DLN: 93493227021884

OMB No 1545-0047

Department of the Treasury

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

Open to Public

Internal	Revenue	e Service	► The organization may have t	o use a copy of this return to	satisfy s	tate repor	ting requiren	nents	Inspection
A Fo	r the	2012 ca	lendar year, or tax year beginning	10-01-2012 , 2012, and en	nding 09-3	0-2013			
B Ch	eck ıf a	pplicable	C Name of organization KODIAK AREA NATIVE ASSOCIATION				D Emplo	yer ider	ntification number
☐ Add	tress ch	nange	Doing Business As				92-00	38225	5
∏ Na	me cha	inge	Doing Business As						
┌ Init	ial retu	ım	Number and street (or P O box if m	all is not delivered to street address	s) Room/su	ıte	E Teleph	one numl	her
Г Теі	mınate	ed .	3449 REZANOF DRIVE EAST						
┌ Am	ended	return	City or town, state or country, and Z	IP + 4			(907)	486-9	800
_ ☐ Apı	olication	n pending	KODIAK, AK 99615				G Groce	rocointe ¢	23,777,915
		.,	F Name and address of prin	cinal officer		U(a) 7			`
			ANDREW TEUBER	·			s this a group ffiliates?	return	TYes ▼ No
			3449 REZANOF DRIVE EAS	iΤ		-			, ,
			KODIAK, AK 99615						ded? 「Yes 「No
——— т Та	x-exen	npt status	5	nsert no.)	527	I1	f "No," attach	n a list	(see instructions)
		<u> </u>		1317(4)(1) 61	327	H(c)	Group exempt	tion nun	nber ►
J W	ebsite	e:⊫ WV	WW KANAWEB ORG						
K For	n of or	ganızatıor	Corporation Trust Association	n		L Year	of formation 19	966 M	State of legal domicile AK
Pa	rt I	Sum	nmary						
			lescribe the organization's missio		es				
	:	TO ELE	VATE THE QUALITY OF LIFE O	F THE PEOPLE WE SERVE					
ဋ									
喜	:								
Governance	2	Check t	his box দ if the organization dis	continued its operations or c	disposed o	of more the	an 25% of its	net as:	sets
ŝ									
2 6	I		of voting members of the governi					3	10
ĕ	I		of independent voting members of		-			4	6
Activities &	I		ımber of ındıvıduals employed ın c					5	227
a ब	I		ımber of volunteers (estımate ıf ne					6	0
	I		nrelated business revenue from Pa					7a	191,481
	Ь	Net unre	elated business taxable income fr	om Form 990-T, line 34 .				7b	0
							Prior Year		Current Year
an a	8		ributions and grants (Part VIII, lir	•			16,722,		16,330,465
Revenue	9	_	am service revenue (Part VIII, lir	<u>-,</u>			2,085,		3,265,008
Š	10		tment income (Part VIII, column				264,		148,839
_	11		revenue (Part VIII, column (A),		-	_	1,005,	688	371,882
	12		revenue—add lines 8 through 11				20,077,	874	20,116,194
	13		s and similar amounts paid (Part				593,	611	640,833
	14	Benef	its paid to or for members (Part I)	X, column (A), line 4)				0	0
	15		ies, other compensation, employe						
Expenses		5-10	•				9,085,	549	9,687,829
क्	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)				0	0
ਡੋ	Ь	Total fu	undraısıng expenses (Part IX, column (D)	, line 25) ► 0					
	17	Other	expenses (Part IX, column (A), l	ines 11a-11d, 11f-24e) .			8,699,	619	9,257,760
	18		expenses Add lines 13-17 (mus				18,378,	779	19,586,422
	19	Rever	nue less expenses Subtract line :	18 from line 12			1,699,	-	529,772
70 Q						Begin	ning of Curre Year	nt	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		_		24,314,	185	24,833,913
d B	21		liabilities (Part X, line 26)			_	7,721,		7,711,747
2E	22		ssets or fund balances Subtract I			`	16,592,		17,122,166
	22 13 11	_	nature Block	ZZ OIII IIII C ZO I I	· · ·		-0,002,		17,122,100
		_	perjury, I declare that I have exa	mined this return including a	accompan	vina sche	dules and sta	tement	s, and to the hest of
my k	nowle	dge and	belief, it is true, correct, and commowledge						
		1.					•		
		****					2014-08-13		
Sigr		Sign	ature of officer				Date		
Her	е		REW TEUBER PRESIDENT/CEO						
		<u> </u>	e or print name and title	I Duama mada coto	1 =			DTTA	
			Print/Type preparer's name KEY E GETTY CPA	Preparer's signature		ate 014-08-13	Check I if self-employed	PTIN P00121	200
Paid			Firm's name F BDO USA LLP	•			Firm's EIN F 1		
	pare		Firmly address by 2004 to otto set of the set	700			Dha (2	7) 270 0-	270
Hee	On	IV 📙	Fırm's address 🟲 3601 C STREET SUITE 6	000			Phone no (907	7 278-88	0/0

ANCHORAGE, AK 99503 May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

√ Yes

√ No

Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
<u>О</u> Е	LEVATE THE QUALITY OF LIFE OF THE PEOPLE WE SERVE
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 15,056,254 including grants of \$) (Revenue \$ 3,265,008)
	THE KODIAK AREA NATIVE ASSOCIATION (KANA) PROVIDES HEALTHCARE SERVICES TO THE ALASKA NATIVE AND AMERICAN INDIAN PEOPLE OF THE KODIAK ISLAI REGION THESE SERVICES INCLUDE PRIMARY CARE MEDICAL SERVICES, DENTAL, COMMUNITY HEALTH AIDE/PRACTITIONER SERVICES, EMERGENCY MEDICAL SERVICE (EMS), ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH, IMMUNIZATIONS AND OTHER SPECIAL PROGRAMS DEVELOPED TO ENSURE A BROAD, COMPREHENSIVE CONTINUUM OF CARE FOR BENEFICIARIES OF THE INDIAN HEALTH SERVICE KANA PROVIDES AND FACILITATES A WIDE RANGE OF SERVICES DIRECTLY AND IN COOPERATION WITH OTHER AGENCIES THROUGH FIELD CLINICS, REFERRALS AND OTHER ARRANGEMENTS WITH TRIBAL HEALTH ORGANIZATIONS KANA PARTICIPATES IN THE GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA). THIS BENCHMARKING IS DONE TO ENSURE THAT THE PROGRAMS AND SERVICES PROVIDED BY KANA MEET OR EXCEED CLINICAL BEST PRACTICES. DURING THE GPRA YEAR 2009, WHICH ENDED JUNE 30, 2009, KAN WAS THE FIRST AND ONLY HEALTH CARE ORGANIZATION IN THE STATE TO HAVE MET ALL TWENTY-ONE OF THE IHS GPRA INDICATORS AND ONE OF ONLY FOUR THE NATION TO DO SO. DURING GPRA YEAR 2011, KANA WAS ONE OF ONLY THREE ORGANIZATIONS IN THE STATE TO MEET ALL INDICATORS. THIS WAS KANA'S THIRD CONSECUTIVE YEAR MEETING ALL INDICATORS THIS EXTRAORDINARY ACCOMPLISHMENT IS TESTAMENT TO THE DEDICATION AND COMMITMENT OF KANA AND ITS STAFF TO PROVIDE THE HIGHEST QUALITY HEALTH AND SOCIAL SERVICES TO ITS BENEFICIARIES IN A FISCALLY RESPONSIBLE MANNER.
	(Code) (Expenses \$ 2,154,680 including grants of \$ 640,833) (Revenue \$)
	JOB COACHING AND SUPPORTIVE SERVICE, WHICH ENABLE PEOPLE TO REACH SELF SUFFICIENCY "WORK FIRST" PHILOSOPHY IS BASED ON THE FUNDAMENTAL AULU OF MORK AS A MEANS OF EMHANCING SELF-ESTEEM AND PROVIDING A GOOD ROLE MODEL TO CHILD AND FAMILY SERVICES FLUX IN SUPPORT AND THE COMMUNITY AT LEAST SERVICE STORE SERVICES TO BE PROVIDED THROUGH OUR CHILD AND FAMILY SERVICES FUNDAMENTAL SERVICES TO BE PROVIDED THROUGH OUR CHILD AND FAMILY SERVICES FUNDAMENTAL SERVICES TO BE PROVIDED THROUGH OUR CHILD AND FAMILY SERVICES FUNDAMENTAL SERVICES FOR RESOURCES OUR GOAL IST OEVELOW OPPORTUNITIES TO HERE AND QUALIFIED CHILD WELF ARE WORKFORCE WITHIN THE KONIAGE GOOD COMMUNITY A LARGE, TRAINING AND TECHNICAL ASSISTANCE FOR COMMUNITY ASSED INITIATIVES TO IMPROVE THE WELFARE OF CHILDREN, AND IMPROVED ACCESS TO RESOURCES OUR GOAL IST OEVELOW OPPORTUNITIES TO HERE AWARENESS, DIALOGUE, SKILLS AND COORDINATED RESOURCES ON CHILD WELF ARE WORKFORCE WITHIN THE KONIAGE GOOD CONTINUES INCREASE AWARENESS, DIALOGUE, SKILLS AND COORDINATED RESOURCES ON CHILD WELF ASSISTANCE FOR HIGH RISK FRANCES AWARENESS, DIALOGUE, SKILLS AND COORDINATED RESOURCES ON CHILD WELF AND THE KODIAG. SERVICES FOR HIGH RISK FRANCES AWARENESS, DIALOGUE, SERVICES FOR HIGH RISK FRANCES AWARENESS, DIALOGUE, SERVICES FOR HIGH RISK FRANCES AWARENESS. THE RESOURCE AND THE KODIAG SERVICES FOR HIGH RISK FRANCES AWARENESS. THE RESOURCE AND THE KODIAG SERVICES FOR HIGH RISK FRANCES AWARENESS. THE RESOURCE SERVICES FOR HIGH RISK FRANCES AWARENESS. THE RESOURCE SERVICES FOR THE KODIAG SERVICES FOR HIGH RISK FRANCES AWARENESS. THE RESOURCE SERVICES FOR THE KODIAG SERVICES FOR THE KODIAG SERVICES AWARENESS. THE RESOURCE SERVICES FOR THE RESOURCE SERVICES
4 c	(Code) (Expenses \$ 818,978 including grants of \$) (Revenue \$) PUBLIC SAFETY - THE VILLAGE PUBLIC SAFETY OFFICER PROGRAM IS DESIGNED TO TRAIN AND EMPLOY INDIVIDUALS RESIDING IN THE VILLAGE AS FIRST RESPONDERS TO PUBLIC SAFETY EMERGENCIES SUCH AS SEARCH AND RESCUE, FIRE PROTECTION, EMERGENCY MEDICAL ASSISTANCE, CRIME PREVENTION AND BASIC LAW ENFORCEMENT
	(Code) (Expenses \$ 343,893 including grants of \$) (Revenue \$) TRIBAL OPERATIONS
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 343,893 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 18,373,805

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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	Yes	
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	

· 1	Statements Regarding Other 1RS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	ر. No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 96			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
1	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
ļ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>		
	, , , , , , , , , , , , , , , , , , , ,	5c		
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	-		
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	•		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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	13a		
ı	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	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response to any question in this Part VI .															ে
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---

	ection 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			
	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			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶AK
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Volume Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►MIKE PFEFFER 3449 E REZANOF DRIVE KODIAK, AK (907) 486-9800

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

DIRECTOR	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot ecto	not box h an or/tr	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
(1) LOREITA RELSON CHAIRPERSON (2) AFRED CRATTY JR (2) 20		organizations below	Individual trustee or director	Truste	Officei	Key employee	Highest compensated employee	Former			organızatıon and related
(2) ALFRED CRATTY JR (2) OL X X X X 13,300 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1) LORETTA NELSON	2 00	х		х				12,070	0	0
VICE CHAIRPERSON						_					
(3) ARNOLD KEWAN SCRETARY (4) CHERYL CHRISTOFFERSON 2 00		2 00	x		х				13,300	0	0
SECRETARY (4) CHENYL CHRISTOFFERSON (2) 00 X X X X 10,575 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 00									
(4) CHERYL CHRISTOFFERSON TREASURER (5) SPERIDON SIMEONOFF SR DIRECTOR (6) PHYLLIS AMODO DIRECTOR (7) JILL BOSKOFSKY DIRECTOR (8) ALEXANDER PANAMARIOFF JR DIRECTOR (9) GAY WATSON DIRECTOR (10) MARGARET ROBERTS DIRECTOR (11) ANDREW TEUBER 37 50 VICE PRESIDENT OF HEALTH SERVICES (13) MIKE PEFFER (13) MIKE PEFFER (14) MARGIR EEZONA 37 50 SENIOR VICE PRESIDENT OF ADMINISTRATION (15) KORDERTO NAMENERIER 37 50 SENIOR VICE PRESIDENT OF ADMINISTRATION (15) KORDERT OR NAMENERIER 37 50 PHYSICIAN (17) ANNE NIEBLER 37 50 X X 10,575 0 0 0 0 0 0 0 0 0 0 0 0 0	CECRETARY		х		Х				10,770	0	0
TREASURER		2.00									
Column C		2 00	х		Х				10,575	0	0
DIRECTOR (6) PHYLLIS AMODO 1 00		1.00	-								
Column			X						9,305	0	0
DIRECTOR		1.00									
The content of the		100	х						12,510	0	0
DIRECTOR		1.00									
B) ALEXANDER PANAMARIOFF JR		100	х						10,570	0	0
DIRECTOR 9,520 0 0 (9) GARY WATSON 1 00		1.00									
1		100	х						9,520	0	0
Name		1.00									
The content of the		100	х						10,880	0	0
DIRECTOR X		1.00									
The image of the		1 00	x						10,390	0	0
Name		27.50									
TAMMY HANSEN 37 50		37 50			х				349,065	0	66,744
X 130,240 0 29,317		27.50									
(13) MIKE PFEFFER 37 50 X 114,065 0 28,580 CHIEF FINANCIAL OFFICER 37 50 X 127,147 0 15,249 SENIOR VICE PRESIDENT OF ADMINISTRATION 37 50 X 225,978 0 32,896 PHYSICIAN 37 50 X 166,628 0 31,843 PHYSICIAN X 165,421 0 20,214	,	37 50			х				130,240	0	29,317
X											
(14) MARGIE BEZONA 37 50 X 127,147 0 15,249 SENIOR VICE PRESIDENT OF ADMINISTRATION 37 50 X 225,978 0 32,896 PHYSICIAN 37 50 X 166,628 0 31,843 PHYSICIAN X 165,421 0 20,214	(13) MIKE PFEFFER	37 50			Х				114,065	0	28,580
X 127,147 0 15,249						_			·		
SENIOR VICE PRESIDENT OF ADMINISTRATION	(14) MARGIE BEZONA	37 50			x				127,147	0	15,249
X 225,978 0 32,896									·		,
PHYSICIAN 37 50 X 166,628 0 31,843 PHYSICIAN X 165,421 0 20,214	(15) ROBERT ONDERS	37 50					×		225,978	0	32,896
PHYSICIAN (17) ANNE NIEBLER X 166,628 0 31,843 X 165,421 0 20,214						<u> </u>					
PHYSICIAN 37 50 X 165,421 0 20,214	(16) KRISTEN FRANK	37 50					×		166.628	0.	31.843
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									255,520		
	(17) ANNE NIEBLER	37 50					×		165 421	n	20 214
	PHYSICIAN								103,421		20,214

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than son is	one bot	note boot	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizations	s	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)		organiz	lated
(18) [MELISSA WAGES	37 50					х		143,938		0		11,447
DENT:									110,550		\dashv		
	SAM CHELMO	37 50					x		133,927		0		2,383
1b c d	Sub-Total Total from continuation sheets to P	art VII, Section A							1,666,299		0		238,673
2	Total number of individuals (includin \$100,000 of reportable compensation)				ed a	bov	e) who	rec	eived more than				
	\$100,000 of reportable compensation	m nom the organiz	Zacioni	- 1 1									
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedus For any individual listed on line 1a, is organization and related organization individual	e J for such individuals the sum of report	<i>lual</i> table c	• ompe	• ensa	• atıor	• . n and o	the	r compensation fro		3	Yes	No No
5	Did any person listed on line 1a rece services rendered to the organization									dividual for	5	103	No
Se	ection B. Independent Contra	ctors											
1	Complete this table for your five high	est compensated										4	
	compensation from the organization Name ar	(A) d business address	tion fo	rtne	cale	enda	ryear	enc		the organization (B) on of services	on's	tax year (C Comper)
											\dashv		
											#		
											+		
	Total number of independent contractors \$100,000 of compensation from the o		not lım	ıted	to th	nose	listed	dab	ove) who received	more than			

Part VI	• • •	Statement of Revenue	aa ta anu auaatian i	n this Doub VIII			
		Check if Schedule O contains a respon	se to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
10	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
Gra not	c	Fundraising events 1c					
- F -	_						
<u>ia</u>	d	Related organizations 1d					
š, Ę	е	Government grants (contributions) 1e	16,109,678				
章に	f	All other contributions, gifts, grants, and similar amounts not included above	220,787				
tributic Other	g	Noncash contributions included in lines					
Contr and (1a-1f \$		16 220 465			
<u>ة ك</u>	h	Total. Add lines 1a-1f	• •	16,330,465			
e l			Business Code				
Le Ve	2a	PATIENT SERVICE	624100	3,265,008	3,265,008		
<u> 28</u>	b						
Program Serwce Revenue	С						
<u> </u>	d						
E	е						
100	f	All other program service revenue					
查	g	Total. Add lines 2a-2f		3,265,008			
	3	Investment income (including dividence		148,839			148,83
	4	and other similar amounts) Income from investment of tax-exempt bond p		2.0,000			
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental					
	С	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
	u	(i) Securities	(II) O ther				
	7a	Gross amount	(II) o thei				
		from sales of assets other					
	b	than inventory Less cost or					
	D	other basis and					
	С	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
ıne	8a	Gross income from fundraising events (not including					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
her	b	Less direct expenses b					
ة	c	Net income or (loss) from fundraising e	events 🛌				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	ь	Less direct expenses b	3,880,846				
	C	Net income or (loss) from gaming activ	3,661,721	219,125		191,481	27,64
	10a	Gross sales of inventory, less	-	·		·	·
		returns and allowances .					
	_	a					
	Ь	Less cost of goods sold b	ntory				
}	С	Net income or (loss) from sales of inve	Business Code	+			
-	11a	OTHER REVENUE	900099	171,880			171,88
	ь	LOSS ON JOINT VENTURE	900099	-19,123			-19,12
	c	FO33 ON JOINT VENTURE		,123			
	d	All other revenue					
	u e	Total. Add lines 11a-11d	🕨				
			-	152,757			
	12	Total revenue. See Instructions	· · · •	20,116,194	3,265,008	191,481	329,240

		Statement of Functional Expenses				
Section		1(c)(3) and $501(c)(4)$ organizations must complete all columns All				
	(Check if Schedule O contains a response to any question in this Pai	rt IX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21				
2		ts and other assistance to individuals in the ed States See Part IV, line 22	640,833	640,833		
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16	0.10,000	515,555		
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees	1,052,477	143,924	908,553	
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	r salaries and wages	6,757,344	5,607,983	1,149,361	
8		ion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	341,700	293,158	48,542	
9	Othe	r employee benefits	726,849	675,993	50,856	
10	Payro	oll taxes	809,459	582,046	227,413	
11	Fees	for services (non-employees)				
а	Mana	agement				
b	Legal		91,080	25,167	65,913	
c	Acco	ounting	131,005	13,908	117,097	
d	Lobby	yıng	·			
e		essional fundraising services See Part IV, line 17				
f		stment management fees				
g	O the colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on				
		dule O)	4,048,625	3,823,371	225,254	
12		ertising and promotion	36,783	16,388	20,395	
13	Office	e expenses	724,497	382,750	341,747	
14	Infor	mation technology	234,063	56,067	177,996	
15	Roya	lties				
16	Occu	upancy	350,194	170,286	179,908	
17	Trave	el	1,106,341	946,784	159,557	
18		nents of travel or entertainment expenses for any federal, e, or local public officials				
19	Confe	erences, conventions, and meetings				
20	Inter	rest	76,335		76,335	
21	Paym	nents to affiliates				
22	Depre	eciation, depletion, and amortization	786,973		786,973	
23	Insur	rance	113,085	10,870	102,215	
24	misc	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а		IIC SUPPLIES	438,831	438,831		
ь		SONNEL RECRUITMENT A	348,422	252,852	95,570	
c		AIR AND MAINTENANCE	323,977	116,026	207,951	
d		RECT EXPENSE ALLO CA	0	3,858,981	-3,858,981	
		ther expenses	447,549	317,587	129,962	
25		I functional expenses. Add lines 1 through 24e	19,586,422	18,373,805	· · ·	
26	Joint repor	costs. Complete this line only if the organization rted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	19,300,422	10,373,003	1,212,017	C

Part X Balance Sheet

- 6	T X	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,349,144	1	4,820,651
	2	Savings and temporary cash investments			4,003,234	2	4,377,221
	3	Pledges and grants receivable, net			2,906,417	3	1,499,671
	4	Accounts receivable, net			439,515	4	1,344,873
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II (of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrıl mploy	buting employers		6	
% %	7	Notes and loans receivable, net				7	
₹.	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			116,189	9	41,690
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	13,681,988	·	9	41,000	
	ь	Less accumulated depreciation	10b	5,999,945	7,326,321	10c	7,682,043
	11	Investments—publicly traded securities		· · ·	, ,	11	<u> </u>
	12	Investments—other securities See Part IV, line 11			990,316	12	1,064,966
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,183,049	15	4,002,798
	16	Total assets. Add lines 1 through 15 (must equal line 34).		24,314,185	16	24,833,913	
	17	Accounts payable and accrued expenses			1,436,679	17	1,276,366
	18	Grants payable		1,100,070	18	1,270,000	
	19	Deferred revenue			2,816,416	19	3,251,721
	20	Tax-exempt bond liabilities			2,010,410	20	0,201,721
	21	Escrow or custodial account liability Complete Part IV of Sch				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
ä	23	Secured mortgages and notes payable to unrelated third partie			3,061,240	23	2,891,050
	24	Unsecured notes and loans payable to unrelated third parties			, ,	24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ted th	ırd partıes,			
		D			407,456	25	292,610
	26	Total liabilities. Add lines 17 through 25			7,721,791	26	7,711,747
S e S		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	⊽ and	l complete			
G G	27	Unrestricted net assets			16,592,394	27	17,122,166
<u>8</u>	28	Temporarily restricted net assets				28	
Fund Balance	29	Permanently restricted net assets				29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check h	ere ►	┌─ and			
9		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Net	33	Total net assets or fund balances			16,592,394	33	17,122,166
	34	Total liabilities and net assets/fund balances			24,314,185	34	24,833,913

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,1	16,194
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,5	586,422
3	Revenue less expenses Subtract line 2 from line 1	3			529,772
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			592,394
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		17,1	22,166
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b	Yes	

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As Filed Data -

DLN: 93493227021884

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

KODIAK AREA NATIVE ASSOCIATION

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

									92-0038			
Pai				blic Charity Sta				•	<u> </u>	instruction	ıs.	
The o	rganı			te foundation becaus			= -					
1	<u>_</u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	•		
2	<u> </u>	A scho	ol described	in section 170(b)(1	L)(A)(ii). (A1	ttach Sched	dule E)					
3	Г	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	on 170(b)(1)(A)(iii).			
4	Γ			h organization opera	ted ın conjur	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	Enter the	
_	_			ty, and state	+ - f = 11							
5	ļ	_	<u>.</u>	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntai unit des	scribea in	
_	_			(A)(iv). (Complete P	-			470(1)	(4)(4)(
6				local government or						ć		
7	굣			at normally receives			s support from	n a governn	nental unit or	from the ge	neral public	
8	\vdash			on 170(b)(1)(A)(vi). : described in sectio i			mplete Part	II)				
9	Ė		-	at normally receives			-	-	ibutions me	mbershin fe	es and dross	
_	•			ities related to its e								
				oss investment inco								
				ganızatıon after June						ı tax/nom	Jasinesses	
10	_	-			-			-	-			
11												
11	,			ly supported organiz								
				bes the type of supp								
		а	Type I	b	Type II	I - Functio	nally integrat	ed d	Type III - I	Non-functioi	nally integrated	
е	Γ			ox, I certify that the								
				on managers and ot	her than one	or more pu	blicly suppor	ted organız	ations descr	ıbed ın sectı	on 509(a)(1) or	
f			1509(a)(2)	received a written de	otormination	from the II	DC that it ic s	Typo I Ty	no II or Tyn	o III cuppo	rting organization	
•			this box	received a writteri d	ecemmation	i iioiii tile Ii	(3 that it is a	турет, гу	pe II, or 1 yp	e III suppo		
g				2006, has the organ	ızatıon acce _l	pted any gif	t or contribu	tion from an	y of the		,	
			ng persons?									
				irectly or indirectly o				h persons d	escribed in (Yes No	
				governing body of th		_	n?				lg(i)	
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)	
h		Provide	e the followi	ng information about	the support	ed organıza	tıon(s)					
				т								
_) Nam		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) I:		(vii) A mount of	
	uppoi	rted ation		organization (described on	organızat col (i) lıs		the organ		organiza col (i) oi		monetary support	
OI.	yamz	ation		lines 1- 9 above	your gove		suppo	'	in the		Support	
				or IRC section	docume	_						
				(see								
				instructions))	Yes	No	Yes	No	Yes No			
							-					
							1					
Total												

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 13,433,655 14,017,966 16,865,369 16,722,257 16,330,465 77,369,712 not include any "unusual grants ") 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 13,433,655 14,017,966 16,865,369 16,722,257 16,330,465 77,369,712 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) Public support. Subtract line 5 77,369,712 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2009 (c) 2010 (e) 2012 (f) Total (a) 2008 (d) 2011 beginning in) 🟲 13,433,655 16,722,257 Amounts from line 4 14,017,966 16,865,369 16,330,465 77,369,712 Gross income from interest, dividends, payments received on securities loans, rents, royalties 240,276 38,295 211,893 264,282 148,839 903,585 and income from similar sources Net income from unrelated business activities, whether or 440,299 576,473 298,008 219,125 1,533,905 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 823,895 45,111 19,708 625,226 171,880 1,685,820 capital assets (Explain in Part IV) 11 Total support (Add lines 7 81,493,022 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 94 940 % Public support percentage for 2011 Schedule A, Part II, line 14 15 94 690 % 16a 33 1/3% support test—2012. 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—2011. 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 - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493227021884

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

emai K	evenue Service	m 990. ► See separate instructions.		Inspection
	e of the organization AK AREA NATIVE ASSOCIATION			oloyer identification number
Dar	I Organizations Maintaining Donor Adv	vised Funds or Other Similar F		0038225
- GII	organizations Maintaining Donor Adv		unus	of Accounts. Complete if the
	<u> </u>	(a) Donor advised funds		(b) Funds and other accounts
Т	otal number at end of year			
4	aggregate contributions to (during year)			
P	aggregate grants from (during year)			
P	aggregate value at end of year			
	Did the organization inform all donors and donor adviso unds are the organization's property, subject to the or		nor adv	rsed Yes No
ı	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the benef conferring impermissible private benefit?			
	III Conservation Easements. Complete if	the organization answered "Yes" i	o Forn	n 990, Part IV, line 7.
 	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)	certifie	d historic structure
	easement on the last day of the tax year	qualified conservation contribution in	the lon	ii oi a conservation
				Held at the End of the Year
-	Total number of conservation easements		2a	
-	Total acreage restricted by conservation easements		2b	
I	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
	Number of conservation easements included in (c) acq nistoric structure listed in the National Register	juired after 8/17/06, and not on a	2d	
١	Number of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization during
t	he tax year ►			
ı	Number of states where property subject to conservat	ion easement is located ►		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and // Yes // No
9 I	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year
	Amount of expenses incurred in monitoring, inspecting	ı, and enforcıng conservatıon easement	s durın	g the year
	* \$			
ē	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
ŀ	In Part XIII, describe how the organization reports con palance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
rt	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
١	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	earch in furtherance of public
]	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance sheet
((i) Revenues included in Form 990, Part VIII, line 1			► \$
((ii) Assets included in Form 990, Part X			► \$
]	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
ı	Revenues included in Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			<u></u> -
,				- т

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>stori</u>	<u>cal Tı</u>	reasures,	<u>, or Otl</u>	<u>ner S</u>	<u>imilar Ass</u>	ets (co	<u>ntınued)</u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, c	heck	any of	the following	g that are	e a sig	nıfıcant use	of its	
а	Public exhibition		d	\vdash	Loan	or exchang	e prograi	ms			
b	Scholarly research		e	Г	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın ho	w the	y furthe	er the organ	ıızatıon's	exem	pt purpose ır		
5	During the year, did the organization solicit o	or receive donations	sofa	rt, hıs	torical	treasures o	orothers	ımılar			
	assets to be sold to raise funds rather than t									Yes	│ No
Par	Part IV, line 9, or reported an an						swered	"Yes"	to Form 99	9 0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	y for c	ontribi	itions or oth	ner asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	able		_				
							<u> </u>		Am	ount	
С.	Beginning balance						1	_			
d	Additions during the year						1	_			
e	Distributions during the year						1	_			
f	Ending balance						_1	f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 217	?					J	Yes	Г No
ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current year		swer)Prior					/, line 10. e years back	(a)Eour v	oars back
1a	Beginning of year balance	(a)Curient year	(1)	PHOL	усаі	b (c) wo ye	als back	(u)Tille	e years back	(e)i oui y	cais back
ь	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g	, colum	n (a)) held :	as		•		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ►										
c	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are hel	d and admir	nistered 1	or the		Yes	No
	(i) unrelated organizations								3a(i		110
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme Description of property	e nt. See Form 99	90, Pa		, line:) Cost or		Cost or oth	er (c) Accumulated	(d) Bo	ook value
	Description of property				is (inves		sis (other)		depreciation	(4) 50	
1a	Land						961,0	45			961,045
b	Buildings		•				10,030,3	98	4,361,149		5,669,249
C	Leasehold improvements										
d	Equipment		•				2,690,5	45	1,638,796	<u> </u>	1,051,749
	Other		•		D) '	10())			L		
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	x, coli	umn (B), line	10(c).) .			🟲	1	7,682,043

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	-	
(a) Descrip			(b) Book value
(1) NOTE RECEIVABLE - STARAAYA			833,554
(2) NOTE RECEIVABLE - KONIAG			3,089,296
(3) UNAMORTIZED BOND ISSUE COSTS			79,948
(3) UNAMORTIZED BOND 1330E COSTS			79,940
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	i.)		4,002,798
Part X Other Liabilities. See Form 990, Part >			· ·
1 (a) Description of liability	(b) Book value		
Federal income taxes	-		
CAPITAL LEASE	71,824		
DERIVATIVE CONTRACT PAYABLE	220,786		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	202.640		
2. Fin 48 (ASC 740) Footnote In Part XIII provide the tex	292,610	nization's financial attach	manta that was asta the

ınformatıon

Identifier

	рег ке	is With Revenue p	emem	ciai Stat	iuaitea Fii	venue per F	Reconciliation of	Part XI
20,116,194	1			tements	dited financia	support per au	tal revenue, gaıns, and otl	1 To
				12	0, Part VIII	: not on Form 99	nounts included on line 1 l	2 A
			2a			ments	t unrealized gains on inve	a N
			2b			cilities	nated services and use of	b D
			2c				coveries of prior year grar	c Re
			2d				her (Describe in Part XIII	d 0
0	2e						d lines 2a through 2d	e A
20,116,194	3						btract line 2e from line 1	3 St
				ne 1	12, but not), Part VIII, line	nounts included on Form 9	4 A
			4a	7b .	0, Part VIII,	ıded on Form 99	estment expenses not in	a Ir
			4b				her (Describe in Part XIII	b 0
0	4c						d lines 4a and 4b	c A
20,116,194	5		12).	art I, line	equal Form 9	4c. (This must	tal revenue Add lines 3 a	5 To
urn	per	its With Expenses	temer	ncial Sta	Audited F	penses per	Reconciliation of	Part XI
19,586,422	1				l statements	audited financia	al expenses and losses p	1 To
				5	0, Part IX, III	not on Form 99	ounts included on line 1 b	2 Ar
			2a			cilities	nated services and use of	a Do
			2b				or year adjustments .	b Pr
			2c				nerlosses	c 01
			2d				ner (Describe in Part XIII	d 01
0	2e						d lines 2a through 2d .	e A (
19,586,422	3						otract line 2e from line 1	3 St
				1:	5, but not on	, Part IX, line 2	ounts included on Form 9	4 Ar
			4a	7b	0, Part VIII,	ded on Form 99	estment expenses not inc	a In
			4b				ner (Describe in Part XIII	b 01
0	4c						d lines 4a and 4b	c A (
19,586,422	5		e 18)	, Part I, lın	equal Form	d 4c. (This mus	al expenses Add lines 3	5 To
								Part XI

Return Reference

Schedule D (Form 990) 2012

Explanation

DLN: 93493227021884

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

KODIAK AREA NATIVE ASSOCIATION

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

92-0038225

Pa	rt I Fundraising Act	ivities. Complete	ıf the oi	rganizati	on answered "Yes" t	to Form 990. Part IV	. line 17.
1	Indicate whether the organ			ny of the f	following activities Che	eck all that apply	<u>, </u>
a	Mail solicitations			e	Solicitation of non		
b	Internet and email solid	citations		Т -	Solicitation of gov		
c	Phone solicitations			g	Special fundraisin	g events	
d	In-person solicitations						
2a	Did the organization have a or key employees listed in						Г Yes Г No
b	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreeme	ents under which the fur	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
	_						
Tota		·		>			
3	List all states in which the o	organization is regist	ered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Pai	rt II	Fundraising Events. Con more than \$15,000 of fund- events with gross receipts of	raising event contribu			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
al.			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
ě.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
60	5	Noncash prizes				
Expenses	6	Rent/facility costs				
쬬	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add li	nes 4 through 9 ın colum	n (d)		()
	11	Net income summary Combine I	ine 3, column (d), and lin	e 10	•	
Par	t III			"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
<u>—</u>		\$15,000 on Form 990-EZ, l	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(c) o their gaining	col (a) through col
<u>~</u>	1	Gross revenue	1,213,151	2,667,695		3,880,846
Ses	2	Cash prizes	825,905	2,121,461		2,947,366
Expenses	3	Non-cash prizes				
	4	Rent/facility costs	55,063	38,883		93,946
Drea	5	Other direct expenses	304,539	315,870		620,409
	6	Volunteer labor	┌ Yes No	☐ Yes	┌ Yes	_
	7	Direct expense summary Add line	es 2 through 5 in column	(d)		3,661,721
	8	Net gaming income summary Cor	nbine lines 1 and 7 in col	lumn (d)		219,125
_						
9 a		er the state(s) in which the organiz he organization licensed to operato		· · · · · · · · · · · · · · · · · · ·		V Yes T No
b		No," explain				
10a	Wer	re any of the organization's gaming				
b		Yes," explain				

oes	the organiza	tion operate gaming	activities with nonmembers?		· · Yes No
.2	Is the organ	ization a grantor, bei	neficiary or trustee of a trust or a me	ember of a partnership or other entity	<i>'</i>
	formed to ad	lmınıster charıtable ç	gaming?		· · · · Yes No
L3	Indicate the	percentage of gamır	ng activity operated in		
а	The organiza	ation's facility			. 13a
ь					
L 4	Enter the na	me and address of th	ne person who prepares the organiza	tion's gaming/special events books	and records
	Name 🟲	GOLD CACHE BIN	IGO		
	Address 🟲	110 EAST FIREW ANCHORAGE,AK	EED LANE 99503		
L5a			ntract with a third party from whom t		
	revenue? .				┌ _{Yes} ┌ No
b	If "Yes," ent	ter the amount of gan	ning revenue received by the organi	zation 🟲 \$ ar	nd the
	amount of ga	amıng revenue retaın	ed by the third party 🟲 \$		
С	If "Yes," ent	ter name and address	s of the third party		
	Name 🟲				
	Address 🟲				
L 6	Gaming man	nager information			
	Name 🟲	MIKE PFEFFER			
	Gaming man	nager compensation	\$ 146,006		
	Description	of services provided	CFO OVERSEES ALL FINANCI	AL TRANSACTIONS INCLUDING	GA MING
	▽ Director	/officer	□ Employee	Independent contractor	
. 7	Mandatory d	listributions	• •	·	
а	Is the organ	ization required unde	er state law to make charitable distr	butions from the gaming proceeds to	0
	retain the st	ate gaming license?			▼ _{Yes} 「No
b			required under state law distributed		
			activities during the tax year 🟲 🖇		
Pai	t IV Supp	plemental Informans (III) and (v), a	mation. Complete this part to pand Part III, lines 9, 9b, 10b, 15 ditional information (see instruc	provide the explanations required by, 15c, 16, and 17b, as applica	
	I de	entifier	Return Reference	Explana	ation
			•	-	

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

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

OMB No 1545-0047

DLN: 93493227021884

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Attach to Form 990

Inspection Employer identification number

MODIAR AREA NATIVE ASSOCIATIO						92-0038225	
Part I General Information							
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat 	ard the grants or ass	sistance?					✓ Yes
Part II Grants and Other As Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
2 Enter total number of section 50:	1(a)(2) and savern	acent organizations list	and in the line 1 table				
 Enter total number of section 50: Enter total number of other organ For Paperwork Reduction Act Notice, see to the section and the section act Notice, see to the section act Notice. 	nizations listed in th	e line 1 table			· · · · · ·		le I (Form 990) 2012

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assis	tance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NEED BASED GENERAL, C AND SIMILAR CASH ASSISTA		141	433,549			
(2) SCHOLARSHIPS AND JOB	TRAINING	4	51,845			PAYMENT OF TUITION, BOOKS, AND SUPPLIES, AND COSTS OF ON-THE-JOB TRAINING AND TRANSPORTATION
(3) HEATING FUEL AND UTIL ASSISTANCE	ITIES	126	150,282			PROVIDE HEATING FUEL OIL AND CRISIS PAYMENTS FOR UTILITY BILLS

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Complete this part to provide the information required in variet, line 2,1 art 111, column (b), and any other additional information								
Identifier	Return Reference	Explanation						
PROCEDURE FOR MONITORING GRANTS IN THE U S	· · · · · · · · · · · · · · · · · · ·	SCHEDULE I, PART I, LINE 2 KANA HAS A REPRESENTATIVE ON THE BOARD OF DIRECTORS OF THE RECIPIENT, KANA IS ABLE TO MONITOR THE EFFECTIVE USE OF THE CONTRIBUTION						

Schedule I (Form 990) 2012

DLN: 93493227021884

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization KODIAK AREA NATIVE ASSOCIATION **Employer identification number**

92-0038225

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee ✓ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			A.
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	· · · · · · · · · · · · · · · · · · ·	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	penents	(B)(ı)-(D)	in prior Form 990
(1)ANDREW TEUBER PRESIDENT/CEO	(i) (ii)	349,065 0	0	0	45,000 0	21,744 0	415,809	0
(2)TAMMY HANSEN VICE PRESIDENT OF HEALTH SERVICES	(i) (ii)	130,240	0	0	9,484 0	19,833 0	159,557 0	0
(3)ROBERT ONDERS PHYSICIAN	(i) (ii)	225,978 0	0	0	16,072 0	16,824 0	258,874 0	0
(4)KRISTEN FRANK PHYSICIAN	(i) (ii)	166,628 0	0	0	11,999 0	19,844 0	198,471 0	0
(5) ANNE NIEBLER PHYSICIAN	(i) (ii)	165,421 0	0	0	11,688 0	8,526 0	185,635 0	0
(6)MELISSA WAGES DENTIST	(i) (ii)		0 0	0 0	10,061	1,386 0	155,385 0	0 0

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

DLN: 93493227021884

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the orga KODIAK AREA NATIVE		ION							En	ploye	r identii	fication	numbe	r
Part I Exces	s Bene	fit Tran	sactions	sectio	n 50	01(c)(3) ar	nd section !	501(c)(4) or		-0038 ations				
								5a or 25b, or					10b	
1 (a) Name o	of disqual	ıfıed pers	1 ' '		•	etween disc		(c) Descri	ption o	ftrans	action	_ ((d) Corr	ected?
				person	and	organizatio	n					,	Yes	No
2 Enter the am	ount of ta	ax incurre	d by organiza	ition m	anag	gers or disqu	ualified pers	ons during the	yearı	ınders	section			
4958											F \$			
3 Enter the am	ount of ta	ax, ıf any,	on line 2, abo	ove, re	ımbı	irsed by the	organızatıoı	n			F \$			
Part III Loai	ns to ar	nd/or F	rom Inter	ested	l Pe	rsons.								
							EZ, Part V,	line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
			n amount on f											
(a) Name of interested		ationship anization	(c) Purpose of loan	(d) L or fro			(e)Original principal	(f) Balance due) In ault?	Appro		(i)Wr agreer	
person	With org	amzacion	or roun	organ			amount		"	iuic.	by boa		lagicei	ilelie.
						1	_				commi	ttee?		
				То		From			Yes	No	Yes	No	Yes	No
												-	_	
													_	
												+	_	
													_	
													_	
Γotal					\$									
			ce Benefit					+ TV 1 27						
		1	nization ans lationship bet		1) A mount of		t IV, line 27.		tanca	(0)	Durnos	o of sec	ıstance
(a) Name of Inte	resteu	1 ' '	ted person ar		(0)	A IIIOUIIL OI	assistance	(u) Type o	1 05515	tance	(6)	r ui pos	e oi ass	istalice
·		1	organization											
(1) JILL BOSKOFS	KY	BOARD	MEMBER		580)		HEATING FU	IEL					
(2) SUSAN KEWAN	V	SISTER	INLAWOF		580)		HEATING FU	IEL					
		ARNIE	KE WA N											
(3) SPERIDON		1	BOARD MEN		580)		HEATING FU	IEL					
SIMEONOFF JR		PAEKID	ON SIMEON	UFF										
(4) SPERIDON		BOARD	MEMBER		600)		LIHEAP ASS	ISTAN	ICE				
SIMEONOFESD		1			I			1			- 1			

Part IV Business Transactions I					
Complete if the organization	<u>n answered "Yes" on F</u>	orm 990, Part IV, lın	e 28a, 28b, or 28c.	_	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SPERIDON SIMEONOFF JR	SON OF DIRECTOR SPERIDON SIMEONOFF, JR	l '	COMPENSATION PAID BY ORGANIZATION		No
(2) ANDREA-RAE KNOWLES	GRANDDAUGHTER OF DIRECTOR ALEX PANAMAROFF, JR	l '	COMPENSATION PAID BY ORGANIZATION		No
(3) ASHLEE CRATTY	DAUGHTER OF BOARD VICE CHAIR AL CRATTY, JR		COMPENSATION PAID BY ORGANIZATION		No
(4) JAELENE CHRISTOFFERSON	DAUGHTER OF BOARD MEMBER CHERYL CHRISTOFFERSON		COMPENSATION PAID BY ORGANIZATION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227021884

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization KODIAK AREA NATIVE ASSOCIATION Employer identification number

92-0038225

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	
	FORM 990, PART VI, SECTION A, LINE 7A	KANAS BENEFICIARIES (MEMBERS) ELECT THE MEMBERS OF THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING THE FORM 990, THE DOCUMENT IS REVIEWED BY THE CFO AND PRESIDENT AFTER ANY CHANGES HAVE BEEN MADE BASED ON THIS REVIEW, COPIES OF THE COMPLETED DOCUMENT ARE DISTRIB UTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND THEN THE FORM 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR DIRECTOR'S ARE REQUIRED TO RESUBMIT THEIR DECLARATION OF CONFLICT OF INTERESTS
	FORM 990, PART VI, SECTION C, LINE 19	AT THE ORGANIZATION'S ANNUAL MEETING, COPIES OF THE FINANCIAL STATEMENTS, CONFLICT OF INTE REST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC REVIEW
AUDIT OVERSIGHT	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE AUDIT SELECTION AND OVERSIGHT PROCESS FROM THE PRIOR YEAR

Form **990**

Department of the Treasury Internal Revenue Service

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 By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 ca	lendar year, or tax year beginning	10-01-2013 , 2013, and ending 09	-30-2014			
B Ch	eck if a	applicable	C Name of organization Kodiak Area Native Association			D Emplo	yer identi	fication number
┌ Add	lress c	hange	Roulak Alea Native Association			92-00	38225	
_ Na		_	Doing Business As				J J L L J	
Init		=						
_			Number and street (or P O box if m 3449 REZANOF DRIVE EAST	all is not delivered to street address) Room/	'suite	E Telepho	ne numbe	r
Tei			Suite			(907)	486-98	00
A m	ended	return	City or town, state or province, cour KODIAK, AK 99615	ıtry, and ZIP or foreign postal code				
☐ Apı	olicatio	n pending	Nobel Ny . IIV 95015			G Gross re	eceipts \$ 2	9,314,673
			F Name and address of prin	cıpal officer	H(a) I	s this a group	return fo	r
			ANDREW TEUBER	· -		ubordinates?		┌ Yes 🗸 No
			3449 REZANOF DRIVE EAS KODIAK, AK 99615	5 I	LICES A			
			,			Are all subordii ncluded?	nates	Γ Y es Γ No
I Ta	x-exer	npt status	501(c)(3)	nsert no)			a lıst (s	ee instructions)
7 14	- :4							
	ebsit	e: F W	WW KANAWEB ORG		H(c)	Group exempt	ion numb	er ►
K For	n of o	rganızatıor	n 🔽 Corporation 🗆 Trust 🗀 Association	n	L Year	of formation 19	66 M St	ate of legal domicile AK
Pa	rt I	Sun	nmary					_
	1	Briefly o	lescribe the organization's missio	n or most significant activities				
			VATE THE QUALITY OF LIFE O					
æ								
Ě								
Ě								
Š	2	Check t	his box দ if the organization dis	scontinued its operations or disposed	d of more th	an 25% of its	net asse	ets
Activities & Governance	_	Niconalia		no lo lo (Bont) (T. Loo do)			ا ما	10
26	l			ng body (Part VI, line 1a)			3	10
ĕ			·	of the governing body (Part VI, line 1	•		4	8
2	5	Total nu	ımber of ındıvıduals employed ın o	calendar year 2013 (Part V, line 2a)			5	212
্ব	6	Total nu	ımber of volunteers (estımate ıf n	ecessary)			6	0
	7a	Total ur	related business revenue from Pa	art VIII, column (C), line 12			7a	255,006
	b	Net unr	elated business taxable income fr	om Form 990-T, line 34			7b	
						Prior Year		Current Year
	8	Contr	ributions and grants (Part VIII, lir	ne 1 h)		16,330,4	165	22,095,420
員	9	Progr	am service revenue (Part VIII, lii	ne 2g)		3,265,0	008	3,204,787
Rayenue	10	Inves	tment income (Part VIII, column	(A), lines 3, 4, and 7d)		148,839		
ä.	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		371,8	882	302,488
	12			(must equal Part VIII, column (A), li				
		12)				20,116,1	194	25,867,385
	13	Grant	s and similar amounts paid (Part	IX, column (A), lines 1-3)		640,8	333	486,275
	14	Benef	its paid to or for members (Part I	X, column (A), line 4)			0	0
	15			e benefits (Part IX, column (A), lines	5			
8		5-10				9,687,8	-	9,973,214
কু	16a	P rofe:	ssional fundraising fees (Part IX,	column (A), line 11e)	•		0	0
Expenses	Ь	Total f	undraising expenses (Part IX, column (D)	, line 25) ▶- ⁰				
	17	Other	expenses (Part IX, column (A), l	ınes 11a-11d, 11f-24e)		9,257,7	60	9,690,407
	18	Total	expenses Add lines 13-17 (mus	st equal Part IX, column (A), line 25))	19,586,4	122	20,149,896
	19	Revei	nue less expenses Subtract line	18 from line 12		529,7	772	5,717,489
<u>공</u> 학						nning of Curre	nt	End of Year
₩ ₩ ₩						Year		LIN OF FCAT
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			24,833,9	913	31,850,601
± 2 €	21	Total	liabilities (Part X, line 26)			7,711,7	47	9,010,946
Z Z	22	Net a	ssets or fund balances Subtract	line 21 from line 20		17,122,1	166	22,839,655
Pai	rt II	Sign	nature Block					_
Unde	r pen	alties of	perjury, I declare that I have exa	imined this return, including accompa	anying sche	edules and sta	tements	, and to the best of
				plete Declaration of preparer (other	than office	r) ıs based on	all ınforn	nation of which
prepa	rer h	as any k	nowledge					
		T.				1		
		***				2015-08-12		
Sigr		Sign	ature of officer			Date		
Her	е		REW TEUBER PRESIDENT/CEO					
		17	e or print name and title					
			Print/Type preparer's name Key E Getty CPA	Preparer's signature	Date	Check I if	PTIN P0012120	00
Paid	t	- ⊢	Firm's name F BDO USA LLP	1	<u> </u>	self-employed Firm's EIN		
	nar							
Pre	pare		Firm's address ► 3601 C STREET STE 60					

ANCHORAGE, AK 99503

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
_	LEVATE THE QUALITY OF LIFE OF THE PEOPLE WE SERVE
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
4	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 15,176,867 including grants of \$) (Revenue \$ 3,204,787)
	THE KODIAK AREA NATIVE ASSOCIATION (KANA) PROVIDES HEALTHCARE SERVICES TO THE ALASKA NATIVE AND AMERICAN INDIAN PEOPLE OF THE KODIAK ISLA REGION THESE SERVICES INCLUDE PRIMARY CARE MEDICAL SERVICES, DENTAL, COMMUNITY HEALTH AIDE/PRACTITIONER SERVICES, EMERGENCY MEDICAL SERVICE (EMS), ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH, IMMUNIZATIONS AND OTHER SPECIAL PROGRAMS DEVELOPED TO ENSURE A BROAD, COMPREHENSIVE CONTINUUM OF CARE FOR BENEFICIARIES OF THE INDIAN HEALTH SERVICE KANA PROVIDES AND FACILITATES A WIDE RANGE OF SERVICES DIRECTLY AND IN COOPERATION WITH OTHER AGENCIES THROUGH FIELD CLINICS, REFERRALS AND OTHER ARRANGEMENTS WITH TRIBAL HEALTH ORGANIZATIONS KANA PARTICIPATES IN THE GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA) THIS BENCHMARKING IS DONE TO ENSURE THAT THE PROGRAMS AND SERVICES PROVIDED BY KANA MEET OR EXCEED CLINICAL BEST PRACTICES DURING THE GPRA YEAR 2009, WHICH ENDED JUNE 30, 2009, KAN WAS THE FIRST AND ONLY HEALTH CARE ORGANIZATION IN THE STATE TO HAVE MET ALL TWENTY-ONE OF THE IHS GPRA INDICATORS AND ONE OF ONLY FOUR THE NATION TO DO SO DURING GPRA YEAR 2011, KANA WAS ONE OF ONLY THREE ORGANIZATIONS IN THE STATE TO MEET ALL INDICATORS THIS WAS KANA'S THIRD CONSECUTIVE YEAR MEETING ALL INDICATORS THIS ACCOMPLISHMENT IS TESTAMENT TO THE DEDICATION AND COMMITMENT OF KANA AND ITS STAFF TO PROVIDE THE HIGHEST QUALITY HEALTH AND SOCIAL SERVICES TO ITS BENEFICIARIES IN A RESPONSIBLE MANNER
4b	(Code) (Expenses \$ 1,966,907 including grants of \$ 486,275) (Revenue \$)
	AUBLO OF MORK AS A MEANS OF EHHANCING SELF-ESTEEM AND PROVIDING A GOOD ROLE MODEL TO CHILDREN OUR OBJECTIVE IS ENSURING TANF CLIENTS REACH THE HIGHEST LEVEL OF ECONOMIC SELF SUFFICIENCY DHIPS SAFE/STABLE FAMILIES THE SERVICES TO BE PROVIDED THROUGH OUR CHILD AND FAMILY SERVICES PLAN INCLIDE TRAINING FOR THE CHILD WELFARE WORK FORCE, PARENTS, CHILDREN AND THE COMMUNITY AT LARGE, TRAINING AND TECHNICAL ASSISTANCE FOR COMMUNITY-BASED INITIATIVES TO IMPROVE THE WELFARE OF CHILDREN, AND IMPROVED ACCESS TO RESOURCES OUR GOAL IS TO DEVELO PPORTUNITIES TO HELP BENGER A WELL, QUALIFIED CHILD WELFARE WORK FORCE WITHIN THE KONIAD HELGE GOOD COMMUNITY SENDERS AWARENESS, DIALOGUE, SKILLS AND COORDINATED RESOURCES ON CHILD ABUSE / NEGLECT ASSIST COMMUNITIES DEVELOP VILLAGE-BASED PREVENTION AND INTERVENTS PREVICES FOR HIGH RISK FAMILIES TO PROMOTE THE SAFETY, PERMANENCE AND WELL PEING OF ALL LANGES HELDE OF HELP CONTROLL OF A WARD PROVIDED THAN AND AND AND AND AND AND AND AND AND A
4 c	(Code) (Expenses \$ 980,353 including grants of \$) (Revenue \$) PUBLIC SAFETY - THE VILLAGE PUBLIC SAFETY OFFICER PROGRAM IS DESIGNED TO TRAIN AND EMPLOY INDIVIDUALS RESIDING IN THE VILLAGE AS FIRST RESPONDERS TO PUBLIC SAFETY EMERGENCIES SUCH AS SEARCH AND RESCUE, FIRE PROTECTION, EMERGENCY MEDICAL ASSISTANCE, CRIME PREVENTION AND BASIC LAW ENFORCEMENT PROTECTION, EMERGENCY MEDICAL ASSISTANCE, CRIME PREVENTION AND BASIC LAW ENFORCEMENT
	(Code) (Expenses \$ 338,088 including grants of \$) (Revenue \$) TRIBAL OPERATIONS
	Other was a service (December of C. 1. 1. 1. 2.)
4d	Other program services (Describe in Schedule O) (Expenses \$ 338,088 including grants of \$) (Revenue \$)
 4е	Total program service expenses ► 18,462,215

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νo
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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 so, complete Schedule L, Part II	26		No
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	Yes	
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
	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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
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Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable . 1a				_
b Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and report gaming (gambling) winnings to prize winners? the Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) to 1b 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 "No" to line 3b, provide an explanation in Schedule O. at At any time during the calendar year, did the organization have an interest in, or a signature or other aut over, a financial account in a foreign country (such as a bank account, securities account, or other financiculation). b If "Yes," enter the name of the foreign country > See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accidence of the secondary of the organization as party to a prohibited tax shelter transaction at any time during the tax year? b If "Yes," to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? b Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," to line be organization include with every solicitation an express statement that such contribution for mother value of the goods or services provided? c Did the organization trac			Yes	.) No
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were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for god services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was refile Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year		6a		N
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services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was refile 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? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract of the organization received a contribution of qualified intellectual property, did the organization file Form required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization the supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceptionally by the organization make any taxable distributions under section 4966? Did the 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 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources				
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was refile Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	L	7a		N
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Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	equired to	7c		l N
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract If the organization received a contribution of qualified intellectual property, did the organization file Form required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization the supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceptusiness holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the 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 Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources		/		IN
Contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract If the organization received a contribution of qualified intellectual property, did the organization file Form required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization the supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceptionally because the supporting organization or advised funds. Did the organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the 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 Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources)				
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Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization the supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the 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 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources)		7g		
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed business holdings at any time during the year?		7h		
Did the organization make any taxable distributions under section 4966?		8		
Did the organization make any taxable distributions under section 4966?	-			
Did the 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		9a		İ
Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	H	9b		
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 Section 501(c)(12) organizations. Enter Gross income from members or shareholders				
Section 501(c)(12) organizations. Enter Gross income from members or shareholders				
Gross income from members or shareholders				
Gross income from other sources (Do not net amounts due or paid to other sources				
against amounts due or received from them)............. 11b				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	.1?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the				
Section 501(c)(29) qualified nonprofit health insurance issuers.				
Is the organization licensed to issue qualified health plans in more than one state?				İ
Note. See the instructions for additional information the organization must report on Schedule O	; -	13a		
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				
100		_		l I
Did the organization receive any payments for indoor tanning services during the tax year?	⊢	14a 14h		N

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

1a	ction A. Governing body and Management			
1a			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ıs Cod	No
<u> </u>	ection B. Policies (This Section B requests information about policies not required by the Internal R	even		
40-	Ded the agreement and be added about any first and a second file to 2	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	ı
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
				Νo
	O ther officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		
b		15b		No
b 16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			No
b 16a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b 16a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot rect	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Loretta Nelson	2 0	х		х				13,300	0	0
Chairperson								,		
(2) Al Cratty Jr	2 0	x		х				13,300		
Vice Chairperson	2.0									
(3) Arnold Kewan Secretary	2 0	x		х				13,300		
(4) Cheryl Christofferson	2 0	х						13,750		
Director								,		
(5) Margaret Roberts	1 0	x						13,350		
Director (6) Jill Boskofsky	1 0									
Treasurer		×		Х				13,300		
(7) Speridon Simeonoff Sr	1 0	х						13,600		
Director		^						13,000		
(8) Alex Panamaroff Jr	1 0	х						13,600		
Director (0) Phyllic Amada	1.0									
(9) Phyllis Amodo	1 0	x						11,800		
Director (10) Gary Watson	1 0									
Director		x						10,200		
(11) Andrew Teuber	37 5									
President/CEO				Х				425,886		61,277
(12) Margie Bezona	37 5			х				141,665		11,079
Senior VP of Administration				_^				111,003		11,075
(13) Tammy Hansen	37 5			×				128,336		25,404
VP of Health Services										
(14) Mike Pfeffer	37 5			x				128,910		25,735
CFO										·
(15) Sam Chelmo	37 5					х		163,825		12,632
Physician (16) Carrie Randolph	37 5									
	3/5					х		116,836		23,961
Dentist (17) Kathleen Nussbaum	37 5									
, ,	3/3					х		104,637		8,391
Director of Behavioral Health								j l		

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

	(A) Name and Tıtle	(B) Average hours per week (list any hours	person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou comp fro	(F) timated nt of other pensation om the
		for related organizations below dotted line)	Individual trustae or director	Institutional Ti	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and	inization related nizations
			ि हे	Trustee			ensated					
(18)	Kristen Frank	37 5				t	\vdash					
Physi	ician						X		133,638	1		25,758
	GGT.											
1b	Sub-Total						-					
С	Total from continuation sheets to Part	t VII, Section A					▶					
d	Total (add lines 1b and 1c)						▶		1,473,233	0		194,237
2	Total number of individuals (including because \$100,000 of reportable compensation	out not limited to	o those	liste		bov	e) who	rec	eived more than			
											Ye	s No
3	Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i> 2			e, ke	y em	nplo •	yee, o	r hıg	hest compensate	ľ	3	No
4	For any individual listed on line 1a, is to organization and related organizations individual										4 Ye:	5
5	Did any person listed on line 1a receive services rendered to the organization?									l l	5	No
Se	ection B. Independent Contract	ors										
1	Complete this table for your five highes compensation from the organization Re	t compensated								the organization		
	Name and I	(A) ousiness address							Descript	(B) on of services	Com	(C) pensation
PROV		3706 PORTLAND OR	972083	706					CONTRACT HEA			1,198,951
	TAK VENTURES INC, PO BOX 1066 KODIAK AK 99								OIL SPILL LAND			495,595
	THCARE RESOURCE GROUP INC, 12610 E MIRA		ITE 800	SPOK	ANE \	VALLE	Y WAS	9216				348,864
	AI ENTERPRISES INC, 5353 W REZANOF DR KOD	DIAK AK 99615							OIL SPILL EQUIF	PMENT		241,534
SERV	ANT AIR INC, PO BOX 3 KODIAK AK 99615								AIR TRAVEL		I	134,002

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

\$100,000 of compensation from the organization ▶5

Part \	/##	Statemen Check if Sch
	1a	Federated c
nts ints	ь	Membership
Gra mot	c	Fundraising
ffs, ⊑A	d	Related orga
nija Bila	e	Government g
ons Sir	f f	All other contri
buti the	_	sımılar amount Noncash contri
a di	g	1a-1f \$
<u>ರ ಹ</u>	h	Total. Add I
nue	2a	PATIENT SERV
eve Feve	ь	
93	С	
Serwce	d	
Ë	e	
TO G	f	All other pro
	g 3	Total. Add I
	3	Investment and other si
	4	Income from I
	5	Royalties .
	6a	Gross rents
	b	Less rental expenses
	c	Rental income or (loss)
	d	Net rental ir
	7a	Gross amount from sales of
		assets other than inventory
	b	Less cost or other basis and sales expenses
	С	Gain or (loss)
	d	Net gain or
e n	8a	Gross incon events (not
æ		\$ of contributi
Ϋ́		See Part IV
the	ь	Less direct
0	C	Net income
	9a	Gross incon See Part IV
	ь	Less direct
	c	Net income
	10a	Gross sales returns and
		1000
	b c	Less cost on Net Income
		Miscellane
	11a	OTHER REV
	Ь	INCOMEO
	C d	All other rev
	e	Total. Add I
	12	Total reven

ATTT	Check if Sched	o r Revenue ule O contains a respoi	nse or note to any lı	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam						
Ь	Membership du	ies 1b					
c	Fundraising ev	ents 1 c					
d	Related organiz	zations 1d					
e	Government grant	s (contributions) 1e	21,881,479				
f	All other contribution	ons, gifts, grants, and 1f ot included above	213,941				
g		ons included in lines					
h	1a-1f \$ Total. Add line:	s 1a-1f		22,095,420			
+	Totali / (dd iii) c.		· · · · · · · · · · · · · · · · · · ·	, ,			
2a	PATIENT SERVICE		Business Code	2 204 707	2 204 707		
b			624100	3,204,787	3,204,787		
"							
d							
e							
f	-	am service revenue					
1.	All other progre	ani service revenue					
g		s 2a-2f		3,204,787			
3		ome (including dividen ar amounts)		259,313			259,313
4		stment of tax-exempt bond		0			
5	Royalties .		•	0			
		(ı) Real	(11) Personal				
	Gross rents	197,068					
b	expenses	222,876					
C	Rental income or (loss)	-25,808	0				
d	Net rental inco	me or (loss)		-25,808			-25,808
		(ı) Securities	(II) Other				
7a	from sales of		13,500				
	assets other than inventory						
Ь	Less cost or other basis and		8,123				
C	sales expenses Gain or (loss)		5,377				
d		<u> </u>		5,377			5,377
	Gross income f	rom fundraising					
		s reported on line 1c)					
	See Part IV, lir	a					
Ь	Less direct ex	penses b					
c	Net income or	(loss) from fundraising	events	0			
9a		rom gaming activities					
	See Part IV, III	ne 19 a	3,522,945				
Ь	Less direct ex	penses b					
		(loss) from gamıng actı		306,656		255,006	51,650
10a	Gross sales of returns and allo	owances .					
 	Less costofg	a and sould b					
	_	oods sold . . b (loss) from sales of inv	L entory ⊾	0			
	Miscellaneou		Business Code				
11a	OTHER REVEN	IUE	900099	9,368			9,368
Ь	INCOME ON J	OINT VENTURE	900099	12,272			12,272
c							
d	All other reven	ue					
e	Total. Add lines	s 11a-11d		21,640			
12	Total revenue.	See Instructions .	🕨	·	2 204 707	355.000	212 172
				25,867,385	3,204,787	255,006	312,172

Part IX Statement of Functional Expenses

Section 501(c)(3) and $501(c)(4$) organizations must complete	all columns All other	organizations must a	complete column (A)
) CC (1011	Janu Soricht	, ordanizacions musi combiete	an columns An other	organizacions inusci	combiete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	486,275	486,275		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,330,338	14,350	1,315,988	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	6,916,114	5,866,503	1,049,611	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	347,167	287,139	60,028	
9	Other employee benefits	725,700	679,371	46,329	
10	Payroll taxes	653,895	577,327	76,568	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	110,863	18,236	92,627	
c	Accounting	69,568		69,568	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,861,018	3,572,839	288,179	
12	Advertising and promotion	51,694	39,217	12,477	
13	Office expenses	664,689	328,295	 	
14	Information technology	265,127	67,585	 	
15	Royalties	0	07,383	197,542	
16	Occupancy	360,648	135,907	224,741	
17	Travel	1,389,590	· · · · · · · · · · · · · · · · · · ·		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,389,390	1,217,166	172,424	
19	Conferences, conventions, and meetings	0			
20	Interest	94,526		94,526	
21	Payments to affiliates	0		31,323	
22	Depreciation, depletion, and amortization	888,097	2,000	886,097	
23	Insurance	258,306	112,181	146,125	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	REPAIRS & MAINTENANCE	394,978	164,488	230,490	
b	PERSONNEL RECRUITMENT	351,255	289,587	61,668	
c	CLINICAL SUPPLIES	426,969	424,580	2,389	
d	INDIRECT EXPENSE ALLOCATION		4,021,685	-4,021,685	
e	All other expenses	503,079	157,484	345,595	
25	Total functional expenses. Add lines 1 through 24e	20,149,896	18,462,215	1,687,681	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	't X	Check if Schedule O contains a response or note to any line in	thıs P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			4,820,651	1	3,698,135
	2	Savings and temporary cash investments			4,377,221	2	6,625,896
	3	Pledges and grants receivable, net			1,499,671	3	1,781,242
	4	Accounts receivable, net		•	1,344,873	4	1,543,373
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II	of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	buting employers		3	0	
	7	Notes and loans receivable, net			0	ЬŤН	
	8	Inventories for sale or use			0		
	9	Prepaid expenses and deferred charges			41,690	ЬŤН	26,698
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	41,000	9	20,000		
	Ь	Less accumulated depreciation	10a 10b	6,859,405	7,682,043	10c	11.835.605
	11	Investments—publicly traded securities		<u> </u>	0	\vdash	0
	12	Investments—other securities See Part IV, line 11	1,064,966		1,077,237		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets		0	\vdash	0	
	15	Other assets See Part IV, line 11			4,002,798		5,262,415
	16	Total assets. Add lines 1 through 15 (must equal line 34).		24,833,913	H	31,850,601	
	17	Accounts payable and accrued expenses			1,276,366		1,896,307
	18	Grants payable			0	H	0
	19	Deferred revenue			3,251,721		4,169,283
	20	Tax-exempt bond liabilities			0	-	0
_	21	Escrow or custodial account liability Complete Part IV of Sch		0		0	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquality			<u>_</u>		
ap		persons Complete Part II of Schedule L			0	22	0
\exists	23	Secured mortgages and notes payable to unrelated third partie	s.		2,891,050	23	2,710,902
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ırt X o	f Schedule	200 040		204.454
		D			292,610		234,454
<u></u>	26	Total liabilities. Add lines 17 through 25			7,711,747	26	9,010,946
μĞ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			17,122,166	27	22,689,655
<u>ರ</u>					17,122,166	\vdash	150,000
ă	28	Temporarily restricted net assets	•		0		150,000
ĭ	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🏲	and			
ŢŞ. (30	Capital stock or trust principal, or current funds				30	_
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ř	33	Total net assets or fund balances	•		17,122,166	33	22,839,655
_	34	Total liabilities and net assets/fund balances	<u>. </u>	<u> </u>	24,833,913	34	31,850,601

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		25,8	367,385
2	Total	expenses (must equal Part IX, column (A), line 25)	2		20,1	149,896
3	Rever	ue less expenses Subtract line 2 from line 1	3		5,7	717,489
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17,1	122,166
5	Netu	nrealized gains (losses) on investments	5			
6		ed services and use of facilities	6			
7	Inves	tment expenses	7			
8		period adjustments	8			
9		changes in net assets or fund balances (explain in Schedule O)	9			
	colum		10		22,8	339,655
Par	t XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in lule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed or			
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b	Yes	
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa consolidated basis, or both	ırate			
	▽ s	eparate basis				
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i lule O	n			
	Single	esult of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	е	За	Yes	
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Yes	

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As Filed Data -

DLN: 93493225024185

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

2013

Open to Public Inspection

Name of the organization Kodiak Area Native Association Employer identification number

92-0038225

Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	anizations	must com	olete this p	oart.) See i	nstructio	ns.		
The o	rganı			e foundation becaus									
1	Γ	A churc	ch, conventi	on of churches, or as	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).				
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedı	ule E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descri	ıbed ın sectio	n 170(b)(1)	(A)(iii).				
4	Γ	A medi	cal researcl	n organization operat	ed ın conjun	ction with a	hospital desc	cribed in se	ction 170(b)	(1)(A)(iii	i). Enter	the	
	_			ty, and state									_
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	ital unit d	escribed	l ın	
	_			A)(iv). (Complete P									
6	<u>_</u>			local government or									
7	굣	_		at normally receives		•	support from	a governme	ental unit or i	from the <u>c</u>	general p	oublic	
8	\vdash			n 170(b)(1)(A)(vi). described in section	•	•	nnlete Part II	1					
9	<u></u>			at normally receives					nutions mem	nhershin f	ees and	arns	S
•	•			ities related to its ex									5
		•		oss investment inco	•	-		•	• •				
		•	=	janization after June				=		,			
10	\Box			ganized and operated									
11	,			ganized and operated							out the p	urnos	es of
	·	one or the box	more public that descri	y supported organiz bes the type of supp b Type II c	ations descr o <u>rti</u> ng organ	ibed in secti ization and d	ion 509(a)(1) complete line) or section s 11e th <u>ro</u> u	509(a)(2) S	See sectio	on 509(a)(3).	Check
е	Γ	other th		ox, I certify that the on managers and otl									
f		If the o check t	rganization this box	received a written de					, , ,	III supp	orting o	rganız	zation,
g		followin	g persons?	2006, has the organi							_		
				rectly or indirectly o	•		-	persons de	scribed in (ii	. –		Yes	No
		-		governing body of th		_	17			_	11g(i)		
			•	er of a person descri						—	11g(ii)		
				lled entity of a perso						[]	l1g(iii)		
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)						
•) Nan		(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	•	(vi) Is	the	(vi	i) A m	nount of
	uppoi			organization	organizati		the organiz		organizat			mone	•
Or	ganiz	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org			supp	יסונ
				or IRC section	docume	_	Jappon	•	"" ""				
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
										1			
										1	-		
Total													

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 14,017,966 16,865,369 16,722,257 16,330,465 22,095,420 86,031,477 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 14,017,966 16,865,369 16,722,257 16,330,465 22,095,420 86,031,477 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 86,031,477 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2010 (c) 2011 **(e)** 2013 (f) Total (a) 2009 (d) 2012 beginning in) 🟲 16,722,257 22,095,420 Amounts from line 4 14,017,966 16,865,369 16,330,465 86,031,477 Gross income from interest, dividends, payments received on securities loans, rents, royalties 38,295 211,893 264,282 148,839 469,881 1,133,190 and income from similar sources Net income from unrelated business activities, whether or 440,299 576,473 298,008 219,125 255,006 1,788,911 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 45,111 19,708 625,226 171,880 21,640 883,565 capital assets (Explain in Part IV) 11 Total support (Add lines 7 89,837,143 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 95 764 % Public support percentage for 2012 Schedule A, Part II, line 14 15 94 940 % 16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ►□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		ormation. Provide the explanations required by Part II, line ne 12. Also complete this part for any additional information							
	Facts And Circumstances Test								
Retu	Return Reference Explanation								
		Colo	dula A (Farma 000 ar 000 F7) 2011						

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493225024185

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

nal Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .			Inspecti	on
lame of the organ			Emp	loyer ident if icati	on numbe	r
odiak Area Native As:	SOCIATION		92-0	0038225		
	nizations Maintaining Donor Adv				Complete	e if the
organi	ization answered "Yes" to Form 990			<u> </u>		
T - t - l	-	(a) Donor advised funds		(b) Funds and ot	her accou	nts
Total number a	•					
	ntributions to (during year) nts from (during year)					
	ue at end of year					
	•					
funds are the	zation inform all donors and donor advisor organization's property, subject to the or	ganization's exclusive legal control?			☐ Yes	┌ No
used only for	ization inform all grantees, donors, and do charitable purposes and not for the benef permissible private benefit?				┌ Yes	┌ No
	ervation Easements. Complete if	the organization answered "Yes"	to Forn	n 990. Part IV.	line 7.	•
Preservati Protection Preservati Complete line	conservation easements held by the orgonon of land for public use (e g , recreation of natural habitat ion of open space s 2a through 2d if the organization held at the last day of the tax year	or education)	certified	d historic structi	ıre	
casement on .	the fast day of the tax year			Held at the E	nd of the	Year
Total number	of conservation easements		2a			
Total acreage	restricted by conservation easements		2b			
Number of cor	nservation easements on a certified histo	rıc structure ıncluded ın (a)	2c			
	nservation easements included in (c) acq ture listed in the National Register	uired after 8/17/06, and not on a	2d			
Number of cor	nservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	e organization di	ırıng	
the tax year 🕨	<u> </u>					
Number of sta	tes where property subject to conservati	on easement is located ►				
-	nization have a written policy regarding t of the conservation easements it holds?	he periodic monitoring, inspection, har	ndling of	violations, and	┌ Yes	┌ No
Staff and volu	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments d	uring the year		
A mount of exp	——— penses incurred in monitoring, inspecting	, and enforcing conservation easement	ts during	g the year		
► \$				·		
	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	'0(h)(4)(B)(ı)	┌ Yes	┌ No
balance sheet	describe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia				
tt IIII Organ	nizations Maintaining Collection lete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	ner Similar A	ssets.	
If the organization works of art, h	ation elected, as permitted under SFAS 1 iistorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	, or rese	arch in furtheran		
works of art, h	ation elected, as permitted under SFAS 1 iistorical treasures, or other similar asse de the following amounts relating to these	ts held for public exhibition, education,				с
(i) Revenues	included in Form 990, Part VIII, line 1			► \$		
(ii) Assets Inc	cluded in Form 990, Part X			► \$		
If the organiza	ation received or held works of art, histori unts required to be reported under SFAS			cial gain, provide	the	
_	luded in Form 990, Part VIII, line 1			► \$		
Nevellues IIICI	idaca iii i oiiii 550, r dit vIII, lille I			F P		

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	lections of Art	, Hist	tori	<u>cal Tr</u>	eası	ures, or Ot	the	r Similar A	sse	ts (co	ntınued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	eck	any of t	he fol	lowing that a	re a	significant u	se of	ıts	
а	Public exhibition		d	Γ	Loan	orexc	:hange progra	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and expla	ın how	the	y furthe	rthe	organization'	s ex	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	be maintained as	part o	fthe	organı	zatıon	ı's collection	?		Γ,		┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answered	I "Y	es" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other interme	diary	for c	ontribu	tions	or other asse	ets r	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follow	/ıng t	able		_					
							_	_		Mou	nt	
C	Beginning balance						-	1c				
d	Additions during the year						<u> </u> :	1d				
е	Distributions during the year						<u> </u>	1e				
f	Ending balance						_ :	1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							Γ,	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natı	on has	been ¡	provided in P	art :	XIII			Г
Pai	t V Endowment Funds. Complete											
_		(a)Current year	(b)	Prior	year	b (c) ⊺	Two years back	(d)	Three years bac	k (e)	Four ye	ears back
1a	Beginning of year balance									-		
Ь	Contributions									-		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (line	e 1 g	, colum	n (a))	held as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ld equal 100%										
За	Are there endowment funds not in the posses	sion of the organiza	ation t	hat a	are held	anda	admınıstered	for	the			
	organization by										Yes	No
	(i) unrelated organizations			•		•		•		a(i)		
ь	(ii) related organizations									a(ii) 3b		
4	Describe in Part XIII the intended uses of th	•				•		•		J U		
	t VI Land, Buildings, and Equipme					n ans	wered 'Yes'	to	Form 990, I	Part	IV, lır	ne
	11a. See Form 990, Part X, line 1											
	Description of property				Cost or s (invest		(b)Cost or oth basis (other		(c) Accumulate depreciation		(d) Boo	ok value
1 a	and				1,41	.9,200	1,396,	645				2,815,845
b i	Buildings				1,04	1,560	11,908,	811	4,893,	078		3,057,293
c 1												
- '	_easehold improvements		•	L_				!				
	Equipment						2,928,	794	1,966,	325		962,467
d E	Equipment						2,928,	794 0	1,966,	325		962,467

Part VII Investments—Other Securities. Com	nplete if the organization	answered 'Yes' to For	rm 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of v Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related. Co	mplete if the organization		orm 990 Part IV line 11c
See Form 990, Part X, line 13.	implete if the organization	in answered res to re	om 550, rare iv, me iie.
(a) Description of investment	(b) Book value	(c) Method of v	aluation
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990), Part IV, line 11d See	Form 990, Part X, line 15
(a) Descri	ption		(b) Book value
(1) NOTE RECEIVABLE-STARAAYA			826,790
(2) NOTE RECEIVABLE-AKHIOK			44,186
(3) UNAMORTIZED BOND ISSUE COSTS			74,255
(4) IHS CONTRACT SUPPORT SETTLEMEN			3,797,610
(5) WORK IN PROGRESS			519,574
 			·
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		5,262,415
Part X Other Liabilities. Complete if the orga		o Form 990, Part IV,	
Form 990, Part X, line 25.		·	
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
CAPITAL LEASE	72,079		
DERIVATIVE CONTRACT PAYABLE	162,375		
	102,373		
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	224 454		
	234,454 the text of the footnote to the		

Par		Revenue per Audited Financial Statements With Revenue p Wered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1		er support per audited financial statements	1	26,090,261
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12		
a	Net unrealized gains on inves	tments		
b	Donated services and use of	acılıtıes		
С	Recoveries of prior year grant	s 2c		
d		222,876		
e	Add lines 2a through 2d .		2e	222,876
3	Subtract line 2e from line 1 .		3	25,867,385
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 an	d 4c . (This must equal Form 990, Part I, line 12)	5	25,867,385
Part		xpenses per Audited Financial Statements With Expenses	per	
	ıf the organization ar	swered 'Yes' to Form 990, Part IV, line 12a.	-	
1	Total expenses and losses pe	r audited financial statements	1	20,372,772
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25		
а	Donated services and use of f	acılıtıes		
b	Prior year adjustments	2b		
C	Otherlosses	<u>2</u> c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	222,876
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	20,149,896
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	 	4 c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	20,149,896
Part	XIII Supplemental In	formation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
FORM LINE	990, SCHEDULE D, PART X,	Kodiak Area Native Association is exempt from income taxes as a nonprisection 501(c)(3) of the Internal Revenue Code KANA applies the provifASB ASC relating to accounting for uncertainty in income taxes KANA positions taken in accordance with the recognition standards KANA believed to the provision standards of the provision standards in these finances are provision for income taxes has been made.	sions annua eves t	of Topic 740 of the lly reviews its tax hat it has no uncertain
FORM LINE	990, SCHEDULE D, PART XI, 2D	RENTAL EXPENSES NETTED AGAINST RENTAL REVENUE 222,876		
FORM LINE	·	, RENTAL EXPENSES NETTED AGAINST RENTAL REVENUE 222,876	_	

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493225024185

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. See separate instructions. Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization Kodiak Area Native Association 92-0038225 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g | Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Γ Yes Γ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Dıd (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Con more than \$15,000 of fundi events with gross receipts of	raising event contribu			
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
al.			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
ē,	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
60	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add Iii	nes 4 through 9 ın colum	n (d)		()
	11	Net income summary Subtract I	ine 10 from line 3, colum	ın (d)		
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
Revenue		\$15,000 OH FOHH 550 EE, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rey	1	Gross revenue	1,198,561	2,324,384		3,522,945
	2	Cash prizes	828,196	1,845,162		2,673,358
Expenses	3	Non-cash prizes				
	4	Rent/facility costs	51,905	33,596		85,501
Direct	5	Other direct expenses	185,454	271,976		457,430
	6	Volunteer labor	✓ Yes	☐ Yes		_
	7	Direct expense summary Add line	es 2 through 5 in column	(d)		3,216,289
	8	Net gaming income summary Sub	tract line 7 from line 1, c	olumn (d)		306,656
9 a	Ente Is ti	er the state(s) in which the organiz he organization licensed to operate	ration operates gaming a	ctivities <u>AK</u> ch of these states?		▼Yes 「No
b	If"N	No," explain				
10a b		e any of the organization's gaming	licenses revoked, suspe	ended or terminated during	g the tax year?	· · 「Yes 「No

che	edule G (Form	1 990 or 990-EZ) 20:	1.3		Page 3
2		= '		or a member of a partnership or other entit	•
					· · · · V Yes No
3			ng activity operated in		
	_				
4	Enter the na	ame and address of th	ne person who prepares the o	organization's gaming/special events books	and records
	Name 🟲	GOLD CHACHE B	INGO		
	Address 🟲				
5a	Does the or	ganızatıon have a co	ntract with a third party from	whom the organization receives gaming	
	revenue?				· · · · · Fyes F No
b	If "Yes," en	ter the amount of gar	ning revenue received by the	e organization 🏲 \$ a	nd the
	amount of g	jaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," en	ter name and address	s of the third party		
	Name 🟲				
	Address 🟲				
6	Gaming mai	nager information			
	Name 🟲	MIKE PFEFFER			
	Gaming mai	nager compensation l	* \$		
	Description	of services provided	CFO OVERSEES ALL FI	NANCIAL TRANSACTIONS	
	▽ Director	r/officer	F Employee	Independent contractor	
7		distributions	,	,	
а			er state law to make charitab	le distributions from the gaming proceeds t	0
	retain the s	tate gaming license?			▼ Yes No
b	Enter the ar	mount of distributions	required under state law dis	tributed to other exempt organizations or s	
			: activities during the tax yea	· -	
Pai	't IV Sup Part	plemental Infor	mation. Provide the exp 0b, 15b, 15c, 16, and 17b	lanations required by Part I, line 2b, o, as applicable. Also complete this pa	
	Retu	urn Reference	·	Explanation	
				<u> </u>	dul- 0 (F 000 000 FT) 0040

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493225024185

OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization Employer identification number Kodiak Area Native Association 92-0038225 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section cash valuation non-cash assistance grant or assistance or government if applicable assistance (book, FMV, appraisal, other)

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NEED BASED, CHILDCARE AND SIMILAR CASH ASSISTANCE	25	338,852		COST	
(2) SCHOLARSHIPS AND JOB TRAINING	2	43,565		COST	
(3) HEATING FUEL AND UTILITIES ASSISTANCE	22	84,725		COST	
(4) BENEFICIARY ASSISTANCE	40	24,134		COST	

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

Return Reference	Explanation
•	KANA HAS A REPRESENTATIVE ON THE BOARD OF DIRECTORS OF THE RECIPIENT, KANA IS ABLE TO MONITOR THE EFFECTIVE USE OF THE CONTRIBUTION KANA IS PROGAMMATICALLY REQUIRED TO ENSURE CONTRIBUTIONS ARE DISBURSED IN ACCORDANCE WITH THE
-	APPLICABLE GRANT STIPULATIONS, BUDGET AND REPORTING REQUIREMENTS

Schedule I (Form 990) 2013

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DLN: 93493225024185

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

Name of the organization Kodiak Area Native Association **Employer identification number**

92-0038225

Pa	rt L Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
_		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)Andrew Teuber President/CEO	(i)	425,886			35,350	25,927	487,163	
(2)Margie Bezona Senior VP of Administration	(i) (ii)	141,665			9,900	1,179	152,744	
(3)Tammy Hansen VP of Health Services	(i) (ii)	128,336			9,288	16,116	153,740	
(4)Mike Pfeffer CFO	(i) (ii)	128,910			9,619	16,116	154,645	
(5)Sam Chelmo Physician	(i) (ii)	163,825			11,454	1,178	176,457	
(6) Kristen Frank Physician	(i) (ii)	133,638			9,642	16,116	159,396	

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2013

DLN: 93493225024185

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Kodiak Area Native Association

) and section), Part IV, line						40h	
	e of disqual				ship between			scription			$\overline{}$	(d) Corr	rected
,	•		`		n and organiz		` ,	•				Yes	No
4958 .						disqualified per		the year	r unde	section \$ \$	<u> </u>		
		-								<u>'</u>			
Со	mplete ıf th	e organ	ıızatıon an	swered "Ye		• 190-EZ, Part V Ine 5, 6, or 22	, line 38a,	or Form 9	90, Pa	ırt IV, lıı	ne 26,	or ıf the	
a) Name of nterested	(b) Relations	hip P	(c) urpose of	(d) Loan to or from th		(e)Original principal	(f) Balanc due	e (g) In defaul		(h) Approv	ed	(i)Wrı agreen	
person	with organizat	ion	loan	organizatio	n?	amount	uuc	deladi		by board or commit			
person		ion	loan	organizatio To	n? From		duc	Yes	No	by board or		Yes	No
person		ion	loan						,	by board or commit	tee?	Yes	
person		cion	loan						,	by board or commit	tee?	Yes	
person		ion	loan						,	by board or commit	tee?	Yes	
person		ion	loan				dde		,	by board or commit	tee?	Yes	
		lon							,	by board or commit	tee?	Yes	
al rt IIII Gra	organizat	ssista	▶ \$	To	From	d Persons.		Yes	,	by board or commit	tee?	Yes	
al rt III Gra	organizat	ssista he org	since Ber janization elationshiested pers	nefitting an answere up between on and the	From Interested "Yes" on	amount	nrt IV, line	Yes	No	by board or commit Yes	No No	Yes	No
al rt III Gra Cor a) Name of Ir	organizat	ssista he org (b) R Intere	► \$ ince Ber janization	nefitting nanswere up between on and the tion	From Interested "Yes" on	d Persons. Form 990, Pat of assistance	nrt IV, line	Yes 0 27. pe of ass	No	by board or commit Yes	No No	se of ass	No

Part IV Business Transactions Involving Interested Persons.

Complete if the organization	n answered "Yes" on F	orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ASHLEE HINER	SEE PART V	47,304	WAGES AND BENEFITS		No
(2) JEALENE CHRISTOFFERSON	SEE PART V	38,634	WAGES AND BENEFITS		No
(3) SPERIDON SIMEONOFF JR	SEE PART V	90,519	WAGES AND BENEFITS		No
(4) ANDREA-RAE KNOWLES	SEE PART V	38,839	WAGES AND BENEFITS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV, LINE 1B	DAUGHTER OF AL CRATTY, JR - BOARD MEMBER
FORM 990, SCHEDULE L, PART IV, LINE 2B	DAUGHTER OF CHERYL CHRISTOFFERSON - BOARD MEMBER
FORM 990, SCHEDULE L, PART IV, LINE 3B	SON OF SPERIDON SIMEONOFF, SR - BOARD MEMBER
FORM 990, SCHEDULE L, PART IV, LINE 4B	GRANDDAUGHTER OF ALEX PANAMAROFF, JR - BOARD MEMBER

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225024185

Employer identification number

2013

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

KOUIAK AREA NATIVE ASSOCIATION	92-0038225
990 Schedule O, Supplemen	tal Information
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	KANA'S BENEFICIARIES (MEMBERS) ELECT THE MEMBERS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B,	PRIOR TO FILING THE FORM 990, THE DOCUMENT IS REVIEWED BY THE CFO AND PRESIDENT AFTER

FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING THE FORM 990, THE DOCUMENT IS REVIEWED BY THE CFO AND PRESIDENT AFTER ANY CHANGES HAVE BEEN MADE BASED ON THIS REVIEW, COPIES OF THE COMPLETED DOCUMENT ARE DISTRIB UTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND THEN THE FORM 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR DIRECTORS ARE REQUIRED TO RESUBMIT THEIR DECLARATION OF CONFLICT OF INTERESTS
FORM 990, PART VI, SECTION B, LINE 15A	The KANA Board of Directors determines compensation of the CEO by evaluating market conditions and salary surveys
FORM 990, PART VI, SECTION C, LINE 19	AT THE ORGANIZATION'S ANNUAL MEETING, COPIES OF THE FINANCIAL STATEMENTS, CONFLICT OF INTE REST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC REVIEW
FORM 990 PART IX LINE 11G	DESCRIPTION IPA/MOA TOTAL FEES 850428
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTOR SERVICES TOTAL FEES 1383470
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES TOTAL FEES 1627120

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the 2	2014 ca	lendar year, or tax year beginning	10-01-2014 , and ending 09-30-20	15			
B Ch	eck if ap	plicable	C Name of organization Kodiak Area Native Association			D Emplo	yer ider	ntification number
☐ Add	ress ch	ange	% MIKE PFEFFER			92-00	38225	5
Г№	me char	nge	Doing business as					
┌ Ind	al retur	n				E T-lb		L
Fin				all is not delivered to street address) Room/	suite	E Telepho	ne num	ber
ret	urn/term	nınated	3449 Rezanof Drive East			(907)	486-9	800
☐ Am	ended r	eturn	City or town, state or province, cour	try, and ZIP or foreign postal code				
┌ App	olication	pending	Kodiak, AK 99615			G Gross re	eceıpts \$	31,450,493
			F Name and address of prin	cipal officer	H(a)	Is this a group	return	for
			ANDREW TEUBER			subordinates?	recuiii	Γ Yes Γ No
			3449 REZANOF DRIVE EAS KODIAK, AK 99615	5Т				
			ROBINI, AR 33013			Are all subordı ıncluded?	nates	Γ Y es Γ No
I Ta	x-exem	pt statu	5	nsert no) 4947(a)(1) or 527			a lıst	(see instructions)
1 14	- 6-26-							
	ebsite	: - w	ww kodiakhealthcare org		H(c)	Group exempt	ion nur	nber ►
K For	n of org	anızatıo	n 🔽 Corporation 🗌 Trust 🦳 Association	n	L Year	r of formation 19	66 M	State of legal domicile AK
Pa	rt I	Sur	nmary					
ance			describe the organization's mission's Mission's VATE THE QUALITY OF LIFE O	<u>-</u>				
Activities & Governance	2 0	Check	this box দ if the organization dis	continued its operations or disposed	d of more th	han 25% of its	net as	sets
Š	 	Leave 1		and header (Dank VV)			_	
න් රා				ng body (Part VI, line 1a)			3	10
Ě				of the governing body (Part VI, line 1			4	6
톭				calendar year 2014 (Part V, line 2a)			5	209
ă				ecessary)			6	
				art VIII, column (C), line 12 om Form 990-T, line 34			7a	204,236
	DI	vecum	erated pusifiess taxable income in	om Form 990-1, me 34			7b	Commont Voca
			-later and an all (Dart VIII) to	413	-	Prior Year	120	Current Year
<u>a</u>	8		ributions and grants (Part VIII, li	•	•	22,095,4		23,363,812
Revenue	9			ne 2g)		3,204,7		3,624,647
å	10			(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e)	. —	264,6		77,575
	11		, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (A), li	,,,	302,4	+00	655,619
	12					25,867,3	385	27,721,653
	13			IX, column (A), lines 1-3)		486,2	275	482,501
	14	Bene	fits paid to or for members (Part I	X, column (A), line 4)			0	0
	15	Salar	ries, other compensation, employe	e benefits (Part IX, column (A), lines	,	9,973,2	214	11,290,600
8		5-10	•					
Expenses	16a	Profe	ssional fundraising fees (Part IX,	column (A), line 11e)	•		0	0
- ਜੋ	ь	Total 1	undraising expenses (Part IX, column (D)	, line 25) ▶ 0				
	17	Othe	r expenses (Part IX, column (A), l	ines 11a-11d, 11f-24e)		9,690,4	107	10,910,135
	18	Total	expenses Add lines 13-17 (mus	st equal Part IX, column (A), line 25)		20,149,8	396	22,683,236
	19	Reve	nue less expenses Subtract line	18 from line 12		5,717,4	189	5,038,417
Net Assets or Fund Balances					Begi	inning of Curre Year	nt	End of Year
988 988	20	Tota	assets (Part X, line 16)			31,850,6	501	36,580,161
설문	21	Total	liabilities (Part X, line 26)			9,010,9	946	8,702,089
žZ	22	Neta	ssets or fund balances Subtract	line 21 from line 20		22,839,6	555	27,878,072
Pa	rt II	Sig	nature Block		•			
my k	nowled	ge and		mined this return, including accompa plete Declaration of preparer (other				
		***	***			2016-08-15		
Sigr		Sıgı	nature of officer			Date		
Her		ANI	DREW TEUBER PRESIDENT/CEO					
			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	1200
Paid	t		Key E Getty CPA Firm's name ► BDO USA LLP	Key E Getty CPA		self-employed Firm's EIN ►	P00121	1200
Pre	pare	r	TIMES HAITIC F DDU USA LLE			i mii 3 LIN F		
	Onl		Firm's address ► 3601 C STREET STE 60	0		Phone no (907) 278-88	378

ANCHORAGE, AK 99503

✓ Yes ☐ No

Forn	n 990 (2014)	Page 2
Par	TELLI Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	· · · ·
_	Briefly describe the organization's mission	
_	ELEVATE THE QUALITY OF LIFE OF THE PEOPLE WE SERVE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	┌ Yes ┌ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	┌ Yes ┌ No
4	If "Yes," describe these changes on Schedule O	
•	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocate the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 16,478,284 including grants of \$ 1,200) (Revenue \$	3,624,647)
	THE KODIAK AREA NATIVE ASSOCIATION (KANA) PROVIDES HEALTHCARE SERVICES TO THE ALASKA NATIVE AND AMERICAN INDIAN PEC REGION THESE SERVICES INCLUDE PRIMARY CARE MEDICAL SERVICES, DENTAL, COMMUNITY HEALTH AIDE/PRACTITIONER SERVICES SERVICE (EMS), ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH, IMMUNIZATIONS AND OTHER SPECIAL PROGRAMS DEVELOPED TO COMPREHENSIVE CONTINUUM OF CARE FOR BENEFICIARIES OF THE INDIAN HEALTH SERVICE KANA PROVIDES AND FACILITATES A WI DIRECTLY AND IN COOPERATION WITH OTHER AGENCIES THROUGH FIELD CLINICS, REFERRALS AND OTHER ARRANGEMENTS WITH TR ORGANIZATIONS KANA PARTICIPATES IN THE GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA) THIS BENCHMARKING IS DONE PROGRAMS AND SERVICES PROVIDED BY KANA MEET OR EXCEED CLINICAL BEST PRACTICES DURING THE GPRA YEAR 2009, WHICH EI WAS THE FIRST AND ONLY HEALTH CARE ORGANIZATION IN THE STATE TO HAVE MET ALL TWENTY-ONE OF THE IHS GPRA INDICATORS THE NATION TO DO SO DURING GPRA YEAR 2011, KANA WAS ONE OF ONLY THREE ORGANIZATIONS IN THE STATE TO MEET ALL INDICATORS THIRD CONSECUTIVE YEAR MEETING ALL INDICATORS THIS ACCOMPLISHMENT IS TESTAMENT TO THE DEDICATION AND COMMITMENT TO PROVIDE THE HIGHEST QUALITY HEALTH AND SOCIAL SERVICES TO ITS BENEFICIARIES IN A RESPONSIBLE MANNER	G, EMERGENCY MEDICAL ENSURE A BROAD, DE RANGE OF SERVICES IBAL HEALTH E TO ENSURE THAT THE NDED JUNE 30, 2009, KANA AND ONE OF ONLY FOUR IN ATORS THIS WAS KANA'S
	(Code) (Expenses \$ 3,133,946 including grants of \$ 481,301) (Revenue \$	
	THE COMMUNITY SERVICES PROGRAM IS COMPRISED OF THE FOLLOWING COMPONENTS TEMPORARY ASSISTANCE FOR NEEDY FAMILES (TAMF) THIS INVOLVES JOB SEARCH JOB COACHING AND SUPPORTIVE SERVICE, WHICH ENABLE PEOPLE TO REACH SELF SUFFICIENCY "WORK FIRST" PHILOSOPHY IS BASE WALL OF O'WORK AS A MEANS OF ENHANCING SELF-SETEEM AND PROVIDING A GOOD ROLE MODEL TO CHILDREN JOUR OBJECTIVE IS ELECTORY OWNER AS A MEANS OF ENHANCING SELF-SETEEM AND PROVIDING A GOOD ROLE MODEL TO CHILDREN JOUR OBJECTIVE IS ELECTORY OWNER AS A MEANS OF ENHANCING SELF-SETEEM AND PROVIDED TO CHILDREN JOUR OBJECTIVE IS ELECTORY OF THE HIGH DEVELOPMENT OF THE HIGH SELF-SELF SELF-SELF SELF-SELF SELF-SELF-SELF-SELF-SELF-SELF-SELF-SELF-	ASSISTANCE, LIFE SKILLS, ED ON THE FUNDAMENTAL NEURING TANF CLIENTS HOUR CHILD AND FAMILY AINING AND TECHNICAL OUR GOAL IS TO DEVELOP REASE AWARENESS, ENTION AND INTERVENTION NCE KANA PROVIDES CRISIS CENTER/ SHELTER IERABLE ADULT ABUSE FOR MADE TO ANNOUNCE DIAK HUMAN SERVICES TASKFORCE IS INCLUSIVE IG EXISTING AND EVOLVING INTO FA COMPREHENSIVE IG INTO CONSIDERATION DOCUMENT WITH THIS IN AND ECONOMIC SECONOMIC FUTURE WE SMALLER VILLAGE IS EVISITS AS WELL AS OMMUNITY DEAL WITH THE LUDING PARENTING, O BETTER ADDRESS AND SERVICES TO RETAIN AND HOME PARENTS UIDANCE -PROVIDE JOINT OF HULLAGE TRIBAL NG PUBLIC SAFETY EN AND FAMILIES - ANTHC STATEWIDE NAME OF CT SERVICES REE NAME SUPPORT NUTRITION AND MPASS BOTH CONGREGATE IDED AS WELL AS DIRECT
	(Code) (Expenses \$ 1,024,083 including grants of \$) (Revenue \$)
	PUBLIC SAFETY - THE VILLAGE PUBLIC SAFETY OFFICER PROGRAM IS DESIGNED TO TRAIN AND EMPLOY INDIVIDUALS RESIDING IN THE RESPONDERS TO PUBLIC SAFETY EMERGENCIES SUCH AS SEARCH AND RESCUE, FIRE PROTECTION, EMERGENCY MEDICAL ASSISTANCE BASIC LAW ENFORCEMENT PROTECTION, EMERGENCY MEDICAL ASSISTANCE, CRIME PREVENTION AND BASIC LAW ENFORCEMENT	
	See Additional Data	
	Other program services (Describe in Schedule O)	

(Expenses \$

Total program service expenses ▶

352,428 including grants of \$

20,988,741

Form **990** (2014)

) (Revenue \$

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		No
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		No
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		No
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	Yes	
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		1	
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. J No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 58		162	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
h	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Ν
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
'	Organizations that may receive deductible contributions under section 170(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?	7a 7b		N
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
ł	If "Yes," indicate the number of Forms 8282 filed during the year	1		
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	l _		
	contract?	7e 7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		IN
,	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	N
	Dia the organization receive any payments for mador taining services during the tax year.	± TG	1	140

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

Se	ection 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			
	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			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►MIKE PFEFFER

3449 REZANOF DRIVE EAST

KODIAK, AK 99615 (907) 486-9800

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	office	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Loretta Nelson	5 0	х		х				14,200	0	0
Chairperson	0 0									
(2) Al Cratty Jr Vice Chairperson	5 0	х		х				14,400	0	0
(3) Arnold Kewan	5 0									
Secretary	0 0	Х		Х				10,500	0	0
(4) Jill Boskofsky	5 0									_
		Х		Х				15,060	0	0
Treasurer (5) Cheryl Christofferson	5 0									_
Director	0.0	х						14,700	0	0
(6) Margaret Roberts	5 0								_	_
Director	0 0	X						15,500	0	0
(7) Speridon Simeonoff Sr	5 0									_
Director	0 0	X						13,900	0	0
(8) Alex Panamaroff Jr	5 0	х						9,200	0	0
Director	0 0	^						3,200	Ů	
(9) Phyllis Amodo	5 0	x						11 100	0	0
Director	0 0	^						11,100	U	U
(10) Gary Watson	5 0	.,						45.400		
Director	0 0	X						16,100	0	0
(11) Andrew Teuber	37 5									_
President/CEO	0 0			Х				538,597	0	59,005
(12) Margie Bezona	37 5			X				162 250	0	12 522
VP of Administration	0 0			L^	L			162,350		12,523
(13) Tammy Hansen	·			V				455 222		30.050
VP of Health	0 0			Х	L			155,322	0	30,050
(14) Mike Pfeffer	37 5			١,,				454.644		27.755
CFO	0 0			Х				151,941	0	27,755
	•									Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(15) Elise Pletnikoff Physician	37 5 0 0					х		183,918	0	5,599	
(16) Sam Chelmo Physician	37 5					х		177,503	0	28,489	
(17) Rhonda Beal Dentist	37 5					х		155,538	0	17,632	
(18) Carrie Randolph Dentist	30 0					х		131,402	0	25,704	
(19) Anna Stevens Psychologist	37 5 0 0					х		112,394	0	9,64:	

1b	Sub-Total	F			
С	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	1,903,625	0	216,398

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶9

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROVIDENCE KODIAK ISLAND MEDICAL CE, PO BOX 3706 PORTLAND, OR 972083706	CONTRACT HEALTH	1,669,604
BDO USA LLP, 770 KENMOORE SE SUITE 300 GRAND RAPIDS, MI 49546	AUDIT SERVICES	110,696

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

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2a b c d e f
evenue	3 4 5 6a b c d 7a b
Other R	b c 9a b
	10a
	b c d e

Form 99		•						Page 9
Part V	/1111	Statement o	of Revenue ule O contains a respon	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s £	1a	Federated cam	paigns 1a					
Gifts, Grants ilar Amounts	ь	Membership du	es 1b					
ي ق	c	Fundraising eve	ents 1c					
iffs, ar A	d	Related organiz	zations 1d					
છું.≌	e	Government grants		19,877,454				
Sir	f	All other contribution	ons, gifts, grants, and 1f	3,486,358				
uti her	'	similar amounts no	ot included above					
를	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f	🛌	23,363,812			
				Business Code				
Program Serwoe Revenue	2a	PATIENT SERVICE		624100	3,624,647	3,624,647		
98 %	ь		_					
- Ce	c							
ē. E	d							
6 E	e							
∑ 	f	All other progra	am service revenue					
Š	g	Total. Add lines	ι s 2a – 2f		3,624,647			
	3		ome (including dividence		89,998			89,998
	4		ar amounts) stment of tax-exempt bond p		0			03,330
	5	Royalties		▶	0			
		•	(ı) Real	(II) Personal				
	6a	Gross rents	373,214					
	Ь	Less rental expenses	241,113					
	c	Rental income or (loss)	132,101	0				
	d	Net rental inco	me or (loss)		132,101			132,101
		Company	(ı) Securities	(II) Other				
	7a	Gross amount from sales of		1,878				
		assets other than inventory						
	Ь	Less cost or other basis and		14,301				
	c	sales expenses Gaın or (loss)		-12,423				
	d	Net gain or (los	(SS)		-12,423			-12,423
nue	8a	Gross income f events (not inc \$						
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a					
ĭt.			penses b [
O	C		(loss) from fundraising e	vents 🛌	0			
	94	See Part IV, lin	rom gaming activities lies 19					
			a	3,761,354				
			penses b	3,473,426	287,928		204,236	83,692
		Gross sales of	(loss) from gaming activ	rities	207,920		204,236	83,692
		returns and allo						
			a					
		=	oods sold . . b		0			
	F-	Miscellaneous		Business Code	0			
	11a		OINT VENTURE	900099	158,378			158,378
	b	OTHER REVEN		900099	77,212			77,212
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	235,590			
	12	Total revenue.	See Instructions			2 (24 (47	204.225	F20.0F3
	1			I	27,721,653	3,624,647	204,236	528,958

Part IX Statement of Functional Expenses

section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete	olumn (A
--	----------

36000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	Ī	·		
	Check if Schedule O contains a response or note to any line in this	Part IX I	(B)		 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	482,501	482,501		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,331,904	256,121	1,075,783	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	7,958,067	6,634,823	1,323,244	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	329,681	301,454	28,227	
9	Other employee benefits	986,669	843,990	142,679	
10	Payroll taxes	684,279	567,389	116,890	
11	Fees for services (non-employees)	, · ·	,	<u> </u>	
а	Management	0			
b	Legal	27,322	10,717	16,605	
c	Accounting	105,160	·	105,160	
d	Lobbying	0		,	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,215,207	3,975,643	239,564	
12	Advertising and promotion	76,888	41,689	35,199	
13	Office expenses	883,393	474,283	409,110	
14	Information technology	211,900	47,891	164,009	
15	Royalties	0	,	,	
16	Occupancy	274,585	52,401	222,184	
17	Travel	1,801,277	1,536,645	264,632	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,330,013	201,032	
19	Conferences, conventions, and meetings	0			
20	Interest	104,917		104,917	
21	Payments to affiliates	0		<u> </u>	
22	Depreciation, depletion, and amortization	960,995	36,557	924,438	
23	Insurance	252,558	51,501	201,057	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,	,	, .	
а	CLINICAL SUPPLIES	573,190	573,190		
b	PERSONNEL RECRUITMENT	310,084	282,832	27,252	
c	REPAIRS & MAINTENANCE	199,520	18,113	181,407	
d	INDIRECT EXPENSE ALLOCATION		4,692,139	-4,692,139	
e	All other expenses	913,139	108,862	804,277	
25	Total functional expenses. Add lines 1 through 24e	22,683,236	20,988,741	1,694,495	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	3,698,135	1	4,465,440
	2	Savings and temporary cash investments	6,625,896	2	6,685,585
	3	Pledges and grants receivable, net	1,781,242	3	3,381,299
	4	Accounts receivable, net	1,543,373	4	2,341,689
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ø	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
ē			0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
•	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	26,698	9	53,210
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 25,396,416			
	Ь	Less accumulated depreciation 10b 7,790,122	11,835,605	10 c	17,606,294
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	1,077,237	12	1,238,934
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	5,262,415	15	807,710
	16	Total assets. Add lines 1 through 15 (must equal line 34)	31,850,601	16	36,580,161
	17	Accounts payable and accrued expenses	1,896,307	17	1,671,521
	18	Grants payable	0	18	0
	19	Deferred revenue	4,169,283	19	4,262,098
	20	Tax-exempt bond liabilities	0	20	0
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	2,710,902	23	2,520,056
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	234,454	\vdash	248,414
	26	Total liabilities. Add lines 17 through 25	9,010,946	26	8,702,089
Φ S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	22,689,655	27	27,878,072
<u>छ</u>	28	Temporarily restricted net assets	150,000	\vdash	0
	29	Permanently restricted net assets	0	29	0
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
ŏ	30	complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
8	32	Retained earnings, endowment, accumulated income, or other funds		32	
7 ₩	33	Total net assets or fund balances	22,839,655	\vdash	27,878,072
Net	34	Total liabilities and net assets/fund balances	31,850,601		36,580,161
	J ⁴	i otal navilities and het assets/lund valdites	31,850,601	34	30,380,161

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,7	721,653
2	Total expenses (must equal Part IX, column (A), line 25)				583,236
3	Revenue less expenses Subtract line 2 from line 1	3			38,417
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			339,655
5	Net unrealized gains (losses) on investments	5			,,,,,,,
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		27,8	378,072
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	9	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 92-0038225

Name: Kodiak Area Native Association

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	352,428	including grants of \$) (Revenue \$)
TRIBAL OPERATIONS					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228044646

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	Name of the organization Kodiak Area Native Association						Employer Identifica	ation number			
Rould	K AICG	Native Association					92-0038225				
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	itions must co	mplete this p		ons.			
The	organı	zation is not a private f	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)				
1	厂	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).				
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)						
3	Г	A hospital or a cooper	atıve hospıtal	service organization (described in sec	tion 170(b)(1)	(A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Γ	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in			
		section 170(b)(1)(A)	(iv). (Complet	e Part II)							
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).				
7	<u>~</u>	An organization that n described in section 1	•	<u>.</u>	• •	om a governme	ental unit or from the o	general public			
8	Γ	A community trust de				tII)					
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross			
		receipts from activitie	s related to it:	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of			
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) fron	n businesses			
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)				
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See sectio i	n 509(a)(4).				
11	Γ	An organization organ									
		one or more publicly s			•						
_	_	the box in lines 11a th Type I. A supporting of									
а	1	supported organizatio	n(s) the power	to regularly appoint o	r elect a majori						
b	Г	organization You mus Type II. A supporting				with its suppo	rted organization(s)	by having control or			
_	•	management of the su	-	•							
	_	must complete Part I	•								
С	J	Type III functionally						grated with, its			
d	\vdash	supported organizatio Type III non-function						ianization(s) that is			
u	ļ	not functionally integr									
		(see instructions) Yo						·			
е	Г	Check this box if the					s a Type I, Type II, T	ype III functionally			
f		integrated, or Type II Enter the number of s		•							
		Provide the following i									
g		Trovide the following i	mormation ab	out the supported orge	11112411011(3)						
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of			
organization			organization (described on lines 1-9 above or IRC section (see instructions))	listed in your docume		monetary support (see instructions)	other support (see instructions)				
				1113(14((10113))	Yes	No					
			I	I	1	I		1			

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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	16,865,369	16,722,257	16,330,465	22,095,420	23,363,812	95,377,323		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	16,865,369	16,722,257	16,330,465	22,095,420	23,363,812	95,377,323		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						0		
	(f)								
6	Public support. Subtract line 5 from line 4						95,377,323		
	ection B. Total Support	•	•						
Cale	endar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	beginning in) ► A mounts from line 4	16,865,369	16,722,257	16,330,465	22,095,420	23,363,812	95,377,323		
8	Gross income from interest,				, ,	, ,	· · ·		
	dividends, payments received on securities loans, rents, royalties and income from similar sources	211,893	264,282	148,839	469,881	209,676	1,304,571		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	576,473	298,008	219,125	255,006	204,236	1,552,848		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	19,708	625,226	171,880	21,640	319,283	1,157,737		
11	Total support Add lines 7 through 10						99,392,479		
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	13,964,933		
13	First five years. If the Form 990 is	_	•		•		· —		
	organization, check this box and staction C. Computation of Pu					· · · · · · · · ·			
14	Public support percentage for 201			11, column (f))		14	95 960 %		
15	Public support percentage for 201	3 Schedule A, Pa	rt II, line 14			15	95 764 %		
16a	33 1/3% support test—2014. If the	e organization did	not check the box	x on line 13, and l	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—2013. 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 I								
1/a	10%-facts-and-circumstances test—2014. 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.								
ь	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organize	inization meets th	e "facts-and-cırc	umstances" test,	check this box ar	nd stop here.	ly		
18	supported organization Private foundation. If the organizations	ation did not check	k a box on line 13	, 16a, 16b, 17a, c	or 17b, check this	box and see	►□ ►□		

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			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 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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	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) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	sation E. Tuno III Functionally, Interpreted Comparting Openingtions			
	The organization is the parent of each of its supported organizations Complete line 3 below			
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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ь	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		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

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

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

Department of the Treasury

DLN: 93493228044646

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public

Nan	ne of the organization ak Area Native Association	,		ployer identification number
Pai	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			or Accounts. Complete if
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		nor adv	rsed Yes T
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
ar	t III Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a	certifie	ed historic structure
	easement on the last day of the tax year			1
				Held at the End of the Yea
1	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified history	. ,	2c	
	Number of conservation easements included in (c) accommissions structure listed in the National Register		2d	
	Number of conservation easements modified, transfer the tax year ▶	red, released, extinguished, or terminat	ted by th	he organization during
	Number of states where property subject to conservat	ion easement is located 🕨		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	f violations, and
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	during the year
	A mount of expenses incurred in monitoring, inspecting \$\blue \$\$	g, and enforcing conservation easemen	ts durin	g the year
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı) Yes Y
	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
ari	Organizations Maintaining Collection Complete if the organization answered "Y		, or Ot	her Similar Assets.
1	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education	, or rese	earch in furtherance of public
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education		
	(i) Revenue included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
1	Revenue included in Form 990, Part VIII, line 1			► \$
)	Assets included in Form 990, Part X			<u></u> -
				Γ Ψ <u> </u>

Part	Organizations Maintaining Coll	ections of Art	, His	tori	<u>cal Tr</u>	eası	ıres, or Oth	<u>er Simi</u>	lar Ass	ets (co	ntınued)
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other record	ds, cl	neck	•		-	_	ant use o	of its	
а	Public exhibition		d	Γ	Loan	orexc	hange prograr	ns			
b	Scholarly research		е	Γ	Other						
C	Preservation for future generations										
4	Provide a description of the organization's coll Part XIII	lections and explai	ın hov	w the	y furthe	rthe	organızatıon's	exempt pı	urpose in		
5	During the year, did the organization solicit or							ımılar	_	· v	-
Par	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arrange							"Vec" to		Yes	│ No
T.C.II	Part IV, line 9, or reported an amo						ii aliswered	163 10	101111 99	Ο,	
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other interme	diary	for c	ontribu	tions	or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII	and complete the	follov	vıng t	able						
									Amo	unt	
C	Beginning balance						10	:			
d	Additions during the year						10	<u> </u>			
e	Distributions during the year						16	_			
f	Ending balance						11				
2a	Did the organization include an amount on For	m 990, Part X, line	21,	for e	scrow o	rcust	odial account	liability?	Г	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII										<u> </u>
Pa	t V Endowment Funds. Complete if	the organization		were Prior			Form 990, P wo years back (a \ Eaur w	nare back
1a	Beginning of year balance	(a)Curient year	(D	PHOL	year	D (C)1	wo years back (u)Tillee yea	ars back (e) rour ye	ears back
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balanc	e (lır	ie 1g	, columi	n (a))	held as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shoul	d equal 100%									
За	Are there endowment funds not in the possess	sion of the organiza	ation	that	are held	anda	admınıstered f	or the			
	organization by								2-72	Yes	No
	(i) unrelated organizations(ii) related organizations			•		•			. 3a(i) 3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations								. 3b	<u>' </u>	<u> </u>
4	Describe in Part XIII the intended uses of the	•									<u> </u>
Par	t VI Land, Buildings, and Equipmer 11a. See Form 990, Part X, line 10		he o	rgan	ıızatıon	ansı	wered 'Yes' t	o Form 9	990, Par	t IV, lıı	ne
	Description of property	· .			Cost or o		(b)Cost or othe basis (other)		umulated eciation	(d) Bo	ok value
1a	and				1,41	9,200	1,396,64	15			 2,815,845
b	Buildings				•	1,559	18,188,45		5,553,697		3,676,320
c	easehold improvements										
d I	Equipment		•				3,350,55	54	2,236,425		1,114,129
	Other										
Tota	. Add lines 1a through 1e <i>(Column (d) must eq</i>	ual Form 990, Part 🗵	(, colu	ımn (B), line	10(c).,)		. ►	1	7,606,294
								Sch	nedule D (Form 9	90) 2014

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	nplete if the organization	answered 'Yes' to Form 990, Part IV	, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value	
(2)Closely-held equity interests			
Other			
(-) (-) (-) (-) (-) (-)			N/ lone 44 a
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	mpiete if the organizatio	n answered Yes' to Form 990, Part I	v, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
	L		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Ves' to Form 99	Deart IV June 11d See Form 990 Part V	line 15
(a) Descri		(b) Book va	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. Complete if the orga	nızatıon answered 'Yes' t	o Form 990, Part IV, line 11e or 11f.	See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
Federal income taxes	0		
CAPITAL LEASE	114,302		
DERIVATIVE CONTRACT PAYABLE	134,112		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	248,414		

Part		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		ts With	Revenue p	er Re	turn Complete if
1		r support per audited financial statements				1	27,962,766
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses)	on investments	2a				
b	Donated services and use of f	acılıtıes	2b				
C	Recoveries of prior year grant	s	2c				
d	Other (Describe in Part XIII)		2d		241,113		
e	Add lines 2a through 2d .					2e	241,113
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	27,721,653
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b					4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)			5	27,721,653
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, lind		nts With	Expenses	per F	Return. Complete
1	Total expenses and losses pe	raudited financial statements				1	22,924,349
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acılıtıes	2a				
b	Prior year adjustments		2b				
c	Otherlosses		2c				
d	Other (Describe in Part XIII)		2d		241,113		
e	Add lines 2a through 2d					2e	241,113
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	22,683,236
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)		4b				
С	Add lines 4a and 4b					4c	
5		nd 4c. (This must equal Form 990, Part I, lir	ne 18)			5	22,683,236
Part	XIII Supplemental Inf	ormation					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and					any additional
	Return Reference	Explanation					
FORM LINE	990, SCHEDULE D, PART X, 2	Kodiak Area Native Association is exemp Section 501(c)(3) of the Internal Revenue FASB ASC relating to accounting for unce positions taken in accordance with the rec tax positions which would require disclosure no provision for income taxes has been manually	e Code rtainty i cognition ire or ad	KANA app n income f n standard	lies the provi caxes KANA s KANA beli	sions of annuall eves tha	fTopic 740 of the y reviews its tax at it has no uncertain
FORM LINE 2	990, SCHEDULE D, PART XI, 2D	RENTAL EXPENSES NETTED AGAINST		REVENU	E 241,113		
FORM LINE		RENTAL EXPENSES NETTED AGAINST	RENTAL	REVENU	E 241,113		

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493228044646

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Open to Public Inspection

odiak Area Native Associatior	1					
					92-0038225	
art I Fundraising Act filers are not requ			ganızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
Indicate whether the orga	nızatıon raısed funds	through a	ny of the 1	following activities Che	eck all that apply	
a Mail solicitations			е	Solicitation of non	ı-government grants	
b Γ Internet and email sol	ıcıtatıons		f	☐ Solicitation of gov	ernment grants	
c Phone solicitations			g	Special fundraisin	g events	
d In-person solicitation	S					
 Did the organization have or key employees listed in 						Г _{Yes} Г _{No}
b If "Yes," list the ten higher to be compensated at least			fundraise	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
0						
otal			.			
List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has been notified it is	exempt from

		more than \$15,000 of fundi events with gross receipts of		tions and gross income	e on Form 990-EZ, lır	ies 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
£Ω	1	Gross receipts				
Revenue	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ရွ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
౼	9	Other direct expenses .				
	10	Direct expense summary Add Iii	nes 4 through 9 in colum	n (d)		()
	11	Net income summary Subtract I	_			,
Par	t II	·	organization answered		rt IV, line 19, or rep	l orted more than
		\$13,000 OH FOHH 330 EZ, II	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billigo	bingo/progressive bingo	(c) o ther guilling	col (a) through col (c))
~	1	Gross revenue	1,252,535	2,508,819		3,761,354
ses	2	Cash prizes	824,134	2,000,000		2,824,134
Expenses	3	Non-cash prizes				
ب ق	4	Rent/facility costs	65,516	38,087		103,603
<u></u>	5	Other direct expenses	279,193	266,496		545,689
	6	Volunteer labor	✓ Yes		☐ Yes	
	7	Direct expense summary Add line	es 2 through 5 in column	(d)		3,473,426
	8	Net gaming income summary Sub	otract line 7 from line 1, c	olumn (d)		287,928
_	•					
9 a		er the state(s) in which the organiz the organization licensed to conduc				V Yes T No
b		No," explain				
10a		re any of the organization's gaming				
ь		Yes," explain				· · i Yes I* No

Sche	dule G (Form	1 990 or 990-EZ) 2014			Page 3		
11	Does the organization conduct gaming activities with nonmembers?						
12	Is the organ	nızatıon a grantor, beneficıa	ry or trustee of a trus	st or a member of a partnership or other entity			
	formed to administer charitable gaming?						
13	Indicate the	e percentage of gamıng actı	vities conducted in				
а	The organization's facility						
b	An outside	facility			100 000 %		
14	Enter the na	ame and address of the pers	on who prepares the	organization's gaming/special events books and record	s		
	Name 🟲	GOLD CACHE BINGO					
	Address 🟲						
15a	Does the or	ganızatıon have a contract	with a third party froi	m whom the organization receives gaming			
	revenue?				. ┌ _{Yes} ┌ _{No}		
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the						
	amount of gaming revenue retained by the third party 🟲 \$						
c	If "Yes," enter name and address of the third party						
	Name 🟲						
	Address 🟲						
16	Gamıng maı	nager information					
	Name 🟲	MIKE PFEFFER					
	Gaming mai	nager compensation 🟲 \$					
	Description	of services provided 🟲 CF	O OVERSEES ALL I	FINANCIAL TRANSACTIONS			
	Director	r/officer	 Employee	Independent contractor			
17		distributions					
а	Is the organ	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the s	tate gaming license?			▽ Yes ┌ No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
	ın the organ	nızatıon's own exempt actıv	ties during the tax y	ear 🕨 \$ 287,928			
Par	Part			planations required by Part I, line 2b, columns (i7b, as applicable. Also provide any additional info			
	Reti	urn Reference		Explanation			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493228044646 Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Kodiak Area Native Association 92-0038225 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant non-cash assistance organization ıf applıcable cash valuation or assistance grant or government assistance (book, FMV, appraisal, other)

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

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NEED BASED, CHILDCARE AND SIMILAR CASH ASSISTANCE	32	335,800		cost	
(2) SCHOLARSHIPS AND JOB TRAINING	10	40,655		cost	
(3) HEATING FUEL AND UTILITIES ASSISTANCE	57	80,715		cost	
(4) BENEFICIARY ASSISTANCE	53	25,331		COST	

Part IV Supplemental II	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
FORM 990, SCHEDULE I, PART	KANA HAS A REPRESENTATIVE ON THE BOARD OF DIRECTORS OF THE RECIPIENT, KANA IS ABLE TO MONITOR THE EFFECTIVE USE OF
I, LINE 1	THE CONTRIBUTION KANA IS PROGAMMATICALLY REQUIRED TO ENSURE CONTRIBUTIONS ARE DISBURSED IN ACCORDANCE WITH THE
	APPLICABLE GRANT STIPULATIONS, BUDGET AND REPORTING REQUIREMENTS

Schedule I (Form 990) 2014

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DLN: 93493228044646

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Kodiak Area Native Association **Employer identification number** 92-0038225

Pa	rt I	Questions Regarding Compensation	1				
						Yes	No
la				ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	F	First-class or charter travel	Γ	Housing allowance or residence for personal use			
		Travel for companions	Γ	Payments for business use of personal residence			
	_ 7	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
		Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		y of the boxes in line 1a are checked, did the orgonism of the expenses de			1b		
2		he organization require substantiation prior to retors, trustees, officers, including the CEO/Exec		sing or allowing expenses incurred by all irector, regarding the items checked in line 1a?	2		
3	orgar	ate which, if any, of the following the filing orgar nization's CEO/Executive Director Check all th by a related organization to establish compens.	at apply				
	Γ	Compensation committee	굣	Written employment contract			
		ndependent compensation consultant	Γ	Compensation survey or study			
	F	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4		ig the year, did any person listed in Form 990, F elated organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Rece	ıve a severance payment or change-of-control	oaymen	ıt?	4a		Νo
b	Parti	cipate in, or receive payment from, a supplemer	ital non	qualified retirement plan?	4b		Νo
c	Parti	cipate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Y	es" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mu	ust complete lines 5-9.			
5		ersons listed in Form 990, Part VII, Section A, pensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
a	The	organization?			5a		Νo
b	Any	related organization?			5b		No
	If "Y	es," to line 5a or 5b, describe in Part III					
5		ersons listed in Form 990, Part VII, Section A, pensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The	organization?			6a		No
b	Anyı	related organization?			6b		No
	If"Y	es," to line 6a or 6b, describe in Part III					
7		ersons listed in Form 990, Part VII, Section A , ients not described in lines 5 and 6? If "Yes," d			7		No
3		any amounts reported in Form 990, Part VII, p					
	_	·	Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Pa				8		Νo
9		es" to line 8, did the organization also follow the on 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 Andrew Teuber, President/CEO	(i) (ii)	538,597 0	0 0	0	18,200 0	40,805 0	597,602 0	0 0
2 Margie Bezona, VP of Administration	(i) (ii)	162,350	0	0	11,348	1,175 0	174,873 0	0
3 Tammy Hansen, VP of Health	(i) (ii)	155,322	0	0	11,217	18,833	185,372	0
4 Mike Pfeffer, CFO	(i) (ii)	151,941 0	0	0	11,308	16,447 0	179,696 0	0
5 Elise Pletnikoff, Physician	(i) (ii)	183,918	0	0	4,432 0	1,167 0	189,517 0	0
6 Sam Chelmo, Physician	(i) (ii)	177,503 0	0	0	12,665 0	15,824 0	205,992	0
7 Rhonda Beal, Dentist	(i) (ii)	155,538 0	0	0	1,448	16,184 0	173,170 0	0
8 Carrie Randolph, Dentist	(i) (ii)	131,402	0	0	9,795 0	15,909 0	157,106 0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

DLN: 93493228044646

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the or Kodiak Area Nativ								ı	Employ	yer ideni	tificatio	n numbe	er
Kodiak Alea Nativ	re Association								92-00	38225			
Part I Exc	ess Benef	it Tra	nsactions	(section	501(c)(3), s	ection 501(c)(4), and 501				s only)		
						Part IV, line	25a or 25b, d	or Form	1 990-	EZ, Par	t V , lıne	40b	
1 (a) Nam	ne of disqual	ıfıed per	son (b) F					ription	of tra	nsactio	n	(d) Cor	rected?
				person	and organiza	tion						Yes	No
4958 .						squalified per • • • :he organizati		he yea · · ·	r unde • •	rsectio \$ \$	n 		
Complete if the reported an air (a) Name of interested person	ne organızatı	on answ rm 990, onship	ered "Yes" of Part X, line (c) Purpose of	on Form 9 5, 6, or 2 (d) Loa	990-EZ, Part 22 n to the	(e)Original principal amount	(f) Balance due	Part IV (g) defa	In	(h Appro by boa) oved rd or	(i)Wr agreen	ıtten
				То	From	┪		Yes	No	Yes	No	Yes	No
					110111						1.10	1.03	1.10
					nterested							T	
						orm 990, Pa	rt IV, line 2	27					
(a) Name of i		, , ,	elationship b sted person organizatio	and the	(c) A mount	of assistance	(d) Type	ofass	sistand	:e (e	e) Purpo	se of ass	sistance
(1) ALYSSA BR	ENTECON	DAUGH					_						

Νo

Part IV Business Transactions Involving Interested Persons.

Complete if the organization	on answered "Yes" on F	orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
(1) ASHLEE HINER	SEE PART V	37,783	WAGES AND BENEFITS		No
(2) JAELENE CHRISTOFFERSON	SEE PART V	36,448	WAGES AND BENEFITS		No
(3) SPERIDON SIMEONOFF JR	SEE PART V	65,026	WAGES AND BENEFITS		No

Part V Supplemental Information

(4) ANDREA-RAE KNOWLES

Provide additional information for responses to questions on Schedule L (see instructions)

SEE PART V

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV, LINE 1B	DAUGHTER OF AL CRATTY, JR - BOARD MEMBER
FORM 990, SCHEDULE L, PART IV, LINE 2B	DAUGHTER OF CHERYL CHRISTOFFERSON - BOARD MEMBER
FORM 990, SCHEDULE L, PART IV, LINE 3B	SON OF SPERIDON SIMEONOFF, SR - BOARD MEMBER
FORM 990, SCHEDULE L, PART IV, LINE 4B	GRANDDAUGHTER OF ALEX PANAMAROFF, JR - BOARD MEMBER

Schedule L (Form 990 or 990-EZ) 2014

35,722 WAGES AND BENEFITS

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DLN: 93493228044646

OMB No 1545-0047

Open to Public Inspection

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.

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

Name of the organization Kodiak Area Native Association	Employer identification number
Notice Native Association	92-0038225

Explanation

990 Schedule O, Supplemental Information

Return Reference

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FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	KANA'S BENEFICIARIES (MEMBERS) ELECT THE MEMBERS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING THE FORM 990, THE DOCUMENT IS REVIEWED BY THE CFO AND PRESIDENT AFTER ANY CHANGES HAVE BEEN MADE BASED ON THIS REVIEW, COPIES OF THE COMPLETED DOCUMENT ARE DISTRIB UTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND THEN THE FORM 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR DIRECTORS ARE REQUIRED TO RESUBMIT THEIR DECLARATION OF CONFLICT OF INTERESTS
FORM 990, PART VI, SECTION B, LINE 15A	The KANA Board of Directors determines compensation of the CEO by evaluating market conditions and salary surveys
FORM 990, PART VI, SECTION C, LINE 19	AT THE ORGANIZATION'S ANNUAL MEETING, COPIES OF THE FINANCIAL STATEMENTS, CONFLICT OF INTE REST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC REVIEW
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES TOTAL FEES 2224811
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTOR SERVICES TOTAL FEES 1271574
FORM 990 PART IX LINE 11G	DESCRIPTION IPA/MOA TOTAL FEES 718822