-employees)  12 Agrant and a Management  13 Lobgal  14 Lobbyring  15 Penson all fundraising services See Part IV, line 17  16 Investment management fees  17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  18 Advertising and promotion  19 Agrantising and promotion  10 Cocupancy  17 Tavel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  11 Payments to affiliates  12 Depreciation, depletion, and amortization  13 Interest  14 Agrantis (A) Agran	6				1	
27,354.   27,354.						
8 Penson plan accruals and contributions (include section 401(k) and 401(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 I Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, lest late at 11g expeases on Sch 0.) 2 Advertising and promotion 2 Advertising and promotion 2 Advertising and promotion 2 Advertising and promotion 3 Office expenses 2 AGO8 2 AGO8 2 AGO8 2 AGO8 2 AGO8 AGO8 AGO8 AGO8 AGO8 AGO8 AGO8 AGO8	_		27 254	27 254		
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (film 11g amount seceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 22 Advertising and promotion 23 Office expenses 24 Column (A) amount, list line 11g expenses on Sch 0.) 25 Royalties 26 Occupancy 27 Travel 28 Payments of travel or entertainment expenses for any federal, state, or local public officials 29 Conferences, conventions, and meetings 11 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 24 Other expenses in School of line 25, column (A) amount, list line 24e expenses on Covered above, (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Covered above, (List miscellaneous expenses in line 24e. If line 24e amount expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e. If line 24e expenses on School of line 25, column (A) amount, list line 24e. If line 24e		<u> </u>	27,354.	21,354.	<del></del>	<del></del>
9 Other employee benefits 10 Payroll taxes 11 Pees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Other expenses not Schodie (O) a FURNISHINOS AND SUPPLIE 23, 033. 22, 397. 636. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) pants bus for column (P) and the organization reported in column (B) pants bus filte organization reported in column (B) pants bus filts in colors for a combined educational campagin and fundraising solicitation.	8	·				
10   Payroll taxes   4 , 176   4 , 176	_					
11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 2, 608. 2, 357. 251. 14 Information technology 15 Royalties 16 Occupancy 17, 350. 17, 350. 17, 350. 11, 722. 11, 722. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest 12 Payments to affiliates 20 Insurance 117, 969. 14, 263. 3, 706. 219, 419. 19, 419. 210 Insurance 210 Insurance 2117, 969. 14, 263. 3, 706. 217, 969. 14, 263. 3, 706. 217, 969. 14, 263. 3, 706. 218, 18, 18, 18, 18, 18, 18, 18, 18, 18,	-	· -	1 176	1 176		<del></del>
a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 2 Advertising and promotion 3 Office expenses 2 2,608 2,357 251 . 14 Information technology 2 2,203 2,203 2,203 . 15 Royalties 6 Occupancy 17,350 17,350 . 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24 amount exceeds 10% of line 25, column (A) amount, list line 24e expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule O.) 3 FURNISHINGS AND SUPPLIE 4 REPAIRS & MAINTENANCE 5 DUES AND LICENSES 5 Tetal functional expenses. Add lines 1 through 24e 5 Joint costs. Complete lins line only if the organization reported in column (B) pint costs from a combined educational campaign and fundraising solicitation.		· ·	4,170.	4,170.		
b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  24 Advertising and promotion 25 Agrant Sex		` ' - '				
C   Accounting   A   346.   A		i	<u>-</u>			
d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 3 Advertising and promotion 4 Advertising and promotion 4 Advertising and promotion 4 Advertising and promotion 4 Advertising and promotion 5 Advertising and promotion 5 Advertising and promotion 6 Advertising and promotion 7 Advertising and promotion 7 Advertising and promotion 7 Advertising and promotion 8 Advertising and promotion 9 Advertising and promo		- (	4 346	<del> </del>	1 3/16	
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 2 Advertising and promotion 2 (608. 2,357. 251. 1)  3 Office expenses 2 (608. 2,357. 251. 1)  4 Information technology 2 (2,203. 2,203. 2)  5 Royalties 6 Occupancy 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350. 17,350		<del>-</del>			<u> </u>	<del></del>
f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  12 Advertising and promotion		· -				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  2 , 815 . 865 . 1,950 .  3 Office expenses  2 , 608 . 2 , 357 . 251 .  4 Information technology  5 Royalties  6 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  10 Interest  11 Payments to affiliates  20 Depreciation, depletion, and amortization  13 Insurance  4 Other expenses. Itemize expenses on to covered above, (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a FURNISHINGS AND SUPPLIE  b REPAIRS & MAINTENANCE  c DUES AND LICENSES  d BANK AND CREDIT CARD FE  e All other expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) point costs from a combined educational campagin and fundraising solicitation.			<del></del>			
Column (A) amount, list line 11g expenses on Sch 0.)   2,815. 865. 1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.   1,950.		-				
12   Advertising and promotion   2,815.   865.   1,950.     13   Office expenses   2,608.   2,357.   251.     14   Information technology   2,203.   2,203.     15   Royalties   2,203.   2,203.     16   Occupancy   17,350.   17,350.     17   Travel   11,722.   11,722.     18   Payments of travel or entertainment expenses for any federal, state, or local public officials     19   Conferences, conventions, and meetings     19   Conferences, conventions, and meetings     19   Augments to affiliates   20     20   Interest   21     21   Payments to affiliates   22     22   Depreciation, depletion, and amortization     19   A19.   19,419.     19   A49.   19,419.     10   A49.   14,263.   3,706.     21   A49.   14,263.   3,706.     22   A49.   14,263.   3,706.     23   Insurance   17,969.   14,263.   3,706.     24   Amount, list line 24e expenses on Schedule 0.)     25   AFFINIAGS AND SUPPLIE   23,033.   22,397.   636.     26   A49.   1,864.   1,864.     27   A49.   1,864.   1,681.     28   A40.   1,864.   1,681.     29   A40.   1,864.   1,681.     20   A40.   1,864.   1,681.     20   A40.   1,864.   1,681.     21   A40.   1,950.     23   A40.   1,950.     24   A40.   1,950.     25   A40.   1,950.     26   A40.   1,950.     27   A40.   1,950.     28   A40.   1,950.     29   A40.   1,950.     20   A40.   1,950.     24   A40.   1,950.     25   A40.   1,950.     26   A40.   1,950.     27   A40.   1,950.     28   A40.   1,950.     29   A40.   1,950.     20   A40.   1,950.     20   A40.   1,950.     20   A40.   1,950.     20   A40.   1,950.     21   A40.   1,950.     22   A40.   1,950.     24   A40.   1,960.     25   A40.   1,960.     26   A40.   1,960.     27   A40.   1,950.     28   A40.   1,960.     29   A40.   1,960.     20   A40.   1,960.     20   A40.   1,960.     20   A40.   1,960.     21   A40.   1,960.     22   A40.   1,960.     23   A40.   1,960.     24   A40.   1,960.     25   A40.   1,960.     26   A40.   1,960.     27	9	, -				
13	12	· 1	2,815.	865.		1.950.
14		_ · · · · · · · · · · · · · · · · · · ·			251.	
15   Royalties   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17   350   17	14	Information technology				
11,722. 11,722.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings linterest  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance	16	Occupancy	17,350.	17,350.		
for any federal, state, or local public officials  19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance	17	Travel	11,722.	11,722.		
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance	18	Payments of travel or entertainment expenses				
Interest   Payments to affiliates		for any federal, state, or local public officials				
Payments to affiliates   Depreciation, depletion, and amortization   19,419.   19,419.	19	Conferences, conventions, and meetings				
19,419.   19,419.   19,419.   20,419.   20,419.   20,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,419.   21,4	20	Interest				
23 Insurance	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a FURNISHINGS AND SUPPLIE  b REPAIRS & MAINTENANCE  c DUES AND LICENSES  d BANK AND CREDIT CARD FE  e All other expenses  2,835.  2,573.  262.  25 Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22	Depreciation, depletion, and amortization				
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a FURNISHINGS AND SUPPLIE 23,033. 22,397. 636.  b REPAIRS & MAINTENANCE 6,296. 6,296.  c DUES AND LICENSES 1,864. 1,864.  d BANK AND CREDIT CARD FE 1,681. 1,681.  e All other expenses 2,835. 2,573. 262.  25 Total functional expenses. Add lines 1 through 24e 175,409. 160,713. 12,746. 1,950.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23		17,969.	14,263.	3,706.	
a FURNISHINGS AND SUPPLIE 23,033. 22,397. 636. b REPAIRS & MAINTENANCE 6,296. 6,296. c DUES AND LICENSES 1,864. 1,864. d BANK AND CREDIT CARD FE 1,681. 1,681. e All other expenses 2,835. 2,573. 262. 25 Total functional expenses. Add lines 1 through 24e 175,409. 160,713. 12,746. 1,950. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b REPAIRS & MAINTENANCE c DUES AND LICENSES d BANK AND CREDIT CARD FE e All other expenses 2,835. 2,573. 262.  Total functional expenses. Add lines 1 through 24e 175,409. 160,713. 12,746. 1,950.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а		23,033.	22,397.	636.	
c DUES AND LICENSES d BANK AND CREDIT CARD FE e All other expenses 2,835. 2,573. 262.  Total functional expenses. Add lines 1 through 24e 175,409. 160,713. 12,746. 1,950.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
BANK AND CREDIT CARD FE 1,681.  e All other expenses 2,835. 2,573. 262.  25 Total functional expenses. Add lines 1 through 24e 175,409. 160,713. 12,746. 1,950.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_				1,864.	
e All other expenses 2,835. 2,573. 262.  Total functional expenses. Add lines 1 through 24e 175,409. 160,713. 12,746. 1,950.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_					
Total functional expenses. Add lines 1 through 24e 175, 409. 160, 713. 12,746. 1,950.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				2,573.		
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						1,950.
educational campaign and fundraising solicitation.						
educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined		)	ſ	
Check here If following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.			ł	
		Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 134,204. 152,319. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 411 0. Inventones for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 1,120,102. basis Complete Part VI of Schedule D 10a 79,694. 1,035,373. 1,040,408. b Less accumulated depreciation 10b 10c 11 Investments · publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 1,534. 757. 15 Other assets, See Part IV, line 11 15 1,171,522. 1,193,484. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 614. 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 765,000. 704,885. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 765,614. 705,276. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 377,038. 473,944. Unrestricted net assets .... 27 27 14,264. 28,870. Temporarily restricted net assets 28 28 Permanently restricted net assets ..... Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 405,908. 33 488,208. 33 Total net assets or fund balances

> , 193 , 484 . Form **990** (2017)

Total liabilities and net assets/fund balances

171.522

34

Form	990 (2017) OF ALASKA, INC.	4 <u>5</u> -54	86 <u>352</u>	<u>Pag</u>	ge_12					
Par	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>7,7</u>						
2	Total expenses (must equal Part IX, column (A), line 25)	2			09.					
3	Revenue less expenses Subtract line 2 from line 1	3			00. 08.					
4										
5										
6										
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	48	<u>8,2</u>	08.					
Pai	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII		~		ليا					
				Yes	No					
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	l l		l					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1							
	separate basis, consolidated basis, or both		- { - {		l					
	Separate basis Consolidated basis Both consolidated and separate basis		l [		Į.					
þ	, ,		2b		<u>X</u>					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	i i							
	consolidated basis, or both		1 1		l					
	Separate basis Consolidated basis Both consolidated and separate basis				ļ					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				İ					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit										
	Act and OMB Circular A-133?		3a		<u> </u>					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt	1 1	i	l					

or audits, explain why in 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

Name of the organization

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

lam	e of t		CATHOLIC CAMP		ERENCE	MINI	STRIE	S		identification number		
<u></u>	-4.1		OF ALASKA, IN							<u>5-5486352</u>		
	rt I		ublic Charity Status					e instruction	<u> </u>			
	organ		te foundation because it is							29		
1	닏		on of churches, or associat					)(A)(i).		$\varphi$		
2	닏		I in section 170(b)(1)(A)(ii).	•	•							
3	닏		perative hospital service or	-				•				
4	ш	A medical research	organization operated in o	onjunction wi	th a hospital	described	l in sectio	n 170(b)(1)(A	)(iiı), Enter	the hospital's name,		
	_	city, and state								<del></del>		
5	Ш	= :	erated for the benefit of a c	college or univ	ersity owned	d or operat	ed by a go	overnmental (	ınıt describ	ed in		
		section 170(b)(1)(	A)(iv). (Complete Part II)									
6	$\sqsubseteq$	A federal, state, or	local government or govern	nmental unit d	escribed in a	section 17	'0(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	$\sqsubseteq$	A community trust	described in section 170(b	o)(1)(A)(vi). (C	omplete Par	: II )						
9	Ш	An agricultural rese	earch organization describe	d in section	170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a ne	on-land-grant college of agr	rculture (see ii	nstructions).	Enter the	name, city	, and state o	f the colleg	e or		
		university										
10	X	An organization that	at normally receives (1) mo	re than 33 1/3	3% of its sup	port from	contribution	ons, member	ship fees, a	nd gross receipts from		
		activities related to	its exempt functions - sub	ject to certain	exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment		
		income and unrelate	ted business taxable incom	ne (less sectio	n 511 tax) fr	om busine	sses acqu	ired by the o	rganızatıon	after June 30, 1975		
		See section 509(a	)(2). (Complete Part III)									
11	Щ	An organization org	ganized and operated exclu	isively to test	for public sa	fety See :	section 50	)9(a)(4).				
12	Ш	An organization org	ganized and operated exclu	isively for the	benefit of, to	perform t	the function	ns of, or to c	arry out the	purposes of one or		
		more publicly supp	orted organizations descri	bed in <b>sectio</b> r	1 <b>509(a)(1)</b> o	r section (	509(a)(2).	See section	<b>509(a)(3)</b> . C	Check the box in		
	_	_lines 12a through 1	12d that describes the type	of supporting	j organizatio	n and com	plete lines	s 12e, 12f, an	d 12g			
а	L	Type I. A suppor	ting organization operated,	, supervised, o	or controlled	by its sup	ported org	janization(s),	typically by	giving		
		the supported or	ganization(s) the power to	regularly appo	oint or elect a	a majority o	of the direc	ctors or truste	es of the s	upporting		
	_	_ organization You	u must complete Part IV, :	Sections A ar	nd B.							
b		☐ Type II. A suppo	rting organization supervise	ed or controlle	ed in connec	tion with it	s support	ed organization	on(s), by ha	ving		
		control or manag	ement of the supporting or	rganization ve	sted in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s) \	ou must complete Part IV	/, Sections A	and C.							
C	L	• .	ally integrated. A support		•				Ily integrate	ed with,		
	_	_ its supported org	ganization(s) (see instructio	ns). <b>You mus</b>	t complete l	Part IV, Se	ctions A,	D, and E.				
d	ıL	☐ Type III non-fun	ctionally integrated. A sup	oporting organ	nization oper	ated in co	nnection v	vith its suppo	rted organı	zation(s)		
		that is not function	onally integrated. The orgai	nization gener	ally must sa	tisfy a disti	ribution re	quirement an	d an attent	iveness		
		-n '	instructions) You must co	*		· ·						
е	· L	☐ Check this box if	the organization received	a wntten dete	rmination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integ	rated, or Type III non-funct	ionally integra	ited support	ing organiz	zation.			r		
f		•	oported organizations									
			formation about the suppor			(iv) is the orga	nizalion listed	( A A -	(	T ( ) A		
		(i) Name of supported organization	(ii) EIN		organization on lines 1-10	in your governi	ng document?	(v) Amount o	•	(vi) Amount of other support (see instructions)		
				above (see	nstructions))	Yes	No			- Coo mondettono		
									i			
		<del></del>				<del></del>				<del></del>		
				<del>- </del>						<del></del>		
				i								
				<del></del>		<b> </b>	<u> </u>			<u> </u>		
				1								
						<b> </b>				<b> </b> -		
									1			
				+			<u> </u>					
Tot	a!		I			1	l	1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17 Schedule A (Form 990 or 990-EZ) 2017

INC.

Schedule A (Form 990 or 990-EZ) 2017 OF ALASKA,

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 (f) Total (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015(d) 2016 (e) 2017 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

45-5486352 Page 2

Schedule A (Form 990 or 990 EZ) 2017 OF ALASKA, INC.

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

500	qualify under the tests listed be tion A. Public Support	now, please comp	iete Part II )				<del> </del>			
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	· · ·	(a) 2013	(6) 2014	(6) 2013	(a) 2010	(e) 2017	(i) Total			
1	Gifts, grants, contributions, and membership fees received (Do not									
	include any "unusual grants ")	96,140.	151.049.	116.976.	141,137.	128.345.	633,647.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,085.			130,735.					
3	Gross receipts from activities that		•				<u> </u>			
	are not an unrelated trade or business under section 513									
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	100,225.	225,200.	231,930.	271,872.	266,576.	1095803.			
78	Amounts included on lines 1, 2, and						_			
	3 received from disqualified persons	54,878.	78,432.	57,052.	49,803.	59,367.	<u>299,532.</u>			
t	) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		2 505	F 251	0 500	0.461	26 016			
	amount on line 13 for the year	E 4 070	3,585. 82,017.	5,371. 62,423.	8,599. 58,402.	8,461. 67,828.	26,016. 325,548.			
	Add lines 7a and 7b	54,878.	02,01/.	02,423.	30,402.	07,020.	770,255.			
	Public support. (Subtract line 7c from line 6)						110,233.			
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	Amounts from line 6	100,225.	225,200.	231,930.	271,872.	266,576.	1095803.			
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	100,223	350.	16.	28.	45.	439.			
ı	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
,	c Add lines 10a and 10b		350.	16.	28.	45.	439.			
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,120.	1,681.	3,463.	2,694.	413.	13,371.			
	Total support. (Add lines 9, 10c, 11, and 12)	105,345.	227,231.	235,409.		267,034.	1109613.			
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,			
=	check this box and stop here ction C. Computation of Publ	ic Support De	rcentage		• • •	**-	<b>▶</b> ∐_			
				naluma (6)		45	69.42 %			
15				column (i))	•	15	69.42 % 66.93 %			
	16 Public support percentage from 2016 Schedule A, Part III, line 15 16 66.93 % Section D. Computation of Investment Income Percentage									
17				•		17	.04 %			
18		•	•			18	.05 %			
	a 33 1/3% support tests - 2017. If the			on line 14, and line	e 15 is more than 3	3 1/3%, and line 1				
	more than 33 1/3%, check this box a						$\triangleright \mathbf{X}$			
	b 33 1/3% support tests - 2016. If the						and			
	line 18 is not more than 33 1/3%, che						▶∐			
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			or 990-FZ) 2017			

#### 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)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations	<u> </u>		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	ļ		
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		ŀ	
	organization made the determination	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If			
<del>4</del> a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	- 12	i –	
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	10		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
	purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70	1	<u> </u>
5a	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			İ
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	1		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
		<sub>E0</sub>		
	was accomplished (such as by amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a	$\vdash$	<del> </del>
b	••	5b		
	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<del> </del>	<del>                                     </del>
C		30	1	<del>                                     </del>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6_	╁──	1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_	}	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	┼	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	╁──	<del> </del>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<u>9a</u>	+	-
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	┼	<del> </del>
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<del> </del>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>	—-
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	l	1	1

determine whether the organization had excess business holdings)

	dule A (Form 990 or 990-EZ) 2017 OF ALASKA, INC.	45-548635	2 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	1	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	$\vdash$	
	tion B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	}	1
	• • • • • • • • • • • • • • • • • • • •		}	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ì	1	
	controlled the organization's activities If the organization had more than one supported organization,		ļ	
	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	<b>├</b>	<b>├</b> ─
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	Ì	}	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ		
	supervised, or controlled the supporting organization.	2	<u> </u>	<u></u>
Sec	tion 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 Part VI how control	J		
	or management of the supporting organization was vested in the same persons that controlled or managed	1	ĺ	
	the supported organization(s)	1		
Sec	tion 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		1.00	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	v 1	Ì	
	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	<del>"</del>	<del> </del>	
~	• • • • • • • • • • • • • • • • • • • •			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
_	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	İ	· '	
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee in	structions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instruction:	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\ \frac{1}{1}		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ĺ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
		_ 20	<del> </del>	
D	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 Part VI the	ł		ĺ
	reasons for the organization's position that its supported organization(s) would have engaged in these	]		1
	activities but for the organization's involvement.	_2b		<u></u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	l	Į .	l
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	]		1
	trustees of each of the supported organizations? Provide details in Part VI.	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 Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2017 OF ALASKA, INC.			45-5486352 Page 6
Pai				<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-	• •	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	<del></del>
Sect	on A - Adjusted Net Income		(A) Pnor 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	1 1		•
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting ord	ganization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990-EZ) 2017 OF ALASKA, IN			5-5486352 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		•
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	<del></del>	<del></del>	
5_	Qualified set-aside amounts (prior IRS approval required)	<del> </del>		
6	Other distributions (describe in Part VI). See instructions.		<del></del>	
7	Total annual distributions, Add lines 1 through 6	·		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017	<u> </u>		
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2017, if			
-	any Subtract lines 3g and 4a from line 2 For result greater			1
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
_	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			1
7	Excess distributions carryover to 2018. Add lines 3j			<del> </del>
•	and 4c			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			<del></del>
_	Excess from 2016			<del>                                     </del>
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 OF	' ALASKA,	INC.		45-5486352 Page 8
Part VI	Supplemental Informati Part IV, Section A, lines 1, 2, 3t line 1, Part IV, Section D, lines 3	<b>ion.</b> Provide the o, 3c, 4b, 4c, 5a, 0 2 and 3, Part IV, 5	explanations required 6, 9a, 9b, 9c, 11a, 11l Section E, lines 1c, 2a	B by Part II, line 10, Part II, line 1 b, and 11c, Part IV, Section B, li , 2b, 3a, and 3b, Part V, line 1, I lso complete this part for any ac	7a or 17b, Part III, line 12, nes 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	(See instructions)				
· -,					
			· · · · · · · · · · · · · · · · · · ·		
					,
					·
_			·		·
<u></u>					

#### SCHEDULE D

(Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CAMP & CONFERENCE MINISTRIES

Employer identification number 45-5486352

	OF ALASKA, INC.		45-5486352
Par		ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used only
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form o	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	$\mbox{\sc violations},$ and enforcement of the conservation easements	ıt holds?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ive satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organization's accounting for
	conservation easements	A.A. Historia I Turana and Ot	Un and Other Hand Andrew
Pa	t III Organizations Maintaining Collections of		iner Similar Assets.
	Complete if the organization answered "Yes" on Form		<del></del>
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described		
b	If the organization elected, as permitted under SFAS 116 (A		·
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		gaın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а			. \$
b	Assets included in Form 990, Part X		. • \$

732051 10-09-17

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

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 OF ALAS								86352	
Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, oi	r Other	Simil	<u>ar Asse</u>	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a sig	nıfıcant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	(	ı 🗀 ۱	Loan or exc	hange progran	ns				
b	Scholarly research	6	, 🖂	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further tl	he organizatioi	n's exem	pt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or other	r sımılar a	assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "Y	es" on F	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa			•						
1a	Is the organization an agent, trustee, custod	an or other interme	diary for d	contribution	s or other ass	ets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able						
		•	Ū						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
_	Did the organization include an amount on F	orm 990 Part X line	21 for e	escrow or ci	istodial accou	nt liabilit		$ \Gamma$	Yes	No
	If "Yes," explain the arrangement in Part XIII						,			<b>=</b> "
Par										
		(a) Current year		rior year	(c) Two years	- $ -$		ears back	(e) Four y	ears back
1a	Beginning of year balance	(4)		····.	197 ****				197.55.7	<u> </u>
b	Contributions	· · · · · · · · · · · · · · · · · · ·				-+				
	Net investment earnings, gains, and losses		1			<del></del>			<del> </del>	
d	Grants or scholarships		†			-+				
	Other expenditures for facilities		<del> </del> -			-+			<del> </del>	
-	and programs		<b> </b>		1	- 1				
	Administrative expenses	· · · · · · · · · · · · · · · · · · ·	<del> </del> -			-+				
1 ~	·		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del></del>			<del> </del> -	
g	End of year balance	ront year and halan		a aaluma /s	)) hold on				L—	
2	Provide the estimated percentage of the cur	rent year end balan	·	y, column (a	ij) rielu as					
a	Board designated or quasi-endowment		%							
D	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	tation tha	it are held a	nd administere	ed for the	e organiz	zation	Г.	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	•							_3b	
4	Describe in Part XIII the intended uses of the		owment 1	funds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere				<del></del>			<del></del>		
	Description of property	(a) Cost or (			or other		cumulate		(d) Book	/alue
	<del>,</del>	basis (invest	ment)		(other)	aepr	reciation	-+		-005
	Land				0,000.		4 4 -			,000.
	Buildings				7,980.		$\frac{44}{34}$			<u>,657.</u>
С	Leasehold improvements .	ļ			5,423.			12.		,211.
d	Equipment	<b> </b>		2	6,699.		<u>14,1</u>	59.	12	<u>,540.</u>
e	Other								4 6 1 -	
Tota	L Add lines 1a through 1e (Column (d) must e	oual Form 990 Par	t X colun	nn (R) line 1	1001				1 040	408

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 OF ALASH	A, INC.	4	5-5486352 Page 3
Part VII Investments - Other Securities	es.		
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 si		(c) Method of valuation Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line	12.)		
Part VIII Investments - Program Relat		<u> </u>	
Complete if the organization answered		11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	end-of-vear market value
	(4,	(-)	,
<u>(1)</u>			
(2)			
(3)			
(4)	·		<del>-,-</del> -
(5)			
(6)		<del> </del>	
(7)			· · · · · · · · · · · · · · · · · · ·
(8)			-
(9)	10.)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets.	13.)	1	
Complete if the organization answered	I "Vas" on Form 000. Port IV line	11d See Form 900 Part V line 15	
Complete if the organization answered	(a) Description	FITO See Form 550, Part X, line 15	(b) Book value
(4)	(a) Docompaion		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
	··	· · · · · · · · · · · · · · · · · · ·	
(8)			
(9)	1.60.4		
Total. (Column (b) must equal Form 990, Part X, co.	!. (B) line 15 )		<u> </u>
Part X Other Liabilities.			
		the Or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	<u></u>	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, co	I (B) line 25 ) ▶		
2. Liability for uncertain tax positions. In Part XIII,	provide the text of the footnote t	o the organization's financial statemen	ts that reports the
organization's liability for uncertain tax position	s under FIN 48 (ASC 740) Check	k here if the text of the footnote has been	en provided in Part XIII

732053 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 OF ALASKA, INC.	
Part XI Reconciliation of Revenue per Audited Fina	
Complete if the organization answered "Yes" on Form 990	
Total revenue, gains, and other support per audited financial stat	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
Not considered a sure (leases) on muselments	2a
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIII.)	_2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII )	4b
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 12) 5
Part XII Reconciliation of Expenses per Audited Fine	
Complete if the organization answered "Yes" on Form 990	D, Part IV, line 12a
1 Total expenses and losses per audited financial statements	_1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
<b>b</b> Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIII )	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
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	1 1
·	
b Other (Describe in Part XIII )	4b
<ul><li>b Other (Describe in Part XIII)</li><li>c Add lines 4a and 4b</li></ul>	4b 4c
<ul> <li>b Other (Describe in Part XIII)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses Add lines 3 and 4c. (This must equal Form 990, February 1990)</li> </ul>	4b 4c
<ul> <li>b Other (Describe in Part XIII)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F</li> <li>Part XIII Supplemental Information.</li> </ul>	4b 4c Part I, line 18) 5
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
<ul> <li>b Other (Describe in Part XIII)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F</li> <li>Part XIII Supplemental Information.</li> </ul>	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c 5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c  5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c  5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c  5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c  5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c  5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c  5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3.	Part I, line 18)  4c  5  nes 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Employer identification number

lame of the organization CATHOLIC	CAMP & CONFERENC	E M	INI	STRIES		Employer ide	ntıfıcation number
OF ALASK						45-5486	352
Part I Fundraising Activities. (required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 1	7 Form 990-EZ	filers are not
1 Indicate whether the organization raise	ed funds through any of the following	ng actr		Check all that apply	-		<del></del>
a Mail solicitations				overnment grants			
b Internet and email solicitations			_	nment grants			
c Phone solicitations	g 🔲 Special		_	=			
d In-person solicitations	3		3				
2 a Did the organization have a written or	oral agreement with any individual	(includ	lina o	fficers, directors, trus	stees	. or	
key employees listed in Form 990, Pai	•	•	_			Yes	☐ No
b If "Yes," list the 10 highest paid individ	, ,			<del>-</del>			
compensated at least \$5,000 by the c			·				
		/::n			(1)	Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr	Did alser	(IV) Gross receipts	to (c	Amount paid or retained by)	(vi) Amount paid
or entity (fundraiser)	(II) Activity	have con or con contribi	trol of	from activity		fundraiser	to (or retained by) organization
		<del> </del>			listed in col (i)		
		Yes	No				
<del></del>			_				
			İ				
		<u> </u>	_				
		_					
	<del></del>	1					<u> </u>
Total  3 List all states in which the organization	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
or licensing.					_		
							· · · · · · · · · · · · · · · · · · ·
<del></del>							
				•			
							<del></del>
			•				

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

Schedule G (Form 990 or 990-EZ) 2017

# CATHOLIC CAMP & CONFERENCE MINISTRIES Schedule G (Form 990 or 990-EZ) 2017 OF ALASKA, INC.

Sche Pa		le G (Form 990 or 990 EZ) 2017 OF ALAS  I Fundraising Events. Complete if the	KA, INC.	"You" on Form 000 Do	45-	-5486352 Page 2
Га		of fundraising event contributions and gr	-		· ·	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			AUCTION	(	(4-4-1	col (c))
e l			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	11,865.			11,865.
١	2	Less Contributions	200.			200.
	3	Gross income (line 1 minus line 2)	11,665.			11,665.
	4	Cash prizes				
g	5	Noncash prizes		<del> </del>		-
pense	6	Rent/facility costs			<u> </u>	
Direct Expenses	7	Food and beverages	3,434.			3,434.
٥	8	Entertainment	100.		1	100.
	9	Other direct expenses	15,883.			15,883.
	10				<b>•</b>	19,417.
Pa	11 rt		line 3, column (d)	1990 Part IV line 19 o	r reported more than	<7,752.
		\$15,000 on Form 990-EZ, line 6a	answered res on rom	,	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Ř						
	1	Gross revenue			+	
ses	2	Cash pnzes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes%	Yes %	Yes %	†
	6	Volunteer labor	No	☐ No	□ No	
	7	Direct expense summary Add lines 2 throug	h 5 in column (d)		•	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<u></u>	
	ıls	iter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain	activities in each of these	states?	•	Yes No
	, .,	The component				
	-	ere any of the organization's gaming licenses i	•	•	x year?	Yes No
	_					
_	_					
7320	82 (	19-13-17			Schedule G (Fo	orm 990 or 990-EZ) 2017

<b>^</b> - 1	CATHOLIC CAMP & CONFERENCE MINISTRIES	4E E4962E2 B
	dule G (Form 990 or 990-EZ) 2017 OF ALASKA, INC.  Does the organization conduct gaming activities with nonmembers?	45-5486352 Page 3 Yes No
	boes the organization conduct garning activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	└── Yes └── No
	to administer charitable gaming?	Yes No
	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
b A	An outside facility	13b %
14 E	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S
ı	Name	
,	Address >	
15a [	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
ы	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt
	of gaming revenue retained by the third party > \$	
c l	If "Yes," enter name and address of the third party	
ı	Name ▶	
,	Address	
16	Gaming manager information	
ı	Name	
•	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	L Yes
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the
	organization's own exempt activities during the tax year  \$\bigs\\$ \$  \$\text{IV}  \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	
<u></u>	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, lines 9, 96, 106, 156,
PAF	RT II, EVENT 1: AUCTION	
EXI	PENSES FOR THE FUNDRAISER REFLECT \$3,534 OF CASH EXPENSES A	AS WELL AS
<u>\$1</u> !	5,883 OF ITEMS DONATED TO BE SOLD AT AUCTION.	
_		
73208	Schedule C	G (Form 990 or 990-EZ) 2017

Schodula G	(Form 990 or 990 E7)	OF ALACKA THO	45-5486352 Page
Part IV	Supplemental Info	OF ALASKA, INC.	45-5486352 Page
	•		
	****		-
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			<del></del>
			· · · · · · · · · · · · · · · · · · ·
_			

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

CATHOLIC CAMP & CONFERENCE MINISTRIES OF ALASKA, INC.

Employer identification number 45-5486352

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
2. TO OPERATE A CAMP AND CONFERENCE FACILITY WHICH SUPPORTS OTHER
CHRISTIAN MINISTRIES AND SECULAR COMMUNITY GROUPS WHOSE MISSIONS ARE
COMPATIBLE WITH CATHOLIC VALUES.
FORM 990, PART VI, SECTION A, LINE 2:
SALLY SEELEY AND JIM SEELEY ARE MARRIED.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS THE FORM 990 BEFORE IT IS FILED AND A COPY OF
THE FORM 990 IS PROVIDED TO ALL OF THE BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICTS OF INTEREST ARE TO BE DISCLOSED TO THE BOARD ANNUALLY. PERIODIC
REVIEWS ARE CONDUCTED TO ENSURE ALL DISCLOSURES ARE MADE.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.