DLN: 93493227012334

Form **990**

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) OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

		2012 1		20 2012			<u> </u>
		2012 ca i ipplicable	endar year, or tax year beginning 10-01-2012 , 2012, and ending 09-3 C Name of organization	30-2013	D Emplo	yer ide	entification number
_	Iress ch		Southcentral Foundation		92-00	18607	16
_	ne cha	-	Doing Business As			/	<u>.</u>
– Init	ıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/si	urto			
_	mınate		4501 Diplomacy Drive	uite	E Telepho	one nur	nber
_	ended		City or town, state or country, and ZIP + 4		(907)	729-	4955
			Anchorage, AK 99508				
App	olication	n pending		_	G Gross r	eceipts	\$ 262,253,100
			F Name and address of principal officer Katherine Gottlieb		s this a group	retur	n for ┌──Yes <mark>┌─</mark> No
			4501 Diplomacy Drive	a a	ffiliates?) 165 J* NO
			Anchorage, AK 99508	H(b) A	re all affiliate	sincl	uded?
Ta	v-even	npt status	✓ 501(c)(3)	- I1	f "No," attach	a lıst	(see instructions)
		·		H(c)	Group exempt	ion nu	ımber ►
W	ebsite	e:⊫ ww	wscfcc				
(Forr	n of or	ganızatıon	Corporation Trust Association Other ►	L Year	of formation 19	82 N	State of legal domicile AK
Pa	rt I	Sum	ımary				_
			escribe the organization's mission or most significant activities				
		See Part	t III, Line 1 and Schedule O				
sovemance							
Ξ	:						
2	2	Check tl	his box 🔭 if the organization discontinued its operations or disposed	of more th	an 25% of its	net a	ssets
	_ ,	NI la				۱ ۵	1 -
б A			of voting members of the governing body (Part VI, line 1a)			3	7
Acumues o			of independent voting members of the governing body (Part VI, line 1b			5	<u> </u>
Ę			mber of individuals employed in calendar year 2012 (Part V, line 2a) mber of volunteers (estimate if necessary)			6	1,843
ŧ			related business revenue from Part VIII, column (C), line 12			7a	0
	l		elated business taxable income from Form 990-T, line 34			7b	
		TTCC UIIIC		1	Prior Year	 / 	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)		115,938,8	818	126,201,679
₫	9		am service revenue (Part VIII, line 2g)	99,310,		106,850,823	
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)	851,4		2,646,731	
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,301,8	849	215,185
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	ne 💮			
					219,402,2		235,914,418
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		26,076,	200	27,475,866
	14		its paid to or for members (Part IX, column (A), line 4)	• —		_	0
8	15	5-10	es, other compensation, employee benefits (Part IX, column (A), lines)		124,794,9	952	130,615,369
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)				0
홄	ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶0				
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		54,944,	040	60,127,170
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		205,815,	192	218,218,405
	19	Reven	ue less expenses Subtract line 18 from line 12		13,587,0	034	17,696,013
8 % 8 8				Begin	ning of Curre	nt	End of Year
net Assector Fund Balances		.	and (Dark V. Iva d.C.)		Year		
4 E	20		assets (Part X, line 16)	<u> </u>	323,393,	-	351,578,399
2 E	21 22		liabilities (Part X, line 26)	·	110,826,6 212,566,9		118,529,008
			nature Block		212,300,	, , o	233,077,371
Jnde ny ki	r pena nowled	alties of dge and	perjury, I declare that I have examined this return, including accompain belief, it is true, correct, and complete Declaration of preparer (other t				
лера	nei Nä	as ally K	nowledge				
		****	***		2014-08-14		
Sign	ì	Signa	ature of officer		Date		
lere			ald L Olson VP of Finance				
			e or print name and title				
			Print/Type preparer's name Preparer's signature I	Date	Check I if	PTIN P0012	22688
Paid	k	<u> </u>	Firm's name Altman Rogers & Company		self-employed Firm's EIN ►	L . 0012	
⊃re	pare	er _					
Jse	On	ly	Firm's address 🕨 425 G Street Suite 500		Phone no (907	') 274-2	2992
		-	Anchorage AV 00501				

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

✓ Yes 厂No

Form	n 990 (2012)					Page			
Par		ent of Program Serv Schedule O contains a res							
1	Briefly describe	the organization's missio	n						
the l and heal	nealth, educationa Matanuska-Susiti	l, cultural, social and econ na valley, along with other	nomic condition areas of Alaska	ıs of Alaska Natıves by a The Indian health se	aska state law in 1982 SCF's ol y providing health services prima ervice provides funding to SCF to r In addition, SCF administers o	arily in the Anchorage o cover the costs of			
	Dıd the organıza	tion undertake any signifi	cant program se	ervices during the yea	r which were not listed on				
	the prior Form 9	90 or 990-EZ?				┌ Yes ┌ No			
	If "Yes," describ	e these new services on S	Schedule O						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
	If "Yes," describ	e these changes on Sche	dule O						
4	expenses Secti		4) organization	s are required to repor	ree largest program services, as t the amount of grants and alloca				
4a	(Code) (Expenses \$	205,904,984	ıncludıng grants of \$	27,468,923) (Revenue \$	106,850,823)			
	Federal Funds - A	ctivities related to contracts with	ı IHS, US DHSS, US	EPA, Dept of Interior Fish	& Wildlife, and Dept of Agriculture				
	(Code) (Expenses \$	3,375,573	ıncludıng grants of \$) (Revenue \$				
70	`	vities related to contracts with t			, , , , ,	,			
	(Code) (Expenses \$	718,839	including grants of \$	6,943) (Revenue \$)			
	•	ids to improve health, education	•		, , ,	,			

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

including grants of \$

209,999,396

4d

(Expenses \$

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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^{\bullet}	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	Yes	
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		No
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		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 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	Yes	
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		No
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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			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		No
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		Νo
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "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?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 190		165	IAC
	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?	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N
ч	file Form 8282?	7c		IN
u	These, indicate the number of forms 3232 med during the year	-		
е	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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		N
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		N
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
.0	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		N
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand	1		
	100	 144		l N
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u></u>

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	Yes	
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		Νο
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		No
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		No
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		Νο
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		Νo
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule Oection B. Policies (This Section B requests information about policies not required by the Internal R		ıe Cod	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R		ıe Cod Yes	
	ection B. Policies (This Section B requests information about policies not required by the Internal R			e.)
10a	Did the organization have local chapters, branches, or affiliates?	evenu		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) 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	e.) No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) 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 Yes	e.) No
10a b 11a b 12a b c	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 Yes	e.) 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 whistleblower 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 Yes	e.) 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 filling 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 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 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	e.) 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 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 ►Ronald L Olson 4501 Diplomacy Drive Anchorage, AK (907) 729-4939

Part VIII 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	more pers and	than on is	one bot	not box h ar or/ti	checl (, unle n office rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		Wisconsorted Former Highest compensated employee Key employee		MISC)	MISC)	organization and related organizations		
(1) Charles Akers	10 00	х						26,000	0	0	
Director (2) Loretta Throop	0 00										
	9 00	х						26,000	0	0	
Director	0 00										
(3) Karen Caındec	7 00	X		x				42,115	0	0	
Sec/Treas	0 00							,			
(4) Terry Sımpson	5 00	x						31,570	0	0	
Director	0 00	^						31,370	0	O	
(5) James Segura	12 00										
Chairperson	0 00	X		Х				56,260	0	0	
(6) Charles Anderson	4 00										
Vice Chairman	15.00	Х		Х				16,759	61,100	0	
(7) Roy Huhndorf	15 00 5 00										
		Х						23,000	50,600	0	
Oirector (8) Ronald L Olson	10 00										
(6) Rollaid E Oison	40 00			х				458,865	0	41,485	
VP of Finance	0 00										
(9) Katherine Gottlieb	40 00			x				525,737	0	33,151	
President/CEO	0 00										
(10) Douglas Eby	40 00					×		503,570	0	41,905	
VP, Medical Svc	0 00					^		303,370	0	41,903	
(11) Kevin Gottlieb	40 00								_		
VP,Chief of Staff	0 00					X		529,142	0	33,179	
(12) Ileen Sylvester	40 00										
VP, Exec Trb Serv	0 00					Х		292,620	0	38,953	
(13) Natalie Tierney	40 00										
						х		364,159	0	27,386	
VP, Organ Devel (14) Sarah Satow	0 00										
(14) Salali Salow	40 00					х		356,634	0	37,199	
Dentist Spec	0 00			<u> </u>	\vdash	<u> </u>	Щ				
		<u> </u>			_	<u> </u>					
										Form 990 (2012)	

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 t perso	tion (han c in is l	ne l both	oox, an d	heck unless officer stee)	į	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed l
	Sub-Total				<u></u>			 					
c	Total from continuation sheet	s to Part VII, S	ection A	٠.				•					
d	Total (add lines 1b and 1c) .							►	3,252,431	111,70	00		253,258
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an			
												Yes	No No
3	Did the organization list any fc on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ								=	or individual for	5	1 03	No
	action R Independent Co	ntractors											
1	Complete this table for your five	e highest comp											
	compensation from the organiz	ation Report co	ompens	ation	tor t	the c	calenda	arye	ar ending with or wi	thin the organizati	on's	tax year	

(A) Name and business address	(B) Description of services	(C) Compensation
Janice Stiller DBA Barabara Constru , 13631 Venus Way Anchorage AK 99515	Constr Contractor	566,542
Sonosky Chambers Sachse Miller & Munson LLP 1425 K St NW Ste 600 Washington DC 20005	Legal Consultation	395,266
Nesser Construction 2501 Blueberry Rd Anchorage AK 99503	Construction Contr	27,662,578
Jeff Morgan Treatment SVS LLC 700 West 6th Ave Ste 208 Anchorage AK 99501	Contract/Med Service	938,757
American Building Maintenance Dept 30874 PO Box 60000 San Francisco CA 94160	Janıtorıal	730,159
2. Total number of independent contractors (including but not limited to these lists	d above) who recoved more than	

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 ►29

Part V	777	Statement o	o r Revenue ule O contains a respor	ise to any question	ın thıs Part VIII .			
		encer in Benear	are o contains a respon	se to uny question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
u 20	1a	Federated cam	paigns 1a					
E E	b	Membership du	es 1b					
] join	С	Fundraising eve	ents 1c	33,136				
ج ج اک	_	-						
<u>.</u> ia ia i	d	Related organiz						
Si iš	е	Government grants	s (contributions) 1e	125,141,514				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	1,027,029				
혈美	g		ons included in lines					
1 d 1		1a-1f \$			126 201 670			
<u>5 </u>	h	Total. Add lines	s 1 a - 1 f		126,201,679			
<u>a</u>				Business Code				
e⊒	2a	Fees & Contracts (Gov Agencies	624100	59,637,766	59,637,766		
æ	b	3rd Party Billings		624100	47,213,057	47,213,057		
931	C							
Yer.	d							
Program Serwce Revenue	е							
∑ 213	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a – 2f		106,850,823			
	3	Investment inc	ome (including dividen	ds, interest,	2 000 607			2,000,607
			aramounts)	F	2,990,697			2,990,697
	4		stment of tax-exempt bond	proceeds	0			
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	122,273	(II) I CISOIIdi				
	b	Less rental	38,193					
	c	expenses Rental income	84,080					
	_	or (loss)			84,080			84,080
	d	Net rental incol	me or (loss) (i) Securities	(II) O ther	04,000			04,000
	7a	Gross amount from sales of assets other	25,663,557	281,591				
	b	than inventory Less cost or other basis and	26,016,929	272,185				
	c	sales expenses Gain or (loss)	-353,372	9,406				
	d	Net gain or (los	s)		-343,966	-353,372		9,406
Other Revenue	8a	*	luding ,136 s reported on line 1c)					
를	b	Less direct ex	penses b	11,375				
o	c	Net income or (loss) from fundraising (events 🛌	-11,375			-11,375
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	c	Net income or (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo	• • • • • • • • • • • • • • • • • • • •					
	b	Less cost of g	oods sold b					
	С	Net income or ((loss) from sales of inve	entory –	0			
Ţ		Miscellaneous	s Revenue	Business Code				
	11a	O ther Income		624100	142,480	142,480		
	b							
	c							
	d	All other reven	l					
	е	Total. Add lines	s 11a-11d	▶	142,480			
	12	Total revenue.	See Instructions	▶	235,914,418	106,639,931		3,072,808

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 23,390,124 23,390,124 Grants and other assistance to individuals in the United States See Part IV, line 22 4,085,742 4,085,742 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 1,280,942 1,034,879 246,063 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 106,146,827 85,756,501 20,390,326 Pension plan accruals and contributions (include section 401(k) 4,548,358 3,524,111 1,024,247 and 403(b) employer contributions) 11,243,570 8,711,624 Other employee benefits 2,531,946 10 7,395,672 5,730,236 1,665,436 11 Fees for services (non-employees) O Management 208,111 Legal 208,111 Accounting 62,447 62,447 432,166 432,166 Professional fundraising services See Part IV, line 17 0 158,655 Investment management fees 158,655 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 8,983,985 3,726,593 5,257,392 Schedule O) Advertising and promotion . . 186,964 407 186,557 12 13 Office expenses . . . 506,325 489,031 17,294 325,305 99,059 14 Information technology . 424,364 15 0 Royalties . 1,913,114 1,389,693 16 Occupancy 523,421 **17** 1,714,833 1,180,189 534,644 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 20 Interest 3,331,948 23,914 3,308,034 Payments to affiliates 21 O 11,126,271 22 Depreciation, depletion, and amortization . 3,316,294 7,809,977 23 846,804 46,193 800.611 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 and Maintenance 1,256,374 927,736 328,638 Education and Training 1,477,306 996,160 481,146 Minor Equipment 2,317,846 2,019,091 298,755 d Materials and Supplies 21,051,896 20,332,868 719,028 -39,731,216 e All other expenses 4,127,761 43,858,977 Total functional expenses. Add lines 1 through 24e 25 218,218,405 209,999,396 8,219,009 0 Joint costs. Complete this line only if the organization 26 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

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	5,112,731	1	1,102,762
	2	Savings and temporary cash investments	34,884,994	2	35,561,494
	3	Pledges and grants receivable, net	6,958,600	3	2,727,315
	4	Accounts receivable, net	13,106,398	4	10,080,529
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	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
	_			6	0
	7	Notes and loans receivable, net	24.000	7	0
	8	Inventories for sale or use	61,203	8	54,659
	9 10a	Prepaid expenses and deferred charges	679,844	9	714,835
	ь	Complete Part VI of Schedule D Less accumulated depreciation		10c	186,858,984
	11	Investments—publicly traded securities	67,427,866	11	102,430,824
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	41,236,164	15	12,046,997
	16	Total assets. Add lines 1 through 15 (must equal line 34)	323,393,598	16	351,578,399
	17	Accounts payable and accrued expenses	12,633,277	17	4,433,372
	18	Grants payable		18	<u>·</u> _
	19	Deferred revenue	5,291,195	19	2,065,658
	20	Tax-exempt bond liabilities	42,556,444	20	40,201,346
	21	Escrow or custodial account liability Complete Part IV of Schedule D	, ,	21	, ,
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
\exists	23	Secured mortgages and notes payable to unrelated third parties	694,384	23	46,094,423
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	49,651,308	25	25,734,209
	26	Total liabilities. Add lines 17 through 25	110,826,608	26	118,529,008
φ		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	192,877,463	27	213,088,922
<u> </u>	28	Temporarily restricted net assets	19,689,527	28	19,960,469
=	29	Permanently restricted net assets		29	<u> </u>
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
ō	30	complete lines 30 through 34.		20	
Assets	30 31	Capital stock or trust principal, or current funds		30 31	
Ś		Paid-in or capital surplus, or land, building or equipment fund			
	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	212,566,990	32 33	233,049,391
Net	33				· · ·
	34	Total liabilities and net assets/fund balances	323,393,598	34	351,578,399

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	- Check in Schedule S contains a response to any question in this rare XI				• • • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		235,9	914,418
2	Total expenses (must equal Part IX, column (A), line 25)	2		218,2	218,405
3	Revenue less expenses Subtract line 2 from line 1	3		17,6	596,013
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		212,5	566,990
5	Net unrealized gains (losses) on investments	5		6	527,483
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		2,1	.58,905
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		233,0	049,391
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				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 revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
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 separasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
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?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ın		1:	1:
	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?		За	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	required	3b	Yes	

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As Filed Data -

DLN: 93493227012334

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Southcentral Foundation

Name of the organization

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.

Open to Public Inspection

									92-0086			
Par				ıblic Charity Sta					<u> </u>	ınstructior	ıs.	
The o	rganı			te foundation becaus								
1			•	ion of churches, or a				section 170	(b)(1)(A)(i)	•		
2	Г	A scho	ool describe	d in section 170(b)(1	L)(A)(ii). (At	ttach Sche	dule E)					
3	Γ	A hosp	oital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın secti	on 170(b)(1)(A)(iii).			
4	Γ	A med	ıcal researc	h organization opera	ted ın conjun	nction with	a hospital de:	scribed in s	ection 170(b)(1)(A)(iii).	Enter the	
_	_			ity, and state								
5	ı	_	-	erated for the benefi	=	e or univers	sity owned or	operated by	y a governme	ntal unit des	scribed in	
	_			(A)(iv). (Complete P	•							
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	✓			at normally receives			s support fror	n a governr	nental unit or	from the ge	neral public	
8	$\overline{}$			on 170(b)(1)(A)(vi). : described in sectio i	, ,	,	omniete Dart	II \				
9	<u>'</u>		-	at normally receives			-	-	abutions mai	mharchin fac	as and aross	
3	,			at normany receives vities related to its e								
				oss investment inco								
										ı tax) il olli i	Jusiliesses	
10	_			ganization after June								
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
11	1			ganized and operated ly supported organiz								
			•	ibes the type of supp				•		occ sccion	Sos(a)(S): Check	
				b						Non-function	nally integrated	
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not con	trolled direct	ly or indired	tly by one or	more disqu	alıfıed persons	
				ion managers and ot	her than one	or more pu	ablicly suppor	ted organiz	ations descri	bed ın secti	on 509(a)(1) or	
_			n 509(a)(2)	received a virittee d		from the T	DC that it is a	. T., no I T.	ma II ar Tun	a III aumna	rting organization	
f			organization this box	received a written d	etermination	i from the I	KS that it is a	i iype i, iy	pe II, or i yp	e III suppoi	rting organization,	
g				2006, has the organ	ızatıon acce	pted any gi	ft or contribut	tion from ar	y of the		•	
_			ng persons?		·				•			
		(i) A p	erson who d	irectly or indirectly o	controls, eith	ner alone o	r together with	h persons d	escribed in (Yes No	
		and (III) below, the	governing body of th	ne supported	organızatı	on?			11	lg(i)	
		(ii) A f	amily memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)	
		(iii) A	35% contro	lled entity of a perso	on described	ın (ı) or (ıı) above?			11	g(iii)	
h		Provid	e the followi	ng information about	the support	ed organiza	ation(s)					
) Nan	no of	(ii) EIN	(iii) Type of	(iv) Is	tho	(v) Did yo	u notifi	(vi) I:	- tho	(vii) A mount of	
-	uppoi		(11) [11]	organization	organizat		the organ	•	organiza		monetary	
		ation		(described on	col (i) lis		ın col (i)		col (i) or		support	
				lines 1- 9 above	your gove	rning	suppo	ort?	ın the	US?		
				or IRC section	docume	ent?						
				(see instructions))								
				ilistructions))	Yes	No	Yes	No	Yes	No		
Total												
OTAL			1	1	1	1		1		1	1	

supported organization

instructions

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) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 96,195,879 109, 171, 197 107,630,790 115,938,818 126,201,679 555,138,363 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 O to the organization without charge 96,195,879 109,171,197 107,630,790 115,938,818 126,201,679 555,138,363 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 5 555,138,363 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2010 (d) 2011 (e) 2012 (a) 2008 **(b)** 2009 (f) Total beginning in) 🟲 107,630,790 555,138,363 Amounts from line 4 96,195,879 109,171,197 115,938,818 126,201,679 Gross income from interest, dividends, payments received on securities loans, rents, 1,732,556 1,493,845 2,119,028 2,745,633 3,074,777 11,165,839 rovalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 1,222,886 -366,192 2.032.899 1,915,167 -201,486 4,603,274 capital assets (Explain in Part IV) 11 Total support (Add lines 7 570,907,476 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 97 240 % Public support percentage for 2011 Schedule A, Part II, line 14 15 96 690 % 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

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,						
<i>7</i> 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: 93493227012334

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Southcentral Foundation 92-0086076 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 ✓ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o			
b	Total lobbying expenditures to influence a legisla	432,166		
c	Total lobbying expenditures (add lines 1a and 1b	o)	432,166	
d	Other exempt purpose expenditures	217,824,432		
e	Total exempt purpose expenditures (add lines 1	218,256,598		
f	Lobbying nontaxable amount Enter the amount f	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ento	er - O -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying nontaxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 374,903 Total lobbying expenditures 482,962 446,868 432,166 1,736,899 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second of the	(a	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493227012334

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.

Open to Public Inspection

Interna	l Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
	me of the organi			Employe	r identification number
3 00				92-008	5076
Pa			vised Funds or Other Similar Fu	inds or A	Accounts. Complete if t
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(h)	Funds and other accounts
1	Total number a	t and of year	(a) Donor advised lunds	(6)	runus and other accounts
2		tributions to (during year)			
3		nts from (during year)			
4		ue at end of year			
5	Did the organiz	•	L ors in writing that the assets held in dono ganization's exclusive legal control?	or advised	┌ Yes ┌ N
6	used only for c conferring imp	haritable purposes and not for the benef ermissible private benefit?	onor advisors in writing that grant funds it of the donor or donor advisor, or for an	y other pu	Yes
	•	•	the organization answered "Yes" to	Form 95	90, Part IV, line 7.
2	Preservation Protection Preservation Complete lines	of natural habitat on of open space s 2a through 2d if the organization held a	anization (cneck all that apply) or education) Preservation of an Preservation of a c a qualified conservation contribution in th	ertified his	toric structure
	easement on t	he last day of the tax year	Г		U-1.1 - A A.L P
_	Total number o	of conservation easements	-	2a	Held at the End of the Year
a b		restricted by conservation easements	-	2b	
C	_	servation easements on a certified histo	oric structure included in (a)	20 2c	
d	Number of con	servation easements included in (c) acquired listed in the National Register	` ′ _	2d	
3	Number of con	servation easements modified, transferr	- ed, released, extinguished, or terminate:	d by the or	ganızatıon durıng
	the tax year 🛌				
4	Number of stat	tes where property subject to conservat	ion easement is located 🕨		
5	Does the organ		the periodic monitoring, inspection, hand	— lling of viol	ations, and Yes N
6	Staff and volun	iteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents durın	g the year
_	A mount of exp	——— enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the	e vear
7	> \$,,,		, ,
8	Does each con	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ı)
9	balance sheet,	, and include, if applicable, the text of the	nservation easements in its revenue and e footnote to the organization's financial		
Dar		on's accounting for conservation easeme	s of Art, Historical Treasures, o	or Othor	Similar Assats
FEL		ete if the organization answered "Y		oi Otilei	Sillillai Assets.
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o to its financial statements that describes	or research	ın furtherance of public
b	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			+ \$
	(ii) Assets inc	luded in Form 990, Part X			▶ \$
2	If the organiza	•	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	r financial	' -
а	Revenues incli	uded in Form 990, Part VIII, line 1			- \$
		, ===, ····==			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Ar	t, HIS	tori	<u>cai ii</u>	reası	ures, or O	tne	r Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cł	heck	any of	the fol	lowing that a	are a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	orexo	:hange progi	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın hov	w the	y furthe	er the	organızatıon	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit								nılar	_	_
	assets to be sold to raise funds rather than t		-							┌ Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	a "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	ford	ontribu	itions	or other ass	ets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	:able		_				
									Aı	mount	
С	Beginning balance							1c			
d	Additions during the year						_	1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	,						☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been p	orovided in P	art :	XIII		Γ
Pa	rt V Endowment Funds. Complete										
	Parameter of a combalance	(a)Current year	(b)Prior	year	b (c)	wo years back	((d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance							+			
b	Contributions							+			
С	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				•			<u> </u>			
2	Provide the estimated percentage of the cur	rent year end balan	ice (lir	ne 1g	, colum	ın (a))	held as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and	administere	d for	the	Yes	No
	(i) unrelated organizations								3a		140
	(ii) related organizations								3a		<u> </u>
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	ed on S	Sche	dule R?				3	b	
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa		, line :		(h)Caat an at		(-)	1 (4) D-	ale valua
	Description of property				s (invest		(b) Cost or of basis (othe		(c) Accumulated depreciation	(a) 60	ok value
1a	Land						24,257	,226		2	4,257,226
b	Buildings		•				171,936	,207		17	1,936,207
C	Leasehold improvements						22,638	,393		2	2,638,393
d I	Equipment						21,303	,897		2	1,303,897
	Other								53,276,73		3,276,739
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), line	10(c).)		🛌	18	86,858,984

Part VIII Investments—Other Securities. Sec	<u>e Form 990, Part X, line 12</u>	•	
(a) Description of security or category	(b)Book value	(c) Meth	od of valuation
(including name of security)			f-year market value
.)Financial derivatives			
)Closely-held equity interests			
ther			
	 		
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
art VIII Investments—Program Related. S	ee Form 990. Part X. line 1	3.	
(a) Description of investment type	(b) Book value		od of valuation
(a) Description of investment type	(b) Book value		rf-year market value
	 	2021 01 0114 0	. year market varae
	 		
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desci	ription		(b) Book value
otal (Column (h) must equal form 200 Port V and (D) to a	15.)		
Part X Other Liabilities. See Form 990, Part	: X, line 25.		
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	X, line 25. (b) Book value		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	: X, line 25.		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities	(b) Book value 230,304		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements	230,304 3,996,737		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements eferred Compensation Plan	230,304 3,996,737 3,650,243		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements eferred Compensation Plan	230,304 3,996,737		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements eferred Compensation Plan ccrued Salary and Benefits	230,304 3,996,737 3,650,243 7,997,164		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements eferred Compensation Plan ccrued Salary and Benefits ccrued Relocation Liability	230,304 3,996,737 3,650,243 7,997,164 2,500,000		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements eferred Compensation Plan ccrued Salary and Benefits ccrued Relocation Liability	230,304 3,996,737 3,650,243 7,997,164		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities interest rate swap agreements eferred Compensation Plan ccrued Salary and Benefits ccrued Relocation Liability	230,304 3,996,737 3,650,243 7,997,164 2,500,000		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements eferred Compensation Plan ccrued Salary and Benefits ccrued Relocation Liability	230,304 3,996,737 3,650,243 7,997,164 2,500,000		
Corued Relocation Liability Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements eferred Compensation Plan corued Relocation Liability	230,304 3,996,737 3,650,243 7,997,164 2,500,000		
	230,304 3,996,737 3,650,243 7,997,164 2,500,000		
Corued Relocation Liability Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities iterest rate swap agreements eferred Compensation Plan corued Relocation Liability	230,304 3,996,737 3,650,243 7,997,164 2,500,000		
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes ther Liabilities interest rate swap agreements eferred Compensation Plan ccrued Salary and Benefits ccrued Relocation Liability	230,304 3,996,737 3,650,243 7,997,164 2,500,000		

			_
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	<u>per R</u>	eturn
1	Total revenue, gains, and other support per audited financial statements	1	239,761,884
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,797,898
3	Subtract line 2e from line 1	3	235,963,986
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b -49,568		
С	Add lines 4a and 4b	4c	-49,568
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	235,914,418
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	219,279,483
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,219,733
3	Subtract line 2e from line 1	3	218,059,750
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 158,655		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	158,655
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	218 218 405

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Part XII, Line 2d	Part XII, Line 2d Other expenses and losses per audited F/S	Rental Expenses reported in Part VIII \$38193 Fundraising Expenses \$11375
Part XI, Line 2d	Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Investment Fees \$-158655 Change in value of derivative instrument \$2158905
Part X	Part X FIN48 Footnote	SCF is exempt from federal income taxes under Section 501(c) (3) of the Internal Revenue Code SCF is exempt from State income taxes under the Alaska Nonprofit Corporation Act. Therefore, the accompanying statements do not reflect a provision for income taxes. Although SCF is exempt from Federal income taxes, any income derived from unrelated business activities is subject to the requirement of filing U.S. Federal Income Tax Form 990-T and a tax liability may be determined on these activities. SCF's policy is to report interest and penalties associated with uncertain tax positions as other expense. There is no interest or penalties accrued at September 30, 2013 and 2012. With few exceptions, SCF is not subject to audit of its tax returns prior to September 30, 2010. Management has taken no uncertain tax positions.

DLN: 93493227012334

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Open to Public Inspection

ne of the organization ithcentral Foundation					"	mployer laer	tification number
chemical i oundation					و	2-0086076	
art I Fundraising Act	ivities. Complete	e if the o	rganızatı	on answered "Yes"	to Form 9	990, Part IV	, lıne 17.
Indicate whether the organi	zatıon raısed funds	through a	ny of the f	ollowing activities Che	eck all that	t apply	
Mail solicitations			e	Solicitation of nor	_	=	
Internet and email solid	citations		f	Solicitation of gov	_	rants	
Phone solicitations			g	Special fundraisin	g events		
✓ In-person solicitations							
Did the organization have a or key employees listed in l							Γ _{Yes} Γ
If "Yes," list the ten highest to be compensated at least			undraiser	s) pursuant to agreeme	ents under	which the fur	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or ret	ount paid to ained by) er listed in ol (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
		-					
	l		<u> </u>				
al							
List all states in which the d	organization is regis	tered or lı	censed to	solicit funds or has be	een notified	l it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
		3 1 3	(a) Event #1 FWWI	(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	16,67	16,463		33,136
Reveilue	2	Less Contributions	16,67	16,463		33,136
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Noncash prizes				
Sus	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
Ā	9	Other direct expenses .	-50	11,884		11,375
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)		(11,375)
	11	Net income summary Combine li	ne 3, column (d), and line	210		-11,375
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г Nо	│ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	ımn (d)	<u> ▶</u>	
9		er the state(s) in which the organiza				
a b		he organization licensed to operate				
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during	the tax year?	· · 「Yes 「No

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

DLN: 93493227012334

2012

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States (Form 990)

Department of the Treasury nternal Revenue Service	Comple	_	answered "Yes," to Form Attach to Form 990	1 990, Part IV, line 21 or	22.		pen to Public Inspection
lame of the organization Southcentral Foundation						Employer identificat	on number
						92-0086076	
Part I General Information							
 Does the organization maintain the selection criteria used to av Describe in Part IV the organiz 	ward the grants or as	sıstance?					∇ Yes Γ
Part II Grants and Other A	<u> </u>				anlete if the organ	uzation answered "\	/es" to
Form 990, Part IV, lin							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 gra or assistance
See Additional Data Table		1				1	
2 Enter total number of section 5						•	12
3 Enter total number of other orga	anızatıons lısted ın th	ne line 1 table			<u></u>	<u>.</u>	1

(a)Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					
Part IV Supplemental Inform	nation.	<u> </u>	l	l	1

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Periodic reports are submitted in accordance with grant requirements and grant related expenses are substantiated on an ongoing basis by the Finance Manager assigned to the grant

Schedule I (Form 990) 2012

Software ID: 12000229

Software Version: 2012v2.0

EIN: 92-0086076

Name: Southcentral Foundation

(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 grant or assistance
University of Washington 1959 NE Pacific St Seattle, WA 98195	91-6001537	Government	23,544	0			Health and Behavoıral Services
Seldovia Village TribePO Drawer L Seldovia, AK 99663	92-0134463	Government	40,000	0			Health & Behavioral Services

(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 grant or assistance
Salamatof Tribal Council100 N Willow Street Kenai, AK 99611	92-0129014	Government	37,500	0			Health & Behavioral Services
Providence Alaska Medical Center3925 Tudor Centre Dr Ste 100 Anchorage,AK 99508	92-0016429		300,000	0			Alaska Cares Program

(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 grant or assistance
Ninilchik Traditional Council PO Box 39070 Ninilchik, AK 99639	92-0069906	Government	40,000	0			Health & Behavioral Services
Native Village of TyonekPO Box 82009 Tyonek, AK 99682	92-0029641	Government	77,500	0			Health & Behavioral Services

(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 grant or assistance
Native Village of EklutnaPO Box 970666 Chugiak, AK 99657	92-0115246	Government	67,500	0			Health & Behavioral Services
Municipality of AnchoragePO Box 196650 Anchorage, AK 99519	92-0059987	Government	199,000	0			Community Service Patrol

(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 grant or assistance
Knik Tribal CouncilPO Box 871565 Wasilla,AK 99687	92-0076275	Government	87,500	0			Health & Behavioral Services
Kenaitze Indian Tribe IRAPO Box 988 Kenai, AK 99611	92-0069243	Government	77,500	0			Health & Behavioral Services

(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 grant or assistance
Chickaloon VillagePO Box 1105 Chickaloon, AK 99674	92-0120907	Government	105,000	0			Health & Behavioral Services
Alaska Native Tribal Health Cons4000 Ambassador Drive Anchorage, AK 99508	92-0162721	501(c)(3)	22,222,941	0			Health Services

(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 grant or assistance
Abused Womens Aıd ın Crısıs100 West 13th Avenue Anchorage,AK 99501	92-0061049	501(c)(3)	112,139	C			Aıd to Abused Women

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
1191	12,226			
50	500			
120	1,500			
29	31,680			
12	6,652			
6	5,000			
60	1,500			
76	1,900			
1	340			
141	1,295			
350	3,800			
922	778,041			
5	150			
20	11,884			
218	11,890			
	1191 50 120 29 12 6 60 76 1 141 350 922 5	recipients cash grant 1191 12,226 50 500 120 1,500 29 31,680 12 6,652 6 5,000 60 1,500 76 1,900 1 340 141 1,295 350 3,800 922 778,041 5 150 20 11,884	recipients cash grant non-cash assistance 1191 12,226 50 500 120 1,500 29 31,680 12 6,652 6 5,000 60 1,500 76 1,900 1 340 141 1,295 350 3,800 922 778,041 5 150 20 11,884	recipients cash grant non-cash assistance FMV, appraisal, other) 1191 12,226 ————————————————————————————————————

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

1 31111 330, 301104410 1, 1 411 1111, 314110	D and other Ast	Sistance to Individ	adio ili die ollitea	States	
(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
Comprehensive Behavioral Health Treatment & Recovery	155	6,322			
AVON Foundation Breast Care Fund	30	825			
AMHTA Mını-Grant	1	130			
Access to Recovery	2533	3,210,107			

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DLN: 93493227012334

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** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Southcentral Foundation	Employer identification number
	92-0086076
Part 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 lis 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding			
	First-class or charter travel Housing allowance or residence for po	ersonal use		
	□ Travel for companions □ Payments for business use of person	al residence		
	□ Tax idemnification and gross-up payments □ Health or social club dues or initiation.	n fees		
	Discretionary spending account Personal services (e.g., maid, chauffe	ur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding par reimbursement or provision of all of the expenses described above? If "No," complete Part III to o		Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	all officers,	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of 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 expl	;		
	Compensation committee Written employment contract			
	Form 990 of other organizations Approval by the board or compensations	on committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line $1a$ with respect to the or a related organization	e filing 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		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	40		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 an compensation contingent on the revenues of	у		
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	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 an compensation contingent on the net earnings of	У		
а	The organization?	6a	Yes	
b	Any related organization?	6b		Νo
	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-payments not described in lines 5 and 6? If "Yes," describe in Part III	fixed 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 "Ye in Part III			No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described section $534958-6(c)$?			No

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	C 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)Sarah Satow Dentist Spec	(i) (ii)	356,304		330	18,188	19,011	393,833	
(2)Ronald L Olson VP of Finance	(i) (ii)	367,418	88,117	3,330	20,000	21,485	500,350	
(3)Natalie Tierney VP, Organ Devel	(i) (ii)	291,655	69,174	3,330	15,592	11,794	391,545	
(4)Kevin Gottlieb VP,Chief of Staff	(i) (ii)	435,560	90,252	3,330	20,000	13,179	562,321	
(5) Katherine Gottlieb President/CEO	(i) (ii)	428,710	93,697	3,330	20,000	13,151	558,888	
(6)Ileen Sylvester VP, Exec Trb Serv	(i) (ii)	226,202	63,088	3,330	20,000	18,953	331,573	
(7)Douglas Eby VP, Medical Svc	(i) (ii)	406,505	93,735	3,330	20,000	21,905	545,475	

Schedule J (Form 990) 2012

Part IIII 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
•	Part I, Line 1a Relevant information	
	in regards to selections on 1a	

Schedule J (Form 990) 2012

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DLN: 93493227012334 OMB No 1545-0047

Open to Public

Inspection

2012

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Employer identification number

South	ncentral Foundation									92	- · · 2-0086	076			
Pai	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pi	rıce	(f	f) Description	of purpose	(g) De	efeased	(h) beha ıss		(i) I	Pool
										Yes	No	Yes	No	Yes	No
Α	City of Palmer	92-6000194		09-10-2002	9,050	,000	See S	Schedule O			х		х		Х
В	City of Wasilla	92-6010143		11-01-2007	7,895	,146	See S	Schedule O			×		×		X
С	Kenaı Penınsula Borough	92-0030894		11-01-2007	5,805	,135	See S	Schedule O			х		х		Х
Par	till Proceeds												•		
	A mount of bonds retired				Α			В			С			D	
1	Amount of bonds legally defea:	sad													
3	Total proceeds of issue					9,050	000	\	7,895,146		F 0.0	\F 12F			
4	Gross proceeds in reserve fund	ds			+		50,000 7,895,146		5,805,135 5,805,135						
5	Capitalized interest from proce					9,030	,000		7,093,140		3,00	,3,133			
6	Proceeds in refunding escrows					7,895	.146	5	7,895,146		5.80	5,135			
7	Issuance costs from proceeds	;				. ,000	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8	Credit enhancement from proc	eeds													
9	Working capital expenditures f	from proceeds													
10	Capital expenditures from proc	ceeds				9,050	,000								
11	Other spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completion	1													
					Yes	No	•	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	of a current refundi	ng issue?			Х		X		Х					
15	Were the bonds issued as part	of an advance refur	nding issue?			Х			Х			Х			
16	Has the final allocation of proc	eeds been made?			Х			Х		Х					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?						х			Х					
Par	Private Business U	se			· · · · · ·							'		'	
					A			В			C			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Χ

Χ

Yes

No

Χ

Χ

Yes

No

Yes

	dule K (Form 990) 2012									Page ∠
Par	Private Business Use (Continued)		1							
				Α		В		<u>C</u>	<u> </u>	D
3a	Are there any management or service contracts that may result in private	hiisiness iise	Yes	No	Yes	No	Yes	No	Yes	No
3 a	of bond-financed property?	business use		X		Х		Х		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		Х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use b other than a section $501(c)(3)$ organization or a state or local government			%		%		0,	/o	%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, another (c)(3) organization, or a state or local government			%		%		0,	/0	%
6	Total of lines 4 and 5			%		%		0,	/o	%
7	Does the bond issue meet the private security or payment test?		Х		Х		Х			
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х		х		×		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		0,	/o	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		х		Х		Х			
Par	t IV Arbitrage							<u>'</u>		<u>'</u>
		А			В		С		D	
		Yes	No	Yes	No	Yes	;	No	Yes	No
1	Has the Issuer filed Form 8038-T?		Х		Х			Х		
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х		Х			Х		
b	Exception to rebate?		Х		Х			X		
С	No rebate due?		Х		Х			Х		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			·	•	•	•	•		
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		Х			Х		
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									

Pai	rt IV Arbitrage (Continued)								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		х		Х		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		х		х		
7	Has the organization established written procedures to monitor the requirements of section 148?		x		×		x		
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С с		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		×		х			

Part VI	Supplemental Info	prmation. Complete this part to p	provide additional information for responses to questions on Schedule K (see instructions).
	Identifier	Return Reference	Explanation

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493227012334

OMB No 1545-0047

Open to Public

Inspection

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

	ne of the organization					Em	Employer identification number								
Sou	uthcentral Foundation									92	-00860	076			
Р	art I Bond Issues			_											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	(f)) Descriptio	n of purpose	(g) Defeased		(h) O n behalf of ıssuer			Pool ncing
										Yes	No	Yes	No	Yes	No
Α_	City of Palmer	92-6000194		11-01-2007	1,34	9,488	See S	Schedule O			Х		х		Х
В	The City of New Halen	92-0064939		12-17-2008	10,00	0,000	See S	Schedule O		Х		×		х	
С	The City of New Halen	92-0064939		11-01-2007	10,00	0,000	OO See Schedule O				Х		×		x
D	The City of McGrath	92-0055198		11-01-2007	10,00	0,000	See S	Schedule O			Х		Х		х
Pa	art III Proceeds				_										
	A					١		E	3		С		D		
1	Amount of bonds retired														
	A mount of bonds legally defe	ased ————————————————————————————————————										1000000			
3	Total proceeds of issue					1,349,	$\overline{}$		10,000,000			0,000			
4	Gross proceeds in reserve fu					1,349,	,488	=	10,000,000		10,00	0,000		10	,000,000
5	Capitalized interest from proc														
6	Proceeds in refunding escrow					1,349,	,488								
<u> 7</u>	Issuance costs from proceed														
8	Credit enhancement from pro														
9	Working capital expenditures														
10		oceeds ———————————————————————————————————				10,000,000 10,000,000				10,000,000			10,000,000		
11															
12															
13	Year of substantial completio	on ————————————————————————————————————			20				ı		ı			2009	
			_		Yes	No		Yes	No	Yes		No No	Yes		No
14			-		X				Х			X			X
15	Were the bonds issued as part of an advance refunding issue?					Х			Х			Х			Χ
16	16 Has the final allocation of proceeds been made?							Х		Χ			Х		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?							Х		X			Х		
Pa	rt IIII Private Business I	Use													
						A			3		C			D	
_	Was the organization a sasts	or in a partnarabir a	ra mombaratari	I C which award	Yes	No	•	Yes	No	Yes		No	Yes		No
1	Was the organization a partner in a partnership, or a member of an LLC, which ownership					X			X			x l			X

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Part Private Business Use (Continued) В C D Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Χ Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Х financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 % % % (c)(3) organization, or a state or local government Total of lines 4 and 5 % % % % Does the bond issue meet the private security or payment test? 7 Х Χ Х Х Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Х Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В C D Α Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? Χ Χ Χ Х b No rebate due? c Χ Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Pa	rt IV Arbitrage (Continued)								
	<u> </u>	Α	\	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х		Х		X
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		х		Х		×
7	Has the organization established written procedures to monitor the requirements of section 148?		Х		Х		Х		×
Pa	rt V Procedures To Undertake Corrective Action								
		Δ		B		С		О	

1	Has the organization established written procedures to ensure
	that violations of federal tax requirements are timely identified
	and corrected through the voluntary closing agreement program if
	self-remediation is not available under applicable regulations?

A		В		С		D		
Yes	No	Yes	No	Yes	No	Yes	No	
х		×		х		х		

Part VI	Supplemental Info	ormation. Complete this part to	provide additional information for responses to questions on Schedule K (see instructions).	
	Identifier	Return Reference	Explanation	

Schedule K (Form 990) 2012

DLN: 93493227012334

OMB No 1545-0047

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 to provide any additional information.

F Attach to Form 990 or 990-EZ.

Name of the organization Southcentral Foundation Employer identification number

		92-0086076
ldentifier	Return Reference	Explanation
	Schedule K Part I Column (f)	
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Change in value of derivative instrument = \$2158905
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	SCF makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	SCF contracts with an external firm to conduct an annual salary survey and determine appropriate compensation levels
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	SCF contracts with an external firm to conduct an annual salary survey and determine appropriate compensation levels
Form 990, Part VI, Line 12c		Southcentral Foundation's Written Conflict of Interest Policy includes the following Annua I Statements A Each Director, Officer and Committee Member shall annually execute a state ment that affirms that such person 1 Receives a copy of this conflict of interest policy, and 2 Reads and understands this policy, and 3 Agrees to comply with this policy, and 4 Understands that SCF is a charitable organization and that in order to maintain its fed eral tax exemption it must engage primarily in activities that accomplish one or more of 1 to tax-exempt purposes, and 5 Does not have any financial interests or fiduciary responsi bilities, other than the interests or fiduciary responsibilities, other than the interests or fiduciary responsibilities, other than the interests or fiduciary responsibilities, other than the sCF Board of Directors is responsible for collecting all executed annual a statements and submitting the statements to the President and Chairman of the SCF Board of Directors for review 1 in conducting their review, the President and Chairman may us enternal or external consultants, as they determine to be necessary 2 After the President and Chairman's review, the executed annual statements must be returned to the Recordin g Secretary, who shall maintain the file of executed annual Statements Periodic Reviews of Potential Conflicts of Interest A To ensure that SCF operates in a manner consistent with its charitable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic reviews of potentia. I conflicts of interest shall be conducted. The periodic reviews shall, at a minimum, include the following subjects 1. Whether compensation arrangements and benefits are reasonab. I le and are the result of arms length, independent bargaining 2. Whether arrangements with other organizations or arrangements entered into by SCF resulted in a transaction where the compensation to the individual outweighs the benefit of the periodic re
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	The tax accountant and Lee Olson, Vice President of Finance for SCF, review the 990 before it is filed. The completed and reviewed 990 is also provided to each voting member of the governing board and the President/CEO prior to filing.
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Kevin and Katherine Gottlieb are Husband and Wife

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493227012334

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Internal Revenue Service

Name of the organization Southcentral Foundation

(Form 990)

SCHEDULE R

► Attach to Form 990. ► See separate instructions. Department of the Treasury

				92-00860	76		
Part I Identification of Disregarded Entities (Comple				art IV, line 33.)			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		f the organization a	answered "Yes	" to Form 990, P	art IV, line 34 because i	t had or	те
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity si (if section 501(c	tatus Direct controlling entity	Section (13) co ent	ontroll tity?
(1) Cook Inlet Native Head Start	Provide ed, devel, and other children's ser	AK	501(c)(3)	7	Southcentral Foundation	Yes Yes	No
155 Tudor Centre Dr Ste 203	other children's ser						
Anchorage, AK 995085912 27-0502649							
(2) Cook Inlet Tribal Council	Provide Ed , Social & Econ Services	AK	501(c)(3)	7	NA		No
3600 San Jeronimo Drive Anchorage, AK 99508 92-0094184							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	257		Schedule R (For		

(a) Name, address, and f		(b)	(c)	(d))	(f)	(g)	(h)	(i)	(i	j)	(k)
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Dire contro entit	lling income(re	elated, ted, I from ider 512-	Share of	Share of end-of-year assets	Disprop	ortionate	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or	Percentage ownership
					514	.)			Yes	No		Yes	No	
Identification of Related line 34 because it had one of (a) Name, address, and EIN of related organization	l Organizations Taxable or more related organization (b) Primary activity	as a Corpo ons treated a (c) Lega domici (state or fo countr	s a corp le preign	oratio	ust (Comple n or trust du (d) Direct controlling entity	Type (C coi	the orga the tax y (e) of entity rp, S corp, trust)	nization and rear.) (f) Share of total income	Shar	(g) re of end of-year assets	(h) d- Percen	tage	Se	(i) ection 512 (b)(13) ontrolled
1) Cook Inlet Region Inc	Native Corp				NA .	C Corp	<u> </u>						<u> </u>	
D Box 93330 nchorage, AK 995093330 2-0042304	Native Corp	AK			INA	C Con	þ					(h) (i) Percentage Section 512 (b)(13) controlled entity?		
						_							_	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

1 During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations li	sted in Parts II-IV?						
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b Gift, grant, or capital contribution to related organization(s)				1b		No		
c Gift, grant, or capital contribution from related organization(s)				1c		No		
d Loans or loan guarantees to or for related organization(s)				1d		No		
e Loans or loan guarantees by related organization(s)				1e		No		
f Dividends from related organization(s)				1f		No		
g Sale of assets to related organization(s)				1 g		No		
h Purchase of assets from related organization(s)				1h		No		
i Exchange of assets with related organization(s)				1i		No		
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
• Sharing of paid employees with related organization(s)				10	Yes			
p Reimbursement paid to related organization(s) for expenses				1р		No		
q Reimbursement paid by related organization(s) for expenses				1q		No		
r Other transfer of cash or property to related organization(s)				1r		No		
s Other transfer of cash or property from related organization(s)				1s		No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	_							
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved			
1) Cook Inlet Tribal Council	type (a-s)	181,730						

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions re	egardıng exclu	ısıon for ce	ertaın ınvestn	ment	partnerships								
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
				ш					Щ_		L	1	

Additional Data Return to Form

Software ID: 12000229

Software Version: 2012v2.0

EIN: 92-0086076

Name: Southcentral Foundation

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
	Identifier	Return Reference	Explanation						
	•								

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 nformation about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

W LO		2013 cale	endar year, or tax year beginning	, 10-01-2013 , 2013, and endin	g 09-30-2014			
B Che	eck if ap	pplicable	C Name of organization Southcentral Foundation			D Employ	er identi	fication number
┌ Add	Iress ch	hange				92-00	86076	
┌ Nar	ne char	inge	Doing Business As					
┌ Inıt	ıal retur	ım	Number and street (or P O box if m	all is not delivered to street address) R	oom/suite	E Telepho	ne numbe	r
┌ Ten	mınated	ed	4501 Diplomacy Drive			·		
┌ Am	ended r	return	City or town, state or province, cour	try, and ZIP or foreign postal code		(907)	729-49	35
Г Арр	lication	n pending	Anchorage, AK 99508			G Gross re	ceipts \$ 6	06,576,008
			F Name and address of prin	cıpal officer	H(a)	Is this a group		
			Katherine Gottlieb			subordinates?		┌ Yes 🗸 No
			4501 Diplomacy Drive Anchorage, AK 99508		ни	Are all subordir		Γ Yes Γ No
						included?	iales	j resj• No
I Tax	x-exem	npt status	▽ 501(c)(3) ┌ 501(c)() ◄ (nsert no)	,	If "No," attach	a lıst (s	ee instructions)
J W	ebsite	e: ► www	v scf cc		H(c)	Group exempti	on numb	er 🕨
V Form	n of ora	an pization	Corporation Trust Associatio	Othor b		ar of formation 198	<u> </u>	ate of legal domicile AK
	rt I		mary	T) Other F	L fee	ar or formation 198	52 M 5t	ate or legal dofficile. AN
			escribe the organization's mission	n or most significant activities				
			III, Line 1 and Schedule O	n or most significant activities				
2	-							
ĕ	-							
ell e	2 (Check th	us box 🕶 if the organization di	scontinued its operations or disp	osed of more t	han 25% of its	net asse	
Š.	- `		To box 1 II the organization and					
Activities & Governance	3 1	Number	of voting members of the govern	ng body (Part VI, line 1a)			3	7
<u>ම</u>	4 1	Number	of independent voting members (of the governing body (Part VI, li	ne 1b)		4	C
톤	5 1	Total nur	nber of individuals employed in (alendar year 2013 (Part V, line	2a)		5	2,011
PC!	6 ⊺	Total nur	nber of volunteers (estimate if n	ecessary)			6	10
-	l			art VIII, column (C), line 12 .			7a	0
	b≀	Net unre	lated business taxable income fr	om Form 990-T, line 34	<u> </u>		7b	
						Prior Year		Current Year
g _i	8		=	ne 1 h)		126,201,6		243,920,287
Ę.	9			ne 2g)		106,850,8		118,909,245
Revenue	10			(A), lines 3, 4, and 7d)		2,646,7	_	3,475,474
_	11			lines 5, 6d, 8c, 9c, 10c, and 11e	•	215,1	85	1,394,303
	12			(must equal Part VIII, column (235,914,4	18	367,699,309
	13			IX, column (A), lines 1-3) .		27,475,8	66	28,047,003
	14	Benefit	ts paid to or for members (Part I					
	15	Salarıe		X, column (A), line 4)				
- 86 H			es, other compensation, employe	X, column (A), line 4) e benefits (Part IX, column (A),				0
Ϋ́		5-10)	es, other compensation, employe	e benefits (Part IX, column (A),	Innes	130,615,3	69	0
)ens(16a	5-10) Profes	es, other compensation, employes	e benefits (Part IX, column (A),	Innes	130,615,3	69	0
Expenses	ь	5-10) Profes: Total fu	es, other compensation, employe sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D)	e benefits (Part IX, column (A), column (A), line 11e) , line 25) $\blacktriangleright 0$	lines			0 141,926,891 0
Expens	b 17	5–10) Profes Total fur Other	es, other compensation, employers sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D), expenses (Part IX, column (A), l	e benefits (Part IX, column (A), column (A), line 11e) , line 25) \blacktriangleright^0 lines 11a-11d, 11f-24e)	lines	60,127,1	70	0 141,926,891 0 64,661,259
Expense	b 17 18	5-10) Profest Total fur Other	es, other compensation, employers sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D), expenses (Part IX, column (A), lexpenses Add lines 13–17 (musexpenses	e benefits (Part IX, column (A), column (A), line 11e) , line 25) • 0	lines	60,127,1 218,218,4	70	0 141,926,891 0 64,661,259 234,635,153
	b 17	5-10) Profest Total fur Other	es, other compensation, employers sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D), expenses (Part IX, column (A), lexpenses Add lines 13–17 (musexpenses	e benefits (Part IX, column (A), column (A), line 11e) , line 25) \blacktriangleright^0 lines 11a-11d, 11f-24e)	lines	60,127,1 218,218,4 17,696,0	70 05 13	0 141,926,891 0 64,661,259 234,635,153
	b 17 18	5-10) Profest Total fur Other	es, other compensation, employers sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D), expenses (Part IX, column (A), lexpenses Add lines 13–17 (musexpenses	e benefits (Part IX, column (A), column (A), line 11e) , line 25) • 0	lines	60,127,1 218,218,4	70 05 13	0 141,926,891 0 64,661,259 234,635,153
	b 17 18	5-10) Profess Total fur Other Total e Revent	es, other compensation, employers sional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line	e benefits (Part IX, column (A), column (A), line 11e) , line 25) • 0	lines 25)	60,127,1 218,218,4 17,696,0 inning of Currer	70 05 13	0 141,926,891 0 64,661,259 234,635,153 133,064,156 End of Year
	b 17 18 19	5-10) Profess Total ful Other Total e Revenu	es, other compensation, employers sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line	e benefits (Part IX, column (A), column (A), line 11e)	lines	60,127,1 218,218,4 17,696,0 inning of Currer Year	70 05 13 nt	0 141,926,891 0 64,661,259 234,635,153 133,064,156 End of Year 488,854,864
	b 17 18 19	5-10) Profess Total fur Other Total e Revenu	es, other compensation, employers sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	e benefits (Part IX, column (A), column (A), line 11e)	lines 25) Beg	60,127,1 218,218,4 17,696,0 inning of Currer Year 351,578,3	70 05 13 at	0 141,926,891 0 64,661,259 234,635,153 133,064,156 End of Year 488,854,864 122,713,040
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Firm's address ► 425 G Street Suite 800

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

Preparer

Use Only

Phone no (907) 274-2992

✓ Yes 厂No

Forr	n 990 (2013)				Page :
Pa	t III Statement of Program Check if Schedule O contai	-		ш	
1	Briefly describe the organization's	mission			
the and heal	thcentral Foundation (SCF) was inco health, educational, cultural, social a Matanuska-Susitna valley, along wit th services provided to eligible bene ed programs	ind economic condition h other areas of Alask	ıs of Alaska Natıves by a The Indıan health se	providing health services primervice provides funding to SCF t	narily in the Anchorage to cover the costs of
2	Did the organization undertake any the prior Form 990 or 990-EZ?	significant program s	ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new servi	ces on Schedule O			
3	Did the organization cease conducts services?		nt changes in how it co	nducts, any program · · · · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these changes of	on Schedule O			
4	Describe the organization's progra expenses Section 501(c)(3) and the total expenses, and revenue, i	501(c)(4) organization	s are required to report		
4a	(Code) (Expens	es \$ 223,673,778	ıncludıng grants of \$	28,047,003) (Revenue \$	262,664,462)
	Federal Funds - Activities related to cont	racts with IHS, US DHSS, US	EPA, Dept of Interior Fish 8	k Wildlife, and Dept of Agriculture	
	(Code) (Expens	es \$ 1,894,569	ıncludıng grants of \$) (Revenue \$	2,700,957)
	Other program funds to improve health,	educational, social, cultural,	and economic conditions of	Alaska Native People	
	(Code) (Expens	es \$ 1,386,484	ıncludıng grants of \$) (Revenue \$)
	State Funds - Activities related to contra	cts with the State of Alaska	Department of Health and S	ocial Services	·

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

including grants of \$

226,954,831

4d

(Expenses \$

art TV	Check	list 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	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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^{\bullet}	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <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
С	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
е	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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	Yes	
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		No
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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? <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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "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?	38	Yes	

tale Enter the number reported in Box 3 of form 1096 Enter (0 - finot applicable 1a 1a 1a 1a 1a 1a 1a 1		Check if Schedule O contains a response or note to any line in this Part V		Yes	. J No
be Enter the number of Forms W-2G included in line 1a Enter-0-I final applicable 10 10 10 10 10 10 10 1	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 188		res	INC
Do the arganization comply with backing withholding rates for reportation payments to vendors and reportable garing (gamining yourneing value) with preax without a gamining (gamining yourneing value) where with the year covered by this return. 20 Enter the number of engiovees reported on Form W3. Transmittal of Wage and Tan Statements, filed for the caloridary early and gamining value for which the year covered by the return of the file of the properties of					
gaming (gambling) wanning its prize winners? 2 Enter the number of employees proported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the vear covered 2 2 2,011 b That least one is reported on line 2a, did the ergamization file all required fleating employment tax returns? 20 Ves Mode. This was not filed in the significant of the si					
Tax statements, filed for the calendar year ending with or within the year covered 2a 2,011 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 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization in the year? If No*to line 3b, provide an explanation in Schedule D. 4c 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 accounts are called the called the year). 5c If Yes, enter the name of the foreign country Securities account, securities account, or other financial accounts. 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party voilify the organization file Form 8886-17? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5d 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? 5d Did the organization shall exclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8D If Yes, did the organization solicit any solicities that are such as a contribution of a p	C		1c	Yes	
b If all least ones is reported on line 2 a, did the organization file all required fideral employment tax returns? Note: if the sum of lines 1 and 22 is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of 51,000 or more during the year? 3b If 17%s, has it filed a form 950-T for this year? If 16% for line 3b, provide an explanation in Schedule 0. 3b If 17%s, has the filed a form 950-T for this year? If 16% for line 3b, provide an explanation in Schedule 0. 3c At A any time during the calendary var, did the organization have an interest in, or a significant or the authority over, a finencial account; a foreign country for some organization and the sum of the foreign country. 5c At A tax time and the foreign country for some organization and the control of the sum of the foreign country. 5c West the organization aparty to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts. 5c West the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party notify the organization file Form 50 F0 F0 2.21, Report of Foreign Bank and Financial Accounts. 5c West the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that two series of \$100 F0	2a	Tax Statements, filed for the calendar year ending with or within the year covered			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b I if Yes, has filed a Form 990-T for this year? If Yo'r to line 3b, provide an explanation in Schedule 0. 4b At any time during the calendar year, did the organization have an interest in, or a signisture or other authority over, a financial account in offering neountry. 5c If Yes, after 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. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Did day taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 1if Yes, to line 5a or 5b, did the organization file Form 8886-T? 6c Dies the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit environthibutions that were not tax deductible? 1if Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 9d If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9d If Yes, did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set of Yes, did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods or services provided? 1if Yes, indicate the number of Forms 9282 filed dump the year. 9 Did the organization	h	'	1		
b If Yes,* has it filed a Form 90-T for this year? If You'r to line 30, provide an explanation in Schedule 0. A Early time during the calendary year, did the organization have an interest in, or a signature or other suthently over a financial account, an a foreign country (such as a bank account, sectures account, or other financial accounts or a financial account.) If Yes, " interest he name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts So. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8866-T? 5c If Yes," to line 5a or 5b, did the organization file Form 8866-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the series of tax deductible acchanization of the series of the organization solicit any contributions that may receive deductible contributions under section 170(c). 5b If Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6c If Yes," did the organization include with every solicitation and express statement that such contributions or girts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 med partly as a contribution and partly for goods and services provided to the payor? 1 If Yes, and the organization notify the donor of the value of the goods or services provided? 2 If Yes organization receive a payment in excess of \$75 med partly as a contribution of the payor? 1 If Yes, if the organization notify the donor of the value of the goods or services provided to the payor? 1 If the organizatio	U		2b	Yes	
4a A cary time during the celendar year, all 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 in a foreign country (such as a bank account, securities account)? 1 If "Year," anter the name of the fireign country 1 See instructions for filting requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b D day taxable party northy the organization file Form 88.86-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the very solicitation an express statement that such contributions or gifts were not tax deductible? 5c Does the organization that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b If If Year, and the organization nettly the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor? b If If Year, indicate the number of Forms \$22 hied during the year. 2 Did the organization received a contribution of cars, boats, simplenes, or other vehicles, did the organization file orm 8899 as required? 1 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 2 Did the organization maintaining donor advised funds. b If the organization maintaining donor advised funds. 1 Did the organization maintaining donor advised funds. 1 Did the or	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
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In which the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O	13a		N
c Enter the amount of reserves on hand	b	' land			
4a Did the organization receive any payments for indoor tanning services during the tax year? 14a 1	_	The which the organization is need see to issue qualified fleath plans	-		
		150	 144		N
					IN

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.

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

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
Ь	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	Yes	
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		No
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		No
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	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 R	eveni	ıe Cod	e.)
	\ =	010//0		
		37 3776	Yes	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 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	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 13 14	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	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	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 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	Yes 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 whistleblower 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 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?	10a 10b 11a 12a 12b 12c 13 14	Yes 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 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- 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 ☐ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Ronald L Olson 4501 Diplomacy Drive Anchorage, AK 99508 (907)729-4939

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	more pers	than on is	one bot	not box h ar or/ti	offic	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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) Roy Huhndorf	5 00	х						22 505	49,608	0
Director	10 00	^						22,585	49,608	U
(2) Charles Anderson	4 00									_
Vice Chairman	15 00	X		Х				17,713	45,108	0
(3) James Segura	12 00									
Chairperson	0 00	Х		Х				53,564	0	0
(4) Terry Simpson	5 00									
		х						25,085	0	0
Director (5) Karen Caindec	0 00 7 00									
(3) Kalen Candec	7 00	x		х				39,637	0	0
Sec/Treas	0 00									
(6) Loretta Throop	9 00	x						15,585	0	0
Director	0 00									
(7) Charles Akers	10 00	×						23,085	0	0
Director	0 00	^						23,063	O	0
(8) Katherine Gottlieb	40 00								_	
President/CEO	0 00			Х				502,022	0	33,150
(9) Ronald L Olson	40 00									
VP of Finance	0 00			Х				474,109	0	39,960
(10) Douglas Eby	40 00									
						Х		504,970	0	40,265
VP, Medical Svc (11) Kevin Gottlieb	0 00						_			
						х		522,037	0	33,173
VP,Chief of Staff (12) Ileen Sylvester	0 00									
, , ,	40 00					x		316,437	0	39,512
VP, Exec Trb Serv	0 00							·		
(13) Natalie Tierney	40 00					×		380,201	0	32,384
VP, Organ Devel	0 00					<u> </u>		333,201	0	32,301
(14) Sarah Satow	40 00					х		415,212	0	39,419
Dentist Spec	0 00				L_	<u> </u>		413,212		
					L_					
										Form 990 (2013)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (:han (on is	ne l both	oox, an	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	. .	(F) Estima mount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	d
											-		
											-		
1b	Sub-Total		٠					*					
c d	Total from continuation sheet Total (add lines 1b and 1c) .	-			•	•	•	•	3,312,242	94,71	6		257,863
2	Total number of individuals (in \$100,000 of reportable compo	cluding but not	lımıted	to the	ose l	ıste	d abov	e) w	, ,	·			
												Yes	No
3	Did the organization list any f e on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	or highest compen	sated employee	3		No No
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co												
1	Complete this table for your five compensation from the organization											tax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Q-1 Corporation 1230 W International Airport Rd Anchorage AK 99518	Commercial Cleaning	636,479
Vivian Patton DBA Resolution Services Office 401 E Northern Lights Ste 205 Anchorage AK 99503	Contract Labor - Med	427,776
Janice Stiller DBA Barabara Constru, 13631 Venus Way Anchorage AK 99515	Constr Contractor	612,080
Providence Health & Svs Alaska PO Box 389672 Seattle WA 98138	Contract Labor - Med	397,026
Xtend Healthcare LLC 500 W Main St - Suite 14 Hendersonville TN 37075	Contract/Med Service	396,113

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 ►39

Program Service Revenue	
Other Revenue	

Form 99	<u> </u>	•						Page 9
Part V	ЛΠ	Statement o Check if Schedu	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
2 £	1a	Federated cam	paigns 1a					
ant	b	Membership du	ies 1b					
ايِّ ق	С	Fundraising eve	ents 1c	48,852				
Gifts, Grants ilar Amounts	d	Related organiz	zations 1d					
S, E	е	Government grants	s (contributions) 1e	241,169,427				
ion r Si	f	All other contribution	ons, gifts, grants, and 1f	2,702,008				
Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines					
a t		1a-1f \$			242 020 207			
<u>5 E</u>	h	Total. Add lines	sla-lf	· · · •	243,920,287			
a E	22	2rd Darty Billings	-	Business Code	F7 402 444	F7 402 444		
Program Serwce Revenue	2a b	3rd Party Billings Fees & Contracts (Gov Agencies	624100 624100	57,483,144 61,426,101	57,483,144 61,426,101		
or GE	c	- Ces & Contracts C	- Jov Agencies	024100	61,426,101	01,420,101		
2F 25	d							
ૐ =	е							
_irai	f	All other progra	am service revenue					
š	g	Total. Add lines	L s 2a – 2f	►	118,909,245			
	3		ome (including dividenc		4,911,340			4,911,340
	4		ar amounts) stment of tax-exempt bond p		0			4,311,340
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross rents	130,229					
	b	Less rental expenses	114,728					
	С	Rental income or (loss)	15,501					
	d	Net rental inco	me or (loss)		15,501			15,501
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory	237,310,668					
	b	Less cost or other basis and	238,746,534					
	С	sales expenses Gaın or (loss)	-1,435,866					
	d	Net gain or (los	ss)		-1,435,866	-1,435,866		
Other Revenue	8a	Ψ	luding 5,852 5 reported on line 1c)					
<u>ā</u>	L	ا سال حمد ا	a	160				
g G	b c		penses b (loss) from fundraising e	15,437 events	-15,277			-15,277
		Gross income f	rom gaming activities ne 19					
	 	الممم المستحدد	a noncos					
	b		penses b (loss) from gaming activ	vities	o			
		Gross sales of returns and allo	inventory, less	-				
	.	1	a					
	b		oods sold .	ntory	0			
		Miscellaneous		Business Code				
	11a	OtherIncome		624100	1,394,079	1,394,079		
	ь							
	С							
	d	All other reven	L					
	е	Total. Add lines		· · · •	1,394,079			
	12	Total revenue.	See Instructions	· · · · •	367,699,309	118,867,458		4,911,564

	,
Part IX	Statement of Functional Expenses
Section 50:	1(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX		· · · ·	<u> </u>
	ot include amounts reported on lines 6b, o, 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	25,855,736	25,855,736		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,191,267	2,191,267		
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	1,168,340		1,168,340	
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	114,250,706	91,891,041	22,359,665	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,603,818	4,318,990	1,284,828	
9	Other employee benefits	12,925,831	9,759,356	3,166,475	
10	Payroll taxes	7,978,196	6,351,852	1,626,344	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	390,822		390,822	
c	Accounting	60,151		60,151	
d	Lobbying	273,643		273,643	
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	178,930		178,930	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	8,719,457	3,023,314	5,696,143	
12	Schedule O)	173,346	3,023,314	170,061	
13	Office expenses	1,360,302	1,199,460	160,842	
14	Information technology	248,501	39,845	208,656	
15	Royalties	240,301	39,043	200,030	
16	Occupancy	5,717,392	2,073,152	3,644,240	
17	Travel	2,013,154	1,245,761	767,393	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,013,134	1,2+3,701	107,333	
19	Conferences, conventions, and meetings	0			
20	Interest	3,626,254	12,605	3,613,649	
21	Payments to affiliates	0	,	, ,	
22	Depreciation, depletion, and amortization	10,972,043	3,325,734	7,646,309	
23	Insurance	577,874	5,547	572,327	
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	Program Materials and Supplies	23,778,879	22,753,185	1,025,694	
b	Minor Equipment	1,632,391	996,576	635,815	
c	Education and Training	1,545,433	1,119,292	426,141	
d	Repairs and Maintenance	632,645	442,682	189,963	
e	All other expenses	2,760,042	50,346,151	-47,586,109	
25	Total functional expenses. Add lines 1 through 24e	234,635,153	226,954,831	7,680,322	(
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

		Check if Schedule O contains a response or note to any line i	n this P	art X			<u>· · · · </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,102,762	1	9,584,952
	2	Savings and temporary cash investments			35,561,494	2	117,121,260
	3	Pledges and grants receivable, net			2,727,315	3	5,782,075
	4	Accounts receivable, net		•	10,080,529	4	4,949,444
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	Part II	of		5	0
Assets	6	Loans and other receivables from other disqualified persons $(4958(f)(1))$, persons described in section $(4958(c)(3)(B))$, and sponsoring organizations of section $(501(c)(9))$ voluntary organizations (see instructions) Complete Part II of Schedul	buting employers		6	0	
Š.	7	Notes and loans receivable, net				7	0
ď	8	Inventories for sale or use		54,659	8	23,803	
	9	Prepaid expenses and deferred charges			714,835	9	1,130,151
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	• • 244,683,067	7 14,000	-	1,100,101
	ь	Less accumulated depreciation	10b	64,224,227	186,858,984	10c	180,458,840
	11	Investments—publicly traded securities			102,430,824	11	164,222,355
	12	Investments—other securities See Part IV, line 11			, ,	12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			12,046,997	15	5,581,984
	16	Total assets. Add lines 1 through 15 (must equal line 34).			351,578,399	16	488,854,864
	17				4,433,372	17	6,610,911
		Accounts payable and accrued expenses			4,455,572	18	0,010,911
	18	Grants payable			2,065,658		3,190,436
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			40,201,346	20	37,113,892
8	21	Escrow or custodial account liability Complete Part IV of Sc				21	
Liabiliti	22	Loans and other payables to current and former officers, directed the employees, highest compensated employees, and disquare	alıfıed				
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third part			46,094,423	23	45,148,382
	24	Unsecured notes and loans payable to unrelated third parties	· .			24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete FD	Part X o	f Schedule	25,734,209	25	30,649,419
	26	Total liabilities. Add lines 17 through 25			118,529,008	26	122,713,040
<u></u>	20	Organizations that follow SFAS 117 (ASC 958), check here			110,023,000	20	122,710,040
<u>Ş</u>		lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			213,088,922	27	345,824,453
Fund Balance	28	Temporarily restricted net assets		19,960,469	28	20,317,371	
Ξ	29	Permanently restricted net assets				29	
丑		Organizations that do not follow SFAS 117 (ASC 958), check	here 🟲	┌─ and			
5		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	
Ā	32	Retained earnings, endowment, accumulated income, or othe				32	
Ř	33	Total net assets or fund balances			233,049,391	33	366,141,824
	34	Total liabilities and net assets/fund balances			351,578,399	34	488,854,864

Pai	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
		eneck if Schedule S contains a response of note to any line in this fare XI	·		•	,.
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		367,6	599,309
2	Total	expenses (must equal Part IX, column (A), line 25)	2		234,6	535,153
3	Rever	ue less expenses Subtract line 2 from line 1	3		133,0	064,156
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		233,0	049,391
5	Netu	nrealized gains (losses) on investments	5		- 4	109,705
6		ed services and use of facilities	6			
7		tment expenses	7			
8		period adjustments	8			
9		changes in net assets or fund balances (explain in Schedule O)	9		4	137,982
	colum	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, n (B))	10		366,	141,824
Par	t XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part XII				. !
					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 on			
	Γs	eparate basis			1	
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	rate			
	▽ s	eparate basis			1	
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 the	2c	Yes	
	If the Sched	organızatıon changed either its oversight process or selection process during the tax year, explain i lule O	n		1:	
	Single	result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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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OMB No 1545-0047

SCHEDULE A Public

(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	orga	niza	tio
Southce	entr	al Fo	undat	ion	

Employer identification number

92-0086076

	rt I			blic Charity Sta						struction	ıs.		
The organization is not a private foundation because it is (For lines 1 through 11, check only one box)													
1	Γ	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in s e	ection 170(b)(1)(A)(i).				
2	\vdash	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).				
4	\vdash	A medi	cal research	n organization operat	ed ın conjun	ction with a	hospital desc	ribed in sec	tion 170(b)(1)(A)(iii).	. Enter	the	
_	_			ty, and state									_
5	ļ	-	•	erated for the benefit	_	or universit	ty owned or o	perated by a	a government	al unit des	scribed	i in	
_	_			A)(iv). (Complete P	•			48641344					
6	 			local government or									
7	굣	_		at normally receives n 170(b)(1)(A)(vi).		-	support from	a governme	ntal unit or fi	om the ge	nerai	oublic	
8	Г			described in section			nplete Part II)					
9				at normally receives					utions, mem	bership fee	es, and	gros	s
		_		ities related to its ex					•	-		_	
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less :	section 511	tax) from l	ousine	sses	
		acquire	d by the org	janization after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Par	tIII)				
10	Γ	Anorga	anızatıon org	ganized and operated	d exclusively	to test for p	oublic safety	See section	509(a)(4).				
11	Γ	Anorga	anızatıon orç	ganized and operated	dexclusively	for the bene	efit of, to perf	orm the fund	tions of, or t	o carry ou	t the p	urpos	ses of
				y supported organiz						ee section	509(a)(3).	Check
				besthetypeofsupp b TypeII c					gn 11n Type III - No	n-function	nallv ir	tears	ted
e	\vdash			ox, I certify that the								_	
_	'			on managers and oth									
_			509(a)(2)										
f			rganızatıon :hıs box	received a written de	etermination	from the IRS	S that it is a	Type I, Type	e II, or Type	III suppo	rtıng o	rganı	zation,
g				2006, has the organi	zation accep	ted anv aift	or contribution	on from anv	of the				,
_			g persons?	,	·	, 3		,			_		
				rectly or indirectly o			_	persons des	cribed in (ii)	_		Yes	No
			•	governing body of th		_	17				Lg(i)		
			*	er of a person descri							.g(ii)		
_				lled entity of a perso						11	g(iii)		
h		Provide	the following	ng information about	the supporte	ed organizati	ion(s)						
	i) Nam	o of	(ii) EIN	(iii) Type of	(iv) Is t	·h o	(v) Did you	notifi((vi) Is	tha	100	i) A ~	nount of
	suppoi		(II) LIN	organization	organizati		the organiz	•	organizati		(*)	mone	
	rganiz			(described on	col (i) list		ın col (i) o		col (i) org			supp	
				lines 1 - 9 above	your gove	-	suppor	t?	ın the U	S?			
I I				or IRC section (see	docume	nt?							
	instructions))					\dashv							
					Yes	No	Yes	No	Yes	No	_		
											+		
	1										-		
Tota	•		l l			ı	1	l	1	1			

supported organization

instructions

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) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 109,171,197 107,630,790 115,938,818 126,201,679 243,920,287 702,862,771 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 O to the organization without charge 109,171,197 107,630,790 115,938,818 126,201,679 243,920,287 702,862,771 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 5 702,862,771 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2010 (c) 2011 (d) 2012 (a) 2009 (e) 2013 (f) Total beginning in) 🟲 109,171,197 107,630,790 126,201,679 243,920,287 Amounts from line 4 115,938,818 702,862,771 Gross income from interest, dividends, payments received on securities loans, rents, 1,493,845 2,119,028 2,745,633 3,074,777 4,926,841 14,360,124 rovalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of -366,192 2.032.899 1,915,167 -201.486 -41,787 3,338,601 capital assets (Explain in Part IV) 11 Total support (Add lines 7 720,561,496 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 515,575,561 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 97 540 % Public support percentage for 2012 Schedule A, Part II, line 14 15 97 240 % 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

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						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
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	(a) 2009	(b) 2010	() 2011	(1) 2012	() 2012	(C) T
		(a) onno i	(6) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	\-,	` ′	(-,
9	A mounts from line 6	(4) 2009	(b) 2010	(6) 2011		. ,	
	A mounts from line 6 Gross income from interest,	(a) 2009	(0) 2010	(6) 2011			
9	A mounts from line 6	(a) 2003	(B) 2010	(6) 2011			
9	A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2003	(6) 2010	(6) 2011			
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2003	(8) 2010	(6) 2011			
9	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) 2003	(6) 2010	(6) 2011			
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2003	(6) 2010	(6) 2011			
9 10a	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) 2003	(6) 2010	(6) 2011			
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	(a) 2003	(6) 2010	(6) 2011			
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	(a) 2003	(6) 2010	(6) 2011			
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	(a) 2003	(6) 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	(a) 2003	(6) 2010	(6) 2011			
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) 2003	(6) 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	(a) 2003	(6) 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)	(a) 2003	(6) 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,		(6) 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)						
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	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 second of the secon	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	Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						
Retu	ırn Reference	Explanation					
		Schodulo A / Form 000	000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493217010685

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Name of the organization Southcentral Foundation					ntification number
30u	the fittal i outlination			92-0086076	;
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c) or is a section 52	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the or	ganization is exempt under s	section 501(c	c)(3).	
		e tax incurred by the organization und			\$
:	Enter the amount of any excise	e tax incurred by organization manage	ers under section	n 4955 🕨	\$
;	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes
а	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
a r	t I-C Complete if the or	ganization is exempt under s	section 501(d	c), except section 50	01(c)(3).
	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exemp	ot function activities 🕨	\$
!	Enter the amount of the filing o exempt function activities	rganization's funds contributed to oth	ner organizations	for section 527	\$
	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	nd on Form 112	0-POL, line 17b ►	\$
ļ	Did the filing organization file F	Form 1120-POL for this year?			─────────────────────────────────────
•	organization made payments F amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid fro rectly delivered	m the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				1	1

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	273,643	
c	Total lobbying expenditures (add lines 1a and 18	o)	273,643	
d	Other exempt purpose expenditures		234,361,510	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	234,635,153	
f	Lobbying nontaxable amount Enter the amount f	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er-0-		
j	If there is an amount other than zero on either lii	ne 1h or line 1ı, dıd the organization file Form 4720) reporting	□ Ves □ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total		
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
ь	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
_c	Total lobbying expenditures	482,962	446,868	432,166	273,643	1,635,639		
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f_	Grassroots lobbying expenditures				Iula C (Farma 000 d			

	Part II-B Complete if the organization is exempt under sectifiled Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed desci	ription of the lobbying	(a	1)	(1	b)
	tivity.		Yes	No	Am	ount
1 a	legislation, including any attempt to influence public opinion on a legislative through the use of		ı			
b c	b Paid staff or management (include compensation in expenses reported on lin	les 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legisla	tive body?				
h i		sımılar means? 				
j	•					
2a	3	tion 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,					
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 fo		1011		_	-
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c)(5), c	r sect	ion
	301(0)(0).				Ye	es No
1	. Were substantially all (90% or more) dues received nondeductible by memb	ers?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 line 3, is answered "Yes."					
1	. Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not incexpenses for which the section 527(f) tax was paid).	clude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		No section 162(a) dues	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nondepolitical expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line art II-B, line 1 Also, complete this part for any additional information	ne 5, Part II-A (affiliated grou	p list),	Part II	-A , line	2, and
	Return Reference Explanation					
	I					

	111 330 01 330 EZ/Z0.		r age -			
Part IV	Supplemental Inf	ormation (continued)				
Retur	n Reference	Explanation				

Schedule D (Form 990) 2013

DLN: 93493217010685

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) and its instructions is at www.irs.gov/form990.

Open to Public

Internal Revenue Service		and its instruct		Inspection				
Name of the organization				Emp	loyer identification number			
Sou	ithcentral Foundation	П		92-0	0086076			
Pa		izations Maintaining Donor Adv zation answered "Yes" to Form 990						
			(a) Donor advised funds		(b) Funds and other accounts			
1	Total number a	t end of year						
2	Aggregate con	tributions to (during year)						
3		nts from (during year)						
4	Aggregate valu	ue at end of year						
5	-	zation inform all donors and donor adviso organization's property, subject to the or	<u> </u>	or advı	rsed ┌ Yes ┌ I			
6	used only for c conferring imp	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit? ervation Easements. Complete if	it of the donor or donor advisor, or for ar	ny othe	r purpose Yes [
1	*	conservation easements held by the organization		o rom	11 990, Part IV, lille 7.			
•	Preservation	on of land for public use (e g , recreation of natural habitat	or education) Γ Preservation of an		ically important land area d historic structure			
2		s 2a through 2d ıf the organızatıon held a he last day of the tax year	qualified conservation contribution in t	he form	n of a conservation			
					Held at the End of the Year			
а		of conservation easements		2a				
b	_	restricted by conservation easements		2b				
C		servation easements on a certified histo	` ′	2c				
d		servation easements included in (c) acq ure listed in the National Register	juired after 8/1//06, and not on a	2d				
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organization during			
	the tax year ►							
4	Number of stat	tes where property subject to conservati	on easement is located ►					
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	violations, and			
6	Staff and volun	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents d	during the year			
7		enses incurred in monitoring, inspecting	, and enforcing conservation easements	s during	g the year			
8	Does each con	nservation easement reported on line 2(c?0(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı) Yes [ı			
9	In Part XIII, d balance sheet,	escribe 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 financial					
Par	t IIII Organ	izations Maintaining Collection etc if the organization answered "Y	s of Art, Historical Treasures,	or Otl	her Similar Assets.			
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education,	or rese	arch in furtherance of public			
b	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse le the following amounts relating to these	ts held for public exhibition, education,					
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			▶ \$			
	(ii) Assets Inc	luded in Form 990, Part X			► \$			
2	If the organiza	tion received or held works of art, historints required to be reported under SFAS		r finan				
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$			
	==.	,,			•			

b Assets included in Form 990, Part X

Part 1111 Organizations Maintaining Collections of Art, Historical Treasures, or G	<u>Othe</u>	<u>r Similar As</u>	sets (co	<u>ntınued)</u>
3 Using the organization's acquisition, accession, and other records, check any of the following that collection items (check all that apply)	are a	sıgnıfıcant use	of its	
a ☐ Public exhibition d ☐ Loan or exchange prog	grams	i e		
b Scholarly research e Other				
c Preservation for future generations				
4 Provide a description of the organization's collections and explain how they further the organization Part XIII	n's e	kempt purpose i	n	
5 During the year, did the organization solicit or receive donations of art, historical treasures or oth			_	_
assets to be sold to raise funds rather than to be maintained as part of the organization's collection		<u> </u>	Yes	l No
Part IV Escrow and Custodial Arrangements. Complete if the organization answers Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	eu r	es to form 9	190,	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other as included on Form 990, Part X?	sets	not	Yes	
b If "Yes," explain the arrangement in Part XIII and complete the following table				
		An	ount	
C Beginning balance	1c			
d Additions during the year	1d			
e Distributions during the year	1e			
f Ending balance	1f			
2a Did the organization include an amount on Form 990, Part X, line 21?			☐ Yes	┌ No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in	Part	XIII		Γ
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990				
(a)Current year (b)Prior year b (c)Two years back	ck (d)	Three years back	(e)Four y	ears back
1a Beginning of year balance	\perp			
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 current year end balance (line 1g, column (a)) held as				
a Board designated or quasi-endowment ►				
b Permanent endowment ►				
c Temporarily restricted endowment ►				
The percentages in lines 2a, 2b, and 2c should equal 100%				
3a Are there endowment funds not in the possession of the organization that are held and administered	ed for	the		
organization by			Yes	No
(i) unrelated organizations		3a(
(ii) related organizations	•	3a(<u> </u>
4 Describe in Part XIII the intended uses of the organization's endowment funds		31	<u>, </u>	<u> </u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Ye	s' to	Form 990, Pa	rt IV. lı	 ne
11a. See Form 990, Part X, line 10.				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other)		(c) Accumulated depreciation	(d) Bo	ok value
1a Land				
	57,226		2	4,257,226
b Buildings	57,226 99,549		+	4,257,226 2,299,549
			17	
c Leasehold improvements	99,549		17	2,299,549
c Leasehold improvements	99,549		17 2 2	2,299,549 4,602,944

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to Form 990), Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuatio Cost or end-of-year marke	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
		+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related.	Complete if the organization	on answered 'Yes' to Form 9	90, Part IV, line 11c
See Form 990, Part X, line 13.	(1) P		
(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
		+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organizati			
(a) Desc	.nption		b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. Complete if the org	janization answered 'Yes'	to Form 990, Part IV, line 11	le or 11f. See
Form 990, Part X, line 25. 1 (a) Description of liability	(b) Book value		
	(b) book value		
Federal Income taxes	= 6 = 1 + 1 = 1		
Accrued Leave	7,981,460		
Accrued Relocation Liability	2,520,000		
Accrued Salary and Benefits	9,540,126		
Alaska Native Tribal Health Cons Payable	2,741,218		
Deferred Compensation Plan	4,307,860		
Interest rate swap agreements	3,558,755		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	> 30,649,419		
	30,049,419		

amounts included on 990 but not

included in F/S

Part				udited Financia orm 990, Part IV			its with Rev	enue p	er Re	eturn Complete if
1				ted financial stater					1	369,025,810
2	A mounts include	ed on line 1 but	t not on Form 990), Part VIII, line 12	2					<u> </u>
а	Net unrealized g	jains on investr	ments			2a	-4	09,705		
b	Donated service	es and use of fa	icilities		.	2b	1,3	73,333		
С	Recoveries of pr	nor year grants			.	2c	•			
d	Other (Describe	in Part XIII)				2d	2	48,145		
e	Add lines 2a thr								2e	1,211,773
3	Subtract line 2e	from line 1 .							3	367,814,037
4	A mounts include	ed on Form 99(0, Part VIII, line :	12, but not on line	1			Ī		· ·
а				, Part VIII, line 7b		4a				
b	·				ŀ	4b	-1	14,728		
С									4c	-114,728
5	Total revenue A	add lines 3 and	4c. (This must ed	qual Form 990, Par	t I, line	12).		.	5	367,699,309
Part									per	Return. Complete
	ıf the org	anization ans	swered 'Yes' to	Form 990, Part 1	[V, lıne	12a.				
1	Total expenses	and losses per	audited financial	statements				•	1	235,933,377
2			t not on Form 990							
а						2a	1,3	373,333		
b						2b				
С	Other losses									
d	Other (Describe	ın Part XIII)				2d	1	.14,728		
e	Add lines 2a thr	ough 2d							2e	1,488,061
3	Subtract line 2e	from line 1 .							3	234,445,316
4	A mounts include	ad on Form 990	0, Part IX, line 25	, but not on line 1:						
а	•			, Part VIII, line 7b		4a	1	78,930		
b	Other (Describe	ın Part XIII)				4b		10,907		
C	Add lines 4a and								4 c	189,837
5			•	equal Form 990, Pa	art I, line	e 18)			5	234,635,153
	XIIII Supple									
Part				, and 9, Part III, li and Part XII, lines						de any additional
	Return Refere	∍nce		Explana	ation					
Part X	FIN48 Footnote		is exempt from S accompanying s Federal income t requirement of fi these activities positions as othe 2013 With few 6	State income taxes tatements do not re taxes, any income e ling U S Federal Ir SCF's policy is to er expense There i	under t eflect a derived ncome T report ii is no int not sub	he Alas provisi from ur ax Forr nterest erest o ject to	ska Nonprofit C on for income t nrelated busine m 990-T and a and penalties ir penalties acc audit of its tax	orporation axes Alt ss activities tax liabil associate rued at S	n Act hough ties is ity ma ed with eptem	SCF is exempt from subject to the by be determined on uncertain tax
Part X	I, Line 2d Other	revenue	-					ment \$4	37982	2 Bank and Credit Card
amour	nts included in F/S ed on form 990		Fees \$-10907	,	,			· - · · · · ·		2 2.2 2414
	II, Line 2d Othei sses per audited l		Rental Expenses	reported in Part V	III \$11	4728				
Part X	II, Line 4b Othei	revenue	Bank and Credit	Card Fees \$10907	7					

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

Schedule D (Form 990) 2013

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

DLN: 93493217010685

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Mail solicitations

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV. lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** Southcentral Foundation 92-0086076 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.

e ☐ Solicitation of non-government grants

b	✓ Internet and email solic	itations		f	☐ Solicitation of gov	ernment grants					
С					Special fundraising events						
d	✓ In-person solicitations										
	Did the organization have a sor key employees listed in F If "Yes," list the ten highest to be compensated at least s	⊤ Yes 									
((i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol 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							
1											
2											
3											
4											
7											
5											
6											
7											
8											
9											
9											
10											
Tota	1			>							
3	List all states in which the o registration or licensing	rganızatıon ıs regis	tered or li	censed to	solicit contributions o	I r has been notified it is	exempt from				

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(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)	
Revenue	1	Gross receipts	39,07	9,940		49,012
eve eve	2	Less Contributions	38,91	9,940		48,852
<u>~</u>	3	Gross income (line 1 minus line 2)	160	0		160
	4	Cash prizes				
မှာ	5	Noncash prizes				
SUS-	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .	15,43	7		15,437
	10	Direct expense summary Add lin	es 4 through 9 in columr	ı (d)		(15,437)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		-15,277
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue		\$13,000 GH FGFFH 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes <u>%</u> Г No	Г Yes% Г Nо		_
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9		er the state(s) in which the organiza		· · · · · · · · · · · · · · · · · · ·		
a b		the organization licensed to operate No," explain				
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

		1
Does	s the organization operate gaming activit	ties with nonmembers?
12	Is the organization a grantor, beneficia	ry or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming	g?
13	Indicate the percentage of gaming acti	vity operated in
а	The organization's facility	
b	An outside facility	
14	Enter the name and address of the pers	son who prepares the organization's gaming/special events books and records
	_	
	Name 🟲	
	Address ►	
15a	Does the organization have a contract	with a third party from whom the organization receives gaming
	revenue?	
b	If "Yes," enter the amount of gaming re	evenue received by the organization 🟲 \$ and the
	amount of gaming revenue retained by	the third party 🕨 \$
C	If "Yes," enter name and address of the	e third party
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation 🟲 \$	
	_	
	Description of services provided	
	Director/officer	Employee Independent contractor
17	Mandatory distributions	Employee I Independent contractor
1/ a	•	e law to make charitable distributions from the gaming proceeds to
u	· ·	· · · · · · · · · · · · · · · · · · ·
Ь	• •	red under state law distributed to other exempt organizations or spent
•	in the organization's own exempt activ	· · · · · · · · · · · · · · · · · · ·
Pai		on. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15	b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see	instructions).
	Return Reference	Explanation

DLN: 93493217010685

Employer identification number

OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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**

Southcentral Foundation						92-0086076	
Part I General Information	n on Grants and	Assistance				l	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organiz 	vard the grants or ass	ıstance?					F Yes
Part II Grants and Other A Form 990, Part IV, lin							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 grad or assistance
See Additional Data Table							

3	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Par	t 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				
See Additional Data Table									
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									

Return Reference Explanation

Grantmaker's Description of How Grants are Used

Periodic reports are submitted in accordance with grant requirements and grant related expenses are substantiated on an ongoing basis by the Finance Manager assigned to the grant

Schedule I (Form 990) 2013

Additional Data

Software ID: 13000170

Software Version: 2013v4.0

EIN: 92-0086076

Name: Southcentral Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 grant or assistance
Abused Womens Aid in Crisis 100 West 13th Avenue Anchorage, AK 99501	92-0061049	501(c)(3)	51,000	0			Aıd to Abused Women

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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 grant or assistance				
Alaska Native Tribal Health Cons 4000 Ambassador Drive Anchorage, AK 99508	92-0162721	501(c)(3)	24,553,619	0			Health Services				

Form 990, Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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 grant or assistance			
Chickaloon Village PO Box 1105 Chickaloon, AK 99674	92-0120907	Government	139,000	0			Health & Behavioral Services			

Form 990,Schedule 1, Pa	orm 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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 grant or assistance				
Group Health Cooperative 1730 Minor Avenue Suite 1600 Seattle, WA 98101	91-0511770	501(c)(3)	8,318	0			Health & Behavioral Services				

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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 grant or assistance			
Kenaitze Indian Tribe IRA PO Box 988 Kenai, AK 99611	92-0069243	Government	77,500	0			Health & Behavioral Services			

Form 990,Schedule I, Pa	<u>rt II, Grants ar</u>	<u>id Other Assistance</u>	to Governments	and Organizations	<u>s in the United Sta</u>	tes	
(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 grant or assistance
Knik Tribal Council PO Box 871565 Wasilla,AK 99687	92-0076275	Government	87,500	0			Health & Behavioral Services

Form 990, Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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 grant or assistance			
Municipality of Anchorage PO Box 196650 Anchorage, AK 99519	92-0059987	Government	49,750	0			Community Service Patrol			

Form 990, Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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 grant or assistance			
Native Village of Eklutna PO Box 970666 Chugiak, AK 99657	92-0115246	Government	87,500	0			Health & Behavioral Services			

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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 grant or assistance			
Ninilchik Traditional Council PO Box 39070 Ninilchik, AK 99639	92-0069906	Government	40,000	0			Health & Behavioral Services			

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>id Other Assistance</u>	e to Governments	and Organizations	s in the United Sta	tes	
(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 grant or assistance
Providence Alaska Medical Center 3925 Tudor Centre Dr Ste 100 Anchorage,AK 99508	92-0016429		300,000	0			Alaska Cares Program

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance			
Salamatof Tribal Council 100 N Willow Street Kenai, AK 99611	92-0129014	Government	37,500	0			Health & Behavioral Services			

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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 grant or assistance			
University of Washington 1959 NE Pacific St Seattle, WA 98195	91-6001537	Government	198,264	0			Health & Behavioral Services			

(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
					<u> </u>
Scholarship/College Assistance	44	89,128			
Indian Health Services	1290	1,079,917			
Integrating Colorectal Cancer Screenings	180	3,841			
Access to Recovery	584	875,911			
Comprehensive Behavioral Health Treatment & Recovery	309	9,906			
Employee & Community Assistance Fund (ECAF)	27	16,637			
AMHTA Mini-Grant	1	538			
National Cancer Prevention & Contro	311	4,600			
Patient Accounts CHIPRA	34	1,298			
Wisewomen Project	13	700			
Patient-Centered Outcomes Research	83	2,075			 [
Quyana Clubhouse	58	1,733			 [
Special Diabetes Program for Indian	150	3,750			
UCD Trauma	19	475			
NIH - Narch	184	4,600		,	l

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States							
(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		
PGA - FWWI	111	3,944					
SOA - FWWI	25	688					
Tribal Home Visiting	106	2,650					
UOW - Pharmaco	1172	3,440					
			•				

DLN: 93493217010685

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 Southcentral Foundation

Employer identification number

92-0086076

Pa	rt I Questions Regarding Compensation	n				
				Yes	No	
1a		ovided any of the following to or for a person listed in Form I 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		rganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	Lb	Yes		
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?					
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all th used by a related organization to establish compens	·				
	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, or a related organization	Part VII, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control	payment?	1a		No	
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo	
C	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mu	ust complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A 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 compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any				
а	The organization?		5a	Yes		
b	Any related organization?	(5b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of		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 section 53 $4958-6(c)$?	e rebuttable presumption procedure described in Regulations	9		No	

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-MIS	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)Douglas Eby VP, Medical Svc	(i) (ii)	408,585	93,550	2,835	20,400	19,865	545,235		
(2)Ileen Sylvester VP, Exec Trb Serv	(i) (ii)	251,462	62,140	2,835	20,400	19,112	355,949		
(3)Katherine Gottlieb President/CEO	(i) (ii)	405,442	93,745	2,835	20,400	12,750	535,172		
(4)Kevin Gottlieb VP,Chief of Staff	(i) (ii)	427,772	91,430	2,835	20,400	12,773	555,210		
(5)Natalie Tierney VP, Organ Devel	(i) (ii)	305,119	72,247	2,835	20,400	11,984	412,585		
(6)Ronald L Olson VP of Finance	(i) (ii)	380,224	91,050	2,835	20,400	19,560	514,069		
(7)Sarah Satow Dentist Spec	(i) (ii)	414,882		330	20,400	19,019	454,631		

Schedule J (Form 990) 2013

in regards to selections on 1a

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
Part I, Line 1a Relevant information	

Schedule J (Form 990) 2013

DLN: 93493217010685 OMB No 1545-0047

Open to Public

2013

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

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

Inspection Employer identification number

92-0086076

Name of the organization Southcentral Foundation

Department of the Treasury

Internal Revenue Service

Bond Issues (h) O n (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes The City of McGrath 10,000,000 | See Schedule O Χ 92-0055198 11-01-2007 Χ Χ The City of New Halen Χ Х 92-0064939 11-01-2007 10,000,000 | See Schedule O Χ The City of New Halen 92-0064939 12-17-2008 10,000,000 | See Schedule O Χ Χ Χ City of Palmer Χ Х Х 92-6000194 11-01-2007 1,349,488 | See Schedule O

Pai	t II Proceeds				
		Α	В	С	D
1	A mount of bonds retired				
2	A mount of bonds legally defeased				
3	Total proceeds of issue	10,000,000	10,000,000	10,000,000	1,349,488
4	Gross proceeds in reserve funds	10,000,000	10,000,000	10,000,000	1,349,488
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				1,349,488
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	10,000,000	10,000,000	10,000,000	

•	-								1,515,10	
7	Issuance costs from proceeds									
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds		10,000,000		10,000,000		10,000,000			
11	O ther spent proceeds									
12	O ther unspent proceeds									
13	Year of substantial completion	2.0	2009		2009		2009		2001	
		Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?		Х		X		Х	Χ		
15	Were the bonds issued as part of an advance refunding issue?		Х		Х		Х		Х	
16	Has the final allocation of proceeds been made?	Х		Х		Х		Х		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х		X		Х		

Par	Private Business Use								
			Α		В		С	I)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		х		×		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
For P	aperwork Reduction Act Notice, see the Instructions for Form 990.		at No 5019	93E			Sch	nedule K (For	m 990) 2013

I C: II	Fill Pill Ace Business Ose (Continued)								
			Α.	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use of bond-financed property?		х		х		х		×
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		Х		х		Х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	Х		Х		Х		Х	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×		х		x		х
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				_				
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		x	

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the Issuer filed Form 8038-T?		×		Х		×		×
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х		Х		X		Х
b	Exception to rebate?		Х		Х		Х		Х
С	No rebate due?		Х		Х		Х		Х
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		х		Х		x		Х
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
	Schedule K (Form 990) 2013								

Pai	ttiv Arbitrage (Continued)									
		Α	1	В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х		Х		×	
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?		×		Х		Х		X	
7	Has the organization established written procedures to monitor the requirements of section 148?		x		х		Х		X	

Part V Procedures To Undertake Corrective Action

the requirements of section 148?

Has the organization established written procedures to ensure
that violations of federal tax requirements are timely identified
and corrected through the voluntary closing agreement program if
self-remediation is not available under applicable regulations?

Α		A B				D			
Yes	Yes No Yes !		No	Yes	No	Yes No			
X		х		х		х			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

DLN: 93493217010685

2013

Open to Public

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

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

Inspection Employer identification number

92-0086076

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Χ

Part I	Bond	Issues
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Department of the Treasury

Internal Revenue Service

Name of the organization

Southcentral Foundation

(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price (f) Description of purpose		(g) Defeased		(h) O n) Defeased behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
Α	Kenaı Penınsula Borough	92-0030894		11-01-2007	5,805,135	See Schedule O		Х		Х		Х
В	Cıty of Wasılla	92-6010143		11-01-2007	7,895,146	See Schedule O		Х		Х		Х
С	City of Palmer	92-6000194		09-10-2002	9,050,000	See Schedule O		Х		Х		Х

Par	C TT	Pr	oc	e	eas	

Pal	Proceeds								
]	4		В		С	Γ	D
1	A mount of bonds retired								
2	A mount of bonds legally defeased								
3	Total proceeds of issue		5,805,135		7,895,146		9,050,000		
4	Gross proceeds in reserve funds		5,805,135		7,895,146		9,050,000		
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows		5,805,135		7,895,146				
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds						9,050,000		
11	O ther spent proceeds								
12	O ther unspent proceeds								
13	Year of substantial completion	19	99						
		Yes	No	Yes	No	Yes	No	Yes	No

17 allocation of proceeds? IIII Drivate Rusiness Use

14

15

16

Pal	Private Business Use								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		×		х		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		×		Х		×		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Sch	edule K (For	m 990) 2013	

Χ

Χ

Χ

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Part III Private Business Use (Continued)

Pell	Private Business Use (Continued)								
			4	E	В		С	<u> </u>)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		Х		Х		×		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of bond-financed property?		Х		х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	Х		Х		Х			
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х		х		х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		_		_				_
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		х		X			

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		Х		×		
2	If "No" to line 1, did the following apply?							-	
а	Rebate not due yet?		Х		Х		Х		
ь	Exception to rebate?		Х		Х		Х		
С	No rebate due?		Х		Х		Х		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x		x		Х		
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
							Sc	hedule K (Forn	n 990) 2013

Par	t IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		×		X		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		×		x		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		x		X		

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure
that violations of federal tax requirements are timely identified
and corrected through the voluntary closing agreement program if
self-remediation is not available under applicable regulations?

Α		В				D	
Yes	Yes No		No	Yes	No	Yes	No
х		х		х			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

DLN: 93493217010685

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

Open to Public Inspection

Name of the org								E	mploy	er ident	ificatio	n numbe	er
										86076			
) and sectio							
						D, Part IV, line							
1 (a) Nam	e of dısqualı	fied perso	n (ship between		(c) Des	cription	of tra	nsactior			rected?
				perso	n and organiz	ation						Yes	No
													=
			_										-
													-
													•
													_
2 Enter the a	mount of ta	x incurred	by or	ganızatıon r	managers or o	disqualified pe	rsons during t	he year	r unde	rsection	n		
4958 .										F \$			
3 Enter the a	mount of ta	x, ıf any, o	n lıne	2, above, r	eımbursed by	the organizat	ion			> \$			
Part III Lo	ans to an	d/or Fr	om I	ntereste	d Persons								
Co	mplete if the	organızat	ion ar	nswered "Ye	es" on Form 9	90-EZ, Part \		Form 9	90, Pa	art IV , lı	ne 26, d	orıfthe	
	anızatıon re	ported an	amou	nt on Form !	990, Part X, I	line 5, 6, or 22							
(a) Name of	(b)		c) _	(d) Loan		(e)Original	(f)Balance	(g) In		(h)		(i) Wr	
ınterested person	Relationsh with		irpose of or from loan organizat			principal amount				A pprov	/ed	agreement?	
person	organizati		ull	organizatio	ation					board			
										or			
						4				commi	ttee?	ļ	
				То	From			Yes	No	Yes	No	Yes	No
											<u> </u>	_	
										1		_	
												_	
												_	
								ļ			ļ	_	
								<u> </u>		1		_	
Total			\$		_								
						d Persons. Form 990, P	art IV lino '	77					
(a) Name of Ir				np between		nt of assistanc			uctone) Durnos	o of ac	sistance
perso				son and the		it of assistant	e (d) Typ	e 01 a55	istaiic	.e (e	Pulpos	SE 01 a5:	sistance
, p = 1 = 2 = 1			ganız										
							<u>_</u>						
							_						

Part IV Business Transactions Involving Interested Persons.							
Complete if the organizat	<u>ion answered "Yes" on l</u>	<u>Form 990, Part IV, lın</u>	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) Sharı Huhndorf	B M 's Daug	20,942	Write a manuscript		Νo		

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493217010685

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization Southcentral Foundation

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Inspection

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.

Employer identification number

Southcentral Foundation	92-0086076
990 Schedule O, Supplemental Information	
Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Kevin and Katherine Gottlieb are Husband and Wife
Form 990, Part VI, Line 11b Form 990 Review Process	The tax accountant and Lee Olson, Vice President of Finance for SCF, review the 990 before it is filed. The completed and reviewed 990 is also provided to each voting member of the governing board and the President/CEO prior to filing.
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Southcentral Foundation's Written Conflict of Interest Policy includes the following Annua I Statements A Each Director, Officer and Committee Member shall annually execute a state ment that affirms that such person 1 Receives a copy of this conflict of interest policy and 2 Reads and understands this policy, and 3 Agrees to comply with this policy, and 4 Understands that SCF is a charitable organization and that in order to maintain its fed eral tax exemption it must engage primarily in activities that accomplish one or more of 1 its tax-exempt purposes, and 5 Does not have any financial interests or fiduciary responsibilities, other than the interests or fiduciary responsibilities, other than the interests or fiduciary responsibilities, other than the interests or fiduciary responsibilities disclosed B The recordin g Secretary for the SCF Board of Directors is responsible for collecting all executed annu al statements and submitting the statements to the President and Chairman of the SCF Board of Directors for review 1 in conducting their review, the President and Chairman may us enternal or external consultants, as they determine to be necessary 2 After the President and Chairman's review, the executed annual statements must be returned to the Recordin g Secretary, who shall maintain the file of executed annual Statements Periodic Reviews of Potential Conflicts of Interest A. To ensure that SCF operates in a manner consistent wit in tis charitable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic reviews of potentia. I conflicts of interest shall be conducted. The periodic reviews shall, at a minimum, include the following subjects 1. Whether compensation arrangements and benefits are reasonab. I e and are the result of arm's length, independent bargaining 2. Whether any grants are made to Interested Persons, or whether any transactions or arrangements entered into by SCF resulted in a transaction where the compensa
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	SCF contracts with an external firm to conduct an annual salary survey and determine appropriate compensation levels
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	SCF contracts with an external firm to conduct an annual salary survey and determine appropriate compensation levels
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	SCF makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in value of derivative instrument = \$437982
Schedule K Part I Column (f)	Description of Purpose A To pay the costs of construction for a parking garage for the An chorage Native Primary Care Center in Anchorage, AK B To pay the costs of constructing Ph ase III of the Anchorage Native Primary Care Center in Anchorage, AK C To pay the costs of the project described in the loan agreement. Loan Agreement - To finance the construction and equipping of an approximately 80,000 sq foot addition to the Anchorage Native Primar. Y Care Center and equipping of an approximately 48,600 sq foot Residential Psychiatric Tresisterior

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

DLN: 93493217010685

Schedule R (Form 990) 2013

Employer identification number

2013

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury Internal Revenue Service

Name of the organization Southcentral Foundation

(Form 990)

SCHEDULE R

				92-008607	6		
Part I Identification of Disregarded Entities Complet	e if the organization	answered "Yes" o	n Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	a tions Complete if ne tax year.	the organization a	nswered "Yes"	on Form 990, Pai	rt IV, line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity star (if section 501(c)(Section (13) co en	ontrolle itity?
(1) Cook Inlet Tribal Council	Provide Ed , Social &	AK	501(c)(3)	7	NA	Yes	No No
3600 San Jeronimo Drive	Econ Services						
Anchorage, AK 99508 92-0094184							
(2) Cook Inlet Native Head Start 1155 Tudor Centre Dr Ste 203	Provide ed, devel, and other children's ser	AK	501(c)(3)	7	Southcentral Foundation	Yes	
Anchorage, AK 995085912 27-0502649						\perp	$oldsymbol{\perp}$

Cat No 50135Y

(a) Name, address, and	EIN of	(b)	(c)	(d) Direct	(e) Predomi	nant	(f) Share of	(g) Share of	(h	ı) ortionate	(i) Code V-UBI	(cone	j)	(k) Percentage
name, address, and related organizati	ein oi on	Primary activity	Legal domicile (state or foreign country)	controlling entity	income(re unrelat excluded tax un sections 514	elated, ed, from der 512-	total incom			tions?	amount in box 20 of Schedule K-1 (Form 1065)	mana part		ownership
					514	,			Yes	No		Yes	No	
Part IV Identification of Related line 34 because it had one	l Organizations Taxable or more related organizati	e as a Corpo ons treated a	ration s a corp	or Trust poration o	Complet r trust du	e if th ring t	ne organ the tax y	ization ans ear.	wered	d "Yes	" on Form	990,	Part 1	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicil (state or fo country	e reign		(d) t controlling entity	Type (C corp	(e) of entity p, S corp, trust)	(f) Share of total income		(g) e of end- year assets	of-Percen owner	tage	С	(i) ection 512 (b)(13) ontrolled entity?
(1) Cook Inlet Region Inc	Native Corp	AK		NA		C Corp					_		<u> Y</u>	res No
2525 C Street Anchorage, AK 995093330 92-0042304														

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organization	ons listed i	n Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
C	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
0	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	O ther transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includ	ing covere	d rolationshins s	and transaction througholds			
	(a) (b)	Ing covered	(c)	(d)			
	Name of related organization Transaction type (a-s)	Am	ount involved	Method of determining amo	ount II	nvolved	
1) C	Cook Inlet Tribal Council		81,724	aır Market			

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

Rame, address, and I lik of entry Production Product	revenue) that was not a related organization. See instructions	regarding excl	usion for c	ertaın ınvest	ment	t partnerships	;							
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-	org	section 501(c)(3) ganizations?	total	end-of-year		_	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownership
		1		314)	Yes	No			Yes	No		Yes	No	
					\vdash							Ţ]	1

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

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 www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning	10-01-2014 , and ending 09-30-20	15			
B Ch	eck if a	pplicable	C Name of organization Southcentral Foundation			D Emplo	yer ider	itification number
☐ Add	lress cl	nange				92-00	86076	
┌ Na	ne cha	inge	Doing business as					
┌ Init	ıal retu	ım				E Talanh		
Fin				all is not delivered to street address) Room/s	suite	E Telepho	one numi	ber
		mınated	4501 Diplomacy Drive			(907)	729-4	955
☐ Am	ended	return	City or town, state or province, count	try, and ZIP or foreign postal code				
☐ App	licatio	n pending	Anchorage, AK 99508			G Gross r	eceipts \$	610,155,901
			F Name and address of princ	cipal officer	H(a) I	s this a group	return	for
			Katherine Gottlieb			subordinates?		┌ Yes 🗸 No
			4501 Diplomacy Drive Anchorage, AK 99508		ПСРУ Т	N		Evan En
			- '			Are all subordı ncluded?	nates	Γ Yes Γ No
I Ta	x-exen	npt statu	s	nsert no)	I	f "No," attach	a lıst	(see instructions)
	ebsite	e:⊫- w\	vw scfcc		-	Group exempt	uon nun	aher 🌬
				_	1 11(3)			
		_	n 🔽 Corporation 🦳 Trust 🦳 Association	Other 🕨	L Year	of formation 19	82 M	State of legal domicile AK
Pa	rt I	Sur	nmary					
		•	describe the organization's mission	n or most significant activities				
01		See Pa	rt III, Line 1 and Schedule O					
Ě								
Ē								
š	2	Check	this box 🚩 if the organization dis	continued its operations or disposed	of more th	nan 25% of its	net as:	sets
Activities & Governance	,	Numba	r of waters mambara of the govern	na hadu (Dart VI. lina 1a)			з	7
නර ග				ng body (Part VI, line 1a)			4	
Ħ.				f the governing body (Part VI, line 1b			5	_
Ž.				alendar year 2014 (Part V, line 2a)			6	2,011
ă				ecessary)			7a	0
				om Form 990-T, line 34			7a 7b	
	-	ivec um	cracea business taxable medine in	5 1, me 54		Prior Year	 76 	Current Year
	٩	Cont	ributions and grants (Part VIII, lin	e 1 h)		243,920,	287	137,786,530
≗	9		- · ·	ne 2g)	·	118,909,		165,803,595
Revenue	10			(A), lines 3, 4, and 7d)		3,475,		4,760,519
æ	11		r revenue (Part VIII, column (A), I		·	1,394,		1,126,365
	12			(must equal Part VIII, column (A), lii	ne 🗀			
			<u> </u>			367,699,	309	309,477,009
	13			[X, column (A), lines 1-3)		28,047,	003	33,207,289
	14		·	(, column (A), line 4)				0
ch.	15	Salar 5-10		e benefits (Part IX, column (A), lines		141,926,8	391	156,675,698
Expenses	16a		•	column (A), line 11e)				0
<u>₹</u>					•			
짚	b	rotari	fundraising expenses (Part IX, column (D)	, line 25) 📭 3				
	17			nes 11a-11d, 11f-24e)		64,661,		71,051,099
	18			t equal Part IX, column (A), line 25)		234,635,		260,934,086
	19	Reve	nue less expenses Subtract line 1	.8 from line 12		133,064,		48,542,923
% & ₩ & ₩ 66.5					Begi	nning of Curre Year	nt	End of Year
Set Ses	20	Total	assets (Part X line 16)			488,854,8	364	535,598,011
Not Assets or Fund Balances	21					122,713,0		125,077,874
2 E	22			ine 21 from line 20		366,141,8		410,520,137
	t III	_	nature Block			,		3 , 3 _ 0 , 1 3 /
		_		mined this return, including accompa	nyina schi	edules and sta	tement	s, and to the best of
my k	nowle	dge and	l belief, it is true, correct, and com	plete Declaration of preparer (other				
prepa	rer ha	as any l	knowledge					
		***	***			2016-07-18		
Sign	1	IB	nature of officer			Date		
Her		k Ror	nald L Olson VP of Finance					
_	_		e or print name and title					
			Print/Type preparer's name Tom J Domagala CPA	Preparer's signature Tom J Domagala CPA	Date	Check I if	PTIN P00122	688
Paid	k	}	Firm's name Altman Rogers & Comp			self-employed Firm's EIN	1.00122	
Pre	pare	r		,				
Use	On	ly	Firm's address - 425 G Street Suite 800			Phone no (907) 274-29	92
		-	Anchorage, AK 99501					

✓ Yes No

Form	n 990 (2014)					Page
Par		t of Program Servedule O contains a res		Dishments to any line in this Part	III	
1	Briefly describe the	organization's missio	n			
the h and heal	nealth, educational, cu Matanuska-Susitna v	ultural, social and ecol alley, along with other	nomic condition areas of Alaska	ns of Alaska Natives by a The Indian health se	aska state law in 1982 SCF's o y providing health services prim ervice provides funding to SCF t r In addition, SCF administers o	arily in the Anchorage o cover the costs of
2	Did the organization the prior Form 990 (cant program se	ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	nese new services on :	Schedule O			
3	Did the organization services?		make significar	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese changes on Sche	dule O			
4	expenses Section 5		4) organization	s are required to repor	ree largest program services, a t the amount of grants and alloc	•
4a	(Code) (Expenses \$	252,134,406	ıncludıng grants of \$	33,167,418) (Revenue \$	166,788,048)
	Federal Funds - Activiti	es related to contracts with	n IHS, US DHSS, US	S EPA, Dept of Interior Fish	& Wildlife, and Dept of Agriculture	
	(Code) (Expenses \$	3,365,871	including grants of \$	17,233) (Revenue \$)
	•	, , ,		Department of Health and	, , ,	,
	(Code) (Expenses \$	3,268,424	including grants of \$	22,638) (Revenue \$	103,849)
-10	•	, , , ,		and economic conditions of	, , ,	105,045 /

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

including grants of \$

258,768,701

4d

(Expenses \$

art TV	Check	list 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	110
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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^{\bullet}	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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 1	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? <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
С	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	
е	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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	Yes	
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		No
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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	Yes	
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		No
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			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		No
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		Νo
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? <i>If "Yes," complete Schedule N, Part II</i>	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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "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?	20	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>	<u> </u>	୮_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 142 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 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	
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		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
	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 o
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
10	Section 501(c)(7) organizations. Enter	30		110
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_

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

	Check if Schedule C	contains a response or note to any line in this Part VI														.[v
--	---------------------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

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	Yes	
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		No
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		No
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 R	ovon	ie Cod	۵ ۱
50	section b. Folicies (This Section b requests information about policies not required by the internal N	CVCIIL	ac cou	C.)
	Tellon B. Poneles (This Section B requests information about poincies not required by the Internal K	eveni	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		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	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	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes 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 14	Yes Yes 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	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 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes 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 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 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- OR, PA, VA, VT, WA, WY
- 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 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, address, and telephone number of the person who possesses the organization's books and records ►Ronald L Olson VP of Finance
 - 4501 Diplomacy Drive
 - Anchorage, AK 99508 (907) 729-4939

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	more	than	one	not box	checl	ss	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)				or/tr	te Highest compensated		organization (W- 2/1099- MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Roy Huhndorf	5 00	х						28,770	55,108	0
Director (2) Charles Anderson	10 00	х		х				22,270	47,108	0
Vice Chairman (3) James Segura	15 00	Х		х				76,336	0	0
Chairperson (4) Terry Simpson Director	0 00 5 00 0 00	Х						20,794	0	0
(5) Karen Caindec Sec/Treas	7 00	Х		х				55,252	0	0
(6) Loretta Throop Director	9 00	х						31,770	0	0
(7) Charles Akers Director	10 00	х						53,520	0	0
(8) Katherine Gottlieb President/CEO	40 00			х				636,757	0	41,955
(9) Ronald L Olson VP of Finance	40 00			х				541,518	0	41,455
(10) Douglas Eby VP, Medical Svc	40 00					х		601,664	0	41,955
(11) Kevin Gottlieb VP,Chief of Staff	40 00					х		596,604	0	34,213
(12) Ileen Sylvester VP, Exec Trb Serv	40 00					х		372,695	0	40,814
(13) Natalie Tierney VP, Organ Devel	40 00					х		454,544	0	33,872
(14) Sarah Satow	40 00					х		427,439	0	39,975
Dentist Spec	0 00					<u> </u>				

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, an	heck unless officer stee)	3	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	3,919,933	102,216	274,239

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►158

			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>	9		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 I for such								
5	Individual Image: Comparison of the co	4	Yes						
_	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				
Q-1 Corporation 1230 W International Airport Rd Anchorage, AK 99518	Commercial Cleaning	669,812				
Watterson Construction PO Box 220670 Anchorage, AK 99522	Construction Contrac	2,277,208				
Janice Stiller DBA Barabara Constru, 13631 Venus Way Anchorage, AK 99515	Constr Contractor	932,669				
Spark Design LLC PO Box 110051 Anchorage, AK 99511	Architect	1,636,601				
Neeser Construction 2501 Blueberry Rd Anchorage, AK 99503	Construction Contrac	847,798				
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 ►39						

Part V	1111	Statement o	f Revenue ule O contains a respor	ase or note to any lir	oe in this Dart VIII			
		CHECK II SCHEUI	ure o contains a respon	ise of flote to any fi	(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	paigns 1a					
ant	b	Membership du	ies 1b					
ي ق	С	Fundraising eve	ents 1c	67,375				
ifis, A ⊨	d	Related organiz	zations 1d					
 E	е	Government grant	s (contributions) 1e	135,370,634				
ons Sii	f	All other contribution	ons, gifts, grants, and 1f	2,348,521				
buti the l		similar amounts no	ot included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines					
G a	h	Total. Add lines	s 1 a - 1 f	· · · · · •	137,786,530			
e				Business Code				
ll e.v.	2a	3rd Party Billings		624100	69,662,316	69,662,316		
Program Serwce Revenue	b	Federal Contract R Fees & Contracts (-	624100	19,569,884	19,569,884		
Š	c d	Self Pay	30V Agencies	624100 624100	75,350,067 1,221,328	75,350,067 1,221,328		
32	e	Scii i dy		024100	1,221,320	1,221,320		
Ta Ta	f	All other progra	am service revenue					
<u>ŏ</u>	g	Total. Add lines	s 2a-2f		165,803,595			
	3		ome (including dividen					2,928,654
	4		ar amounts) stment of tax-exempt bond		2,928,654			2,920,034
	5		· · · · · · · · · · · · · · · · · · ·	▶	0			
		•	(ı) Real	(II) Personal				
	6a	Gross rents	109,763					
	b	Less rental expenses	47,119					
	С	Rental income or (loss)	62,644					
	d	Net rental inco	me or (loss)		62,644			62,644
	7a	Gross amount	(ı) Securities	(II) O ther				
	b	from sales of assets other than inventory Less cost or	302,340,118	98,939				
	ט	other basis and sales expenses	300,456,369	150,823				
	С	Gain or (loss)	1,883,749	-51,884				
	d		ss)		1,831,865			1,831,865
r Revenue	8a	events (not inc \$67	3,375 s reported on line 1c)					
Other Revenue			penses b	24,581	24 504			34 504
0	c 9a		(loss) from fundraising From gaming activities	events 🛌	-24,581			-24,581
	_	See Part IV, lin	ne 19 a					
	b c		penses b (loss) from gamıng actı	vities	0			
		Gross sales of returns and allo	ınventory, less					
	b	Less cost of a	oods sold b					
			(loss) from sales of inv	entory	0			
		Miscellaneous	s Revenue	Business Code				
	11a	O ther Income		624100	1,088,302	1,088,302		
	b							
	c d	All other reven	ue					
	e	Total. Add lines		🕨				
	12		See Instructions .		1,088,302			
		_			309,477,009	166,891,897		4,798,582

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizatio	ns must complete 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, o, 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 domestic organizations and domestic governments See Part IV, line 21	33,059,964	33,059,964		
2	Grants and other assistance to domestic individuals See Part IV, line 22	147,325	147,325		
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	1,424,924		1,424,924	
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	127,360,903	102,824,740	24,536,163	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	6,027,250	4,580,031	1,447,219	
9	Other employee benefits	14,170,552	10,775,057	3,395,495	
10	Payroll taxes	7,692,069	5,845,106	1,846,963	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	257,439		257,439	
С	Accounting	59,783		59,783	
d	Lobbying	227,801		227,801	
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	229,642		229,642	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,286,454	4,405,922	5,880,532	
12	Advertising and promotion	141,950	20,123	121,827	
13	Office expenses	3,431,803	2,551,936	879,867	
14	Information technology	354,816	43,532	311,284	
15	Royalties	0			
16	Occupancy	3,430,912	1,272,198	2,158,714	
17	Travel	2,576,725	1,765,878	810,847	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	3,346,121	16,462	3,329,659	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,340,528	3,271,029	6,069,499	
23	Insurance	619,088	1,421	617,667	
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	Program Materials and Supplies	27,773,759	27,034,285	739,474	
b	Education and Training	1,767,446	1,255,656	511,790	
c	Minor Equipment	1,684,248	1,093,251	590,997	
d	Housekeeping	1,305,379	150,034	1,155,345	
e	All other expenses	4,217,205	58,654,751	-54,437,546	
25	Total functional expenses. Add lines 1 through 24e	260,934,086	258,768,701	2,165,385	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

Pai	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	9,584,952	1	4,123,462
	2	Savings and temporary cash investments	117,121,260	2	77,240,077
	3	Pledges and grants receivable, net	5,782,075	3	6,899,085
	4	Accounts receivable, net	4,949,444	4	5,472,112
	5	Loans and other receivables from current and former officers, directors, true employees, and highest compensated employees. Complete Part II of Schedule L	· ·		
s	6	Loans and other receivables from other disqualified persons (as defined und 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing and sponsoring organizations of section 501(c)(9) voluntary employees' be organizations (see instructions) Complete Part II of Schedule L	employers	5	0
ē				6	6,920,163
Assets	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use	23,803	8	151,584
	9	Prepaid expenses and deferred charges	1,130,151	9	2,448,235
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	247,928,666		
	ь	Less accumulated depreciation 10b	73,358,057 180,458,840	10c	174,570,609
	11	Investments—publicly traded securities	. 164,222,355	11	220,256,743
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	5,581,984	15	37,515,941
	16	Total assets. Add lines 1 through 15 (must equal line 34)	. 488,854,864	16	535,598,011
	17	Accounts payable and accrued expenses	6,610,911	17	11,373,875
	18	Grants payable		18	
	19	Deferred revenue	3,190,436	19	2,865,933
	20	Tax-exempt bond liabilities	37,113,892	20	34,842,580
ø	21	Escrow or custodial account liability $\mbox{ Complete Part IV of Schedule D }$.		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees key employees, highest compensated employees, and disqualified	1,		
gej		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties $\cdot\cdot$	45,148,382	23	44,882,115
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parand other liabilities not included on lines 17-24) Complete Part X of Scheo	dule		04 440 074
		D	30,649,419	25	31,113,371
	26	Total liabilities. Add lines 17 through 25	122,713,040	26	125,077,874
S O O		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and comp lines 27 through 29, and lines 33 and 34.	lete		
lan I	27	Unrestricted net assets	345,824,453	27	387,374,920
<u>Б</u>	28	Temporarily restricted net assets	20,317,371	28	23,145,217
Fund Balance	29	Permanently restricted net assets		29	
Œ		Organizations that do not follow SFAS 117 (ASC 958), check here ► an	d		
ö		complete lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
SS.	31	Paid-in or capital surplus, or land, building or equipment fund	•	31	
₽ ₽	32	Retained earnings, endowment, accumulated income, or other funds	000 444 004	32	440 500 407
¥	33	Total net assets or fund balances	366,141,824	33	410,520,137
	34	Total liabilities and net assets/fund balances	488,854,864	34	535,598,011

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		309,4	177,009
2	Total expenses (must equal Part IX, column (A), line 25)	2		260.9	34,086
3	Revenue less expenses Subtract line 2 from line 1	3			542,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			141,824 504,296
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		- 5	560,314
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		410,5	520,137
Par	t XIII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset
				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 sep 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 oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain 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 the Single Audit Act and OMB Circular A-133?	е	3a	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	

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As Filed Data -

DLN: 93493200012186

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.

2011

Open to Public Inspection

Employer identification number Name of the organization Southcentral Foundation 92-0086076 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

supported organization

instructions

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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 107,630,790 115,938,818 126,201,679 243,920,287 137,786,530 731,478,104 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 107,630,790 115,938,818 126,201,679 243,920,287 137,786,530 731,478,104 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 5 731,478,104 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 107,630,790 115,938,818 126,201,679 243,920,287 Amounts from line 4 137,786,530 731,478,104 Gross income from interest, dividends, payments received on securities loans, rents, 2,119,028 2,745,633 3,074,777 4,926,841 3,038,417 15,904,696 rovalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 2,032,899 1,915,167 -201,486 -41,787 2,920,167 6,624,960 capital assets (Explain in Part VI) 11 Total support Add lines 7 754,007,760 through 10 12 Gross receipts from related activities, etc (see instructions) 12 588,699,009 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 97 010 % Public support percentage for 2013 Schedule A, Part II, line 14 15 97 540 % 16a 33 1/3% support test-2014. 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 -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 17a 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 b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Pa	rt IV Supporting Organizations (continued)			
S	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		
S	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		
S	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		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

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

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 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

DLN: 93493200012186

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

Na	section 501(c)(4), (5), or (6) orga ime of the organization	anizations complete fait III		Employer iden	tification number
Sou	uthcentral Foundation			92-0086076	
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(organization.
1	Provide a description of the or	ganization's direct and indirect po	litical campaign act	tivities in Part IV	
2	Political expenditures		, 3	>	\$
3	Volunteer hours				T
		ganization is exempt unde			
1		e tax incurred by the organization			\$
2		e tax incurred by organization mar		n 4955 🕨	\$
3		section 4955 tax, did it file Form 4	720 for this year?		☐ Yes No
4a	Was a correction made?				「Yes ✓ No
b	If "Yes," describe in Part IV		=0.1/	· · · ·	44)(5)
		ganization is exempt unde			1(c)(3).
1		ended by the filing organization for			\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization	s for section 527 ▶-	\$
3	•	tures Add lines 1 and 2 Enter he	ro and on Form 113	20-BOL line 17h - b -	T
			re and on Form 112	10-POL, IIIIe 17b	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
	amount of political contributions separate segregated fund or a	For each organization listed, enter ns received that were promptly and political action committee (PAC)	d directly delivered If additional space	to a separate political orga	inization, such as a tion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	227,801	
c	Total lobbying expenditures (add lines 1a and 1h	o)	227,801	
d	Other exempt purpose expenditures		260,753,404	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	260,981,205	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472) reporting	□ Ves □ No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	446,868	432,166	273,643	227,801	1,380,478
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

Pa		nization is exempt under section 501(c)(3) and has to tion under section 501(h)).	TOP				age J
Eor e	each "Vec" reconnect of lines 1a through 1	below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		below, provide in Part IV a detailed description of the lobbying	Yes	No	A	mour	nt
1		ition attempt to influence foreign, national, state or local influence public opinion on a legislative matter or referendum,		•			
а	Volunteers?						
b	Paid staff or management (include co	mpensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?						
d	Mailings to members, legislators, or t	he public?					
е	Publications, or published or broadcas	st statements?					
f	Grants to other organizations for lobb	ying purposes?					
g	Direct contact with legislators, their s	taffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, co	nventions, speeches, lectures, or any similar means?					
i	O ther activities?						
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause the o	organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax	incurred under section 4912					
C	If "Yes," enter the amount of any tax	incurred by organization managers under section 4912					
d	If the filing organization incurred a se	ction 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organ 501(c)(6).	nization is exempt under section 501(c)(4), section 5	5 01 (c)(5),	or se	ctio	n
				_		Yes	No
1		dues received nondeductible by members?		L	1		
2	Did the organization make only in-hou	ise lobbying expenditures of \$2,000 or less?		L	2		
3		er lobbying and political expenditures from the prior year?			3		
Pa		nization is exempt under section 501(c)(4), section 5 er (a) BOTH Part III-A, lines 1 and 2, are answered " 'es."					
1	Dues, assessments and similar amou	nts from members	1				
2	Section 162(e) nondeductible lobbyin expenses for which the section 527(f	g and political expenditures (do not include amounts of political) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		n line 2c exceeds the amount on line 3, what portion of the excess					
	political expenditure next year?	ver to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and politi	cal expenditures (see instructions)	5				
	art IV Supplemental Inform			l			
Pr	ovide the descriptions required for Part	I-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou Also, complete this part for any additional information	ıp lıst),	, Part I	I-A, lı	nes 1	and
רבי	Return Reference						
		Explanation					
	tical Campaign Activities legis	bying expenses were incurred for the purpose of monitoring and influsion, including appropriation acts, that are of interest to Southcen Fision of healthcare and related services to Alaska Native people					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493200012186

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

	me of the organization thcentral Foundation	Employer identification number				
			0086076			
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.		·		
		(a) Donor advised funds		(b) Funds and other accoun	nts	
	Total number at end of year					
	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 advisor funds are the organization's property, subject to the or	_	lonor advi	rsed ┌ Yes	┌ No	
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ No	
a	rt 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 organization 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 Preservation of	a certifie	ically important land area d historic structure n of a conservation		
	easement on the last day of the tax year	. ,				
				Held at the End of the \	/ear	
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register	ured after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferr	ed, released, extinguished, or termina	ated by th	ne organization during		
	the tax year 🗠					
	Number of states where property subject to conservati	ion easement is located 🗠				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	andling of	violations, and Yes	┌ No	
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation eas	sements o	during the year		
	<u> </u>			- H		
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easeme	nts during	g the year		
	* \$			70(1)(4)(D)(1)		
	Does each conservation easement reported on line $2(a)$ and section $170(h)(4)(B)(H)$?	1) above satisfy the requirements of s	section 17	70(h)(4)(B)(ı)	┌ No	
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financ ents	ıal stater	ments that describes		
ľ	Complete if the organization answered "Y		s, or Ot	her Similar Assets.		
l	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, educatio	n, or rese	arch in furtherance of public	С	
b	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 these	.16 (ASC 958), to report in its revenuits held for public exhibition, educatio	ue statem	ent and balance sheet	С	
	(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, historic following amounts required to be reported under SFAS			•		
ı	Revenue included in Form 990, Part VIII, line 1			► \$		
5						
_	Assets included in Form 990, Part X			▶ \$		

Part	Organizations Maintaining Collections of Art	, His	tori	<u>cal Trea</u>	sures, or Oth	er Similar As	sets (continued)
	Using the organization's acquisition, accession, and other recorcollection items (check all that apply)	ds, ch	neck	any of the	following that are	a significant use	of its
а	Public exhibition	d	Γ	Loan or e	xchange progran	าร	
b	Scholarly research	e	Γ	Other			
c	Preservation for future generations						
	Provide a description of the organization's collections and expla Part XIII	ın hov	w the	y further th	ne organization's	exempt purpose ı	n
	During the year, did the organization solicit or receive donations						
Part	assets to be sold to raise funds rather than to be maintained as IV Escrow and Custodial Arrangements. Comple						Yes No
	Part IV, line 9, or reported an amount on Form 99						
	Is the organization an agent, trustee, custodian or other intermedincluded on Form 990, Part X°				ns or other asset:	s not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XIII and complete the	follov	wing t	able	_	1 -	
_					1		nount
C C	Beginning balance				10		
	Additions during the year				10	-	
e f	Distributions during the year				1e		
	Ending balance Did the organization include an amount on Form 990, Part X, line	a 2 1	fo = -	arow se s:			 □ Yes □ No
	- · · · · ·					, ,	res i No
	If "Yes," explain the arrangement in Part XIII Check here if the						<u> '</u>
Par	Endowment Funds. Complete if the organization (a)Current year)Prior		c)Two years back ((e)Four years back
1a	Beginning of year balance	, -	,	,, =	.,		(-).
b	Contributions						
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities and programs						
	Administrative expenses						
_	End of year balance						
2	Provide the estimated percentage of the current year end balance	ce (lır	ne 1g	, column (a	a)) held as		
а	Board designated or quasi-endowment ►						
b	Permanent endowment ►						
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%						
	Are there endowment funds not in the possession of the organize	atıon	that	are held an	id administered fo	or the	<u> </u>
	organization by (i) unrelated organizations					3a(Yes No
	(ii) related organizations					3a(
	If "Yes" to 3a(II), are the related organizations listed as require		Sched	lule R? .		3l	
4	Describe in Part XIII the intended uses of the organization's en	dowm	ent f	unds			 _
Part	Land, Buildings, and Equipment. Complete if the 11a. See Form 990, Part X, line 10.	the o	rgar	ızatıon aı	nswered 'Yes' t	o Form 990, Pa	rt IV, line
	Description of property			Cost or othe (investmen		(c) Accumulated depreciation	(d) Book value
1a L	and				24,142,67	8	24,142,678
	and				24,142,67 172,299,54		24,142,678 172,299,548
b B						8	
b B c L	Buildings				172,299,54	7	172,299,548
b B c L d E e O	Buildings				172,299,54 26,414,78 25,071,65	7	172,299,548 26,414,787 25,071,653

See Form 990, Part X, line 12.	piete 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		
Total (Column (b) must equal Form 990 Part X col (B) line 12)	.	
Total (colaim (b) must equal form 350, furt x, col (b) mic 12)		<u> </u>
See Form 990, Part X, line 13.	implete if the organization	in answered Tes to Form 930, Part IV, line IIC.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
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) Descrip	otion	(b) Book value
(1) Construction Work in Progress		28,556,921
(2) Deferred Financing Costs, net of Amor		609,710
(3) Interest Receivable		1,620,507
(4) Investments in LLC's		5,813,585
(5) Noncontrolling interests in LLC's (6) Other Receivables		-100,000 1,015,218
(0) Other Receivables		1,013,210
-		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' t	o Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Accrued Leave	8,292,251	
Accrued Relocation Liability	2,540,000	
Accrued Salary and Benefits	10,210,367	
Alaska Native Tribal Health Cons Payable	1,581,371	
Deferred Compensation Plan	4,537,301	
Interest rate swap agreements	3,952,081	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	31,113,371	

Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	Par	t XI		evenue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line		nts With	Revenue p	oer R	eturn Complete If
A	1	Total						1	307,402,076
b Donated services and use of facilities . 2b 2,028,747 c Recoveries of prior year grants . 2c	2	A mo	unts included on line 1 but	not on Form 990, Part VIII, line 12					
C Recoveries of prior year grants 2c 2d -622,968	а	Netι	ınrealızed gaıns (losses) o	n investments	2a		-3,604,296		
Mathematical Content	b	Dona	ted services and use of fa	cilities	2b		2,028,747		
Add lines 2a through 2d	c	Reco	veries of prior year grants		2c				
3 309,600,593 A Amounts included on Form 990, Part VIII, line 12, but not on line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Amounts included on Form 990, Part VIII, line 7b 4a	d	Othe	r (Describe in Part XIII)		2d		-622,968		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII) c Add lines 4a and 4b. c Add lines 4a and 4b. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 309,477,009 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 3 Donated services and use of facilities 4 Cother losses C Other losses C Other (Describe in Part XIII) 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b C Expenses C First XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part IX, line 2, Part XI, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information Return Reference Explanation Return Reference Explanation Explanation Fart X FIN48 Footnote C SCF is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code SCF is exempt from state income taxes under the Alaska Nonprofit Corporation Act Therefore, the accompanying statements do not reflect a provision for income taxes. Although SCF is exempt from Federal income taxes under the Alaska Nonprofit Corporation Act Therefore, the accompanying statements and the Alaska Nonprofit Corporation Act Therefore, the accompanying statements on on reflect a provision for income taxes. Although SCF is exempt from Federal income taxes, any income derived from	e	Add	ines 2a through 2d .					2e	-2,198,517
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b -123,584 c Add lines 4a and 4b	3	Subt	ract line 2e from line 1 .					3	309,600,593
b Other (Describe in Part XIII)	4	A mo	unts included on Form 990), Part VIII, line 12, but not on line 1					
to Add lines 4a and 4b	а	Inve	stment expenses not ınclu	ded on Form 990, Part VIII, line 7b .	4a				
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). Total expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ь	Othe	r (Describe in Part XIII)		4b		-123,584		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	c	Add	ines 4a and 4b					4 c	-123,584
If the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	5	Total	revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)			5	309,477,009
1 Total expenses and losses per audited financial statements	Part	XII					h Expenses	per	Return. Complete
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1	Total	•	· · · · · · · · · · · · · · · · · · ·				1	263.023.763
a Donated services and use of facilities									
b Prior year adjustments				, ,	2a	1	2.028.747		
c Other losses								1	
d Other (Describe in Part XIII)								1	
a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 229,642 b Other (Describe in Part XIII)							290.572	1	
3 Subtract line 2e from line 1								1 _	2.319.319
A mounts included on Form 990, Part IX, line 25, but not on line 1: a			<u>-</u>						
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 229,642 b Other (Describe in Part XIII)									
b Other (Describe in Part XIII)					4a	1	229.642		
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			·		-			1	
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Return Reference Explanation SCF is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code SCF is exempt from State income taxes under the Alaska Nonprofit Corporation Act Therefore, the accompanying statements do not reflect a provision for income taxes Although SCF is exempt from Federal income taxes, any income derived from unrelated business activities is subject to the requirement of filing U S Federal Income Tax Form 990-T and a tax liability may be determined on these activities SCF's policy is to report interest and penalties associated with uncertain tax positions as other expense There is no interest or penalties accrued at September 30, 2015 and 2014 With few exceptions, SCF is not subject to audit of its tax returns prior to September 30, 2012 Management has taken no uncertain tax positions Part XII, Line 2d Other expenses Loss on Sale of Fixed Assets \$51884 Book over Tax Loss from LLCs \$166988 Fundraising								40	229.642
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Return Reference Explanation SCF is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code SCF is exempt from State income taxes under the Alaska Nonprofit Corporation Act Therefore, the accompanying statements do not reflect a provision for income taxes Although SCF is exempt from Federal income taxes, any income derived from unrelated business activities is subject to the requirement of filing U S Federal Income Tax Form 990-T and a tax liability may be determined on these activities SCF's policy is to report interest and penalties associated with uncertain tax positions as other expense There is no interest or penalties accrued at September 30, 2015 and 2014 With few exceptions, SCF is not subject to audit of its tax returns prior to September 30, 2012 Management has taken no uncertain tax positions Part XII, Line 2d Other expenses Loss on Sale of Fixed Assets \$51884 Book over Tax Loss from LLCs \$166988 Fundraising					ne 18)				'
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Return Reference Explanation SCF is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code SCF is exempt from State income taxes under the Alaska Nonprofit Corporation Act Therefore, the accompanying statements do not reflect a provision for income taxes Although SCF is exempt from Federal income taxes, any income derived from unrelated business activities is subject to the requirement of filing U S. Federal Income Tax Form 990-T and a tax liability may be determined on these activities SCF's policy is to report interest and penalties associated with uncertain tax positions as other expense. There is no interest or penalties accrued at September 30, 2015 and 2014. With few exceptions, SCF is not subject to audit of its tax returns prior to September 30, 2012. Management has taken no uncertain tax positions. Part XII, Line 2d. Other expenses Loss on Sale of Fixed Assets \$51884. Book over Tax Loss from LLCs \$166988. Fundraising			•		,,				
Part X FIN48 Footnote SCF is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code SCF is exempt from State income taxes under the Alaska Nonprofit Corporation Act. Therefore, the accompanying statements do not reflect a provision for income taxes. Although SCF is exempt from Federal income taxes, any income derived from unrelated business activities is subject to the requirement of filing U.S. Federal Income Tax Form 990-T and a tax liability may be determined on these activities. SCF's policy is to report interest and penalties associated with uncertain tax positions as other expense. There is no interest or penalties accrued at September 30, 2015 and 2014. With few exceptions, SCF is not subject to audit of its tax returns prior to September 30, 2012. Management has taken no uncertain tax positions. Part XII, Line 2d. Other expenses. Loss on Sale of Fixed Assets \$51884. Book over Tax Loss from LLCs \$166988. Fundraising.	Prov Part	ıde the V , lıne	descriptions required for 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a					de any additional
is exempt from State income taxes under the Alaska Nonprofit Corporation Act. Therefore, the accompanying statements do not reflect a provision for income taxes. Although SCF is exempt from Federal income taxes, any income derived from unrelated business activities is subject to the requirement of filing U.S. Federal Income Tax Form 990-T and a tax liability may be determined on these activities. SCF's policy is to report interest and penalties associated with uncertain tax positions as other expense. There is no interest or penalties accrued at September 30, 2015 and 2014. With few exceptions, SCF is not subject to audit of its tax returns prior to September 30, 2012. Management has taken no uncertain tax positions. Part XII, Line 2d. Other expenses.		Re	eturn Reference	Explanation					
Part XII, Line 2d Other expenses Loss on Sale of Fixed Assets \$51884 Book over Tax Loss from LLCs \$166988 Fundraising	Part X	FIN4	18 Footnote	is exempt from State income taxes under accompanying statements do not reflect a Federal income taxes, any income derived requirement of filing U S Federal Income these activities SCF's policy is to report positions as other expense There is no in 2014 With few exceptions, SCF is not sul	the Ala a provis d from u Tax For interest diterest o bject to	ska Nonprion for inclinated by m 990-Total and penalor penaltie audit of it	ofit Corporatione taxes Alusiness activand a tax liabilities associatis accrued at 5	on Act though ities is ility m ted wit Septer	t Therefore, the h SCF is exempt from s subject to the ay be determined on the uncertain tax mber 30, 2015 and
	Part X	II, Lın	e 2d Other expenses	 			from LLCs \$1	6698	8 Fundraising

Jenedale 2 (1 01111 330) 2013		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
-				

Schedule D (Form 990) 2014

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DLN: 93493200012186

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

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.

Supplemental Information Regarding

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

Open to Public Inspection

Southcentral Foundation						92-0086076	
Part I Fundraising Active filers are not required.			anızatıo	n answered "Yes" to	Form		line 17. Form 990-EZ
 Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least 	citations i written or oral agree Form 990, Part VII) st paid individuals or	ement with or entity ir entities (fu	e f g any indi	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	ernmen g events rs, direc undraisi	t grants t grants s tors, trustees ng services?	⊤ Yes ▼ No ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundraise custoe contri contribu	erhave dy or ol of	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
6							
7							
8							
9							
10							
			.				
3 List all states in which the registration or licensing	organization is regis	tered or lice	ensed to	solicit contributions o	r has be	en notified it is	exempt from

Pai	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut						
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events			
			ECAF	FWWI		(add col (a) through col (c))			
			(event type)	(event type)	(total number)	.,,			
Revenue	1	Gross receipts	52,470	14,905		67,375			
ξeve	2	Less Contributions	52,470	14,905		67,375			
_	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
မွာ	5	Noncash prizes							
Expenses	6	Rent/facility costs							
	7	Food and beverages .							
Dreg	8	Entertainment							
ā	9	Other direct expenses .	22,638	1,943		24,581			
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(24,581)			
	11	Net income summary Subtract li	ne 10 from line 3, columr	(d)		-24,581			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than			
Revenue		\$15,000 OH FORM 530 EE, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
<u>~</u>	1	Gross revenue							
ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Г Yes% Г Nо	Г Yes% Г No	✓ Yes %✓ No	-,			
	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)					
9 a b	a Is the organization licensed to conduct gaming activities in each of these states? Yes No								
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain									

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
С	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

Schedule I

(Form 990)

Department of the Treasury

DLN: 93493200012186

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.

Open to Public

Internal	al Revenue Service Information about Schedule I (Form 990)	and its instructions is at <u>www.irs.gov/form990</u> .	Inspe	ect ion
Name o	of the organization		Employer identification nu	mber
Southo	ncentral Foundation		92-0086076	
Part	t I General Information on Grants and Assistance			
	Does the organization maintain records to substantiate the amount of the grants or the selection criteria used to award the grants or assistance?	,		✓ Yes
2 [Describe in Part IV the organization's procedures for monitoring the use of grant fu	nds 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 organization or government	(b) EIN	(c) IRC 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 grant or assistance
See Addıtıonal Data Table							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	13
3	Enter total number of other organizations listed in the line 1 table	2

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
See Addıtıonal Data Table					

Part IV Supplemental Ir	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Grantmaker's Description of How	Periodic reports are submitted in accordance with grant requirements and grant related expenses are substantiated on an ongoing basis by the Finance
Grants are Used	Manager assigned to the grant

Schedule I (Form 990) 2014

Additional Data

Software ID: 14000265

Software Version: 2014v6.0

EIN: 92-0086076

Name: Southcentral Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 grant or assistance
Abused Womens Aid in Crisis 100 West 13th Avenue Anchorage,AK 99501	92-0061049		51,000	0			Aıd to Abused Women
Alaska Native Tribal Health Cons4000 Ambassador Drive Anchorage,AK 99508	92-0162721		27,564,182	0			Health Services
Chickaloon VillagePO Box 1105 Chickaloon, AK 99674	92-0120907		311,667	0			Health & Behavioral Services

Form 990,Schedule I, Pa	rt II, Grants ar	ad Other Assistance	e to Domestic Org	anizations and Do	mestic Governmer	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 grant or assistance						
Cook Inlet Tribal Council In 3600 San Jeronimo Drive Anchorage, AK 99508	92-0094184		20,017	0									
Edzeno Nikolai Village CounciPO Box 9105 Nikolai, AK 99691	92-0153102		355,000	0									
Group Health Cooperative 1730 Minor Avenue Suite 1600 Seattle, WA 98101	91-0511770		54,125	0			Health & Behavioral Services						

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>ıd Other Assistanc</u> ı	e to Domestic Org	<u>anizations and Do</u>	<u>mestic Governmer</u>	its.	
(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 grant or assistance
Kenaitze Indian Tribe IRAPO Box 988 Kenai, AK 99611	92-0069243		40,000	0			Health & Behavioral Services
Knik Tribal CouncilPO Box 871565 Wasilla,AK 99687	92-0076275		67,500	0			Health & Behavioral Services
Native Village of EklutnaPO Box 970666 Chugiak, AK 99657	92-0115246		67,500	0			Health & Behavioral Services

Form 990,Schedule I, Pa	rm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 grant or assistance	
Native Village of TyonekPO Box 82009 Tyonek, AK 99682	92-0029641		20,000	0			Health & Behavioral Services	
Ninilchik Traditional Council PO Box 39070 Ninilchik, AK 99639	92-0069906		40,000	0			Health & Behavioral Services	
Providence Alaska Medical Center3925 Tudor Centre Dr Ste 100 Anchorage,AK 99508	92-0016429		300,000	0			Alaska Cares Program	

Form 990,Schedule I, Pa	<u>rt II, Grants ar</u>	<u>nd Other Assistanc</u>	e to Domestic Org	anizations and Do	mestic Governmer	its.	
(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 grant or assistance
Seldovia Village TribePO Drawer L Seldovia, AK 99663	92-0134463		30,000	0			Health & Behavioral Services
Tribal Gov of St Paul Island 1500 W 33rd Avenue Anchorage, AK 99503	92-0060403		1,181,448	0			Health & Behavioral Services
University of Washington 1959 NE Pacific St Seattle, WA 98195	91-6001537		317,369	0			Health & Behavioral Services

(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
Scholarship/College Assistance	47	94,485			
Indian Health Services	8757	914,737			
Access to Recovery	723	1,387,543			 [
Comprehensive Behavioral Health Treatment & Recovery	255	14,983			
Employee & Community Assistance Fund (ECAF)	26	22,638			
AMHTA Mini-Grant	1	2,250			
National Cancer Prevention & Contro	126	3,780			
Patient-Centered Outcomes Research	48	1,200			-
Special Diabetes Program for Indian	50	1,250			
UCD Trauma	139	1,390			
NIH - Narch	950	9,500			
UOW - Pharmaco	69	690			 [
ACA Tribal Visiting Project	5	125			 [
Alaska Womens Recovery Program	27	4,978			 [
ANA - Native Mens Wellness Program	75	4,128	,		 [

Form 990, Schedule I, Part III, Gran	Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.												
(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								
Preserving the Future	132	3,628											

DLN: 93493200012186

OMB No 1545-0047

Schedule J

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.

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

Open to Public Inspection

Name of the organization Southcentral Foundation

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

	92-0086076			
Pa	rt I Questions Regarding Compensation			
			Yes	No
la	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 F 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	Yes	
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	Yes	
		-		
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
c	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
5	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	Yes	
b	Any related organization?	6b		Νo
	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
3	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	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		No

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 & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 Douglas Eby, VP, Medical Svc	(i) (ii)	442,202	158,112	1,350	20,800	21,155	643,619	
2 Ileen Sylvester, VP, Exec Trb Serv	(i) (ii)	250,879	120,466	1,350	20,800	20,014	413,509	
3 Katherine Gottlieb, President/CEO	(i) (ii)	421,308	214,099	1,350	20,800	21,155	678,712	
4 Kevin Gottlieb, VP,Chief of Staff	(i) (ii)	446,092	149,162	1,350	20,800	13,413	630,817	
5 Natalie Tierney, VP, Organ Devel	(i) (ii)	323,219	129,975	1,350	20,800	13,072	488,416	
6 Ronald L Olson, VP of Finance	(i) (ii)	392,013	148,155	1,350	20,800	20,655	582,973	
7 Sarah Satow, Dentist Spec	(i) (ii)	427,109		330	20,800	19,175	467,414	

Schedule J (Form 990) 2014

Part IIII 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
Part I, Line 1a Relevant information	
ın regards to selections on 1a	

Schedule J (Form 990) 2014

DLN: 93493200012186 OMB No 1545-0047

Open to Public

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

	ne of the organization									En	ıployer i	dentifica	ation nu										
So	uthcentral Foundation									92	2-00860	076											
	art I Bond Issues									 													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price (f) Description of purpose		Date issued (e) Issue price (f) Description of p		(e) Issue price (f) Description o		(e) Issue price (f) Description of purpose		(f) Description of purpose		(f) Description of purpose		(f) Description of purpose		feased	beh	(h) On behalf of ssuer (i) Pool financing		
										Yes	No	Yes	No	Yes	No								
A	The City of McGrath	92-0055198		11-01-2007	10,00	0,000	See S	Schedule O			Х		Х		Х								
В	The City of New Halen	92-0064939		11-01-2007	10,00	0,000	See S	Schedule O			Х		Х		Х								
С	The City of New Halen	92-0064939		12-17-2008	10,00	0,000	See S	Schedule O			Х		×		Х								
D	City of Palmer	92-6000194		11-01-2007	1,34	9,488	See S	Schedule O			Х		Х		Х								
E	art III Proceeds																						
1	A mount of bonds retired					4		<u> </u>	3		С			D									
2	A mount of bonds legally def	feased																					
3	Total proceeds of issue					10,000	10,000,000			10,000,000			1,349,488										
4	Gross proceeds in reserve t	funds			+	10,000				10,000,000													
5	Capitalized interest from pr	oceeds																					
6	Proceeds in refunding escro)WS												1	,349,488								
7	Issuance costs from procee	eds																					
8	Credit enhancement from pi	roceeds																					
9	Working capital expenditure	es from proceeds																					
10	Capital expenditures from p	roceeds				10,000	,000		10,000,000		10,00	0,000											
11	O ther spent proceeds																						
12	Other unspent proceeds																						
13	Year of substantial complet	ion			20	09		20	09	2	2009			2001									
					Yes	No)	Yes	No	Yes	ı	V o	Yes	<u> </u>	No								
14	Were the bonds issued as p	art of a current refundı	ng issue?			Х			Х			Х	Х										
15	Were the bonds issued as p	art of an advance refur	nding issue?			Х			Х			х			Х								
16	Has the final allocation of p	roceeds been made?			Х			Х		Х			Х										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х			Х		Х			Х										
Pa	rt IIII Private Business	Use		-																			
						A		l	В		С			D									

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

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Χ

Χ

Yes

No

Χ

Χ

Yes

No

Χ

Yes

Was the hedge superintegrated?

Was the hedge terminated?

d

Schedule K (Form 990) 2014 Page **2** Part Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Χ Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bondc Χ Χ Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 Does the bond issue meet the private security or payment test? 7 Χ Χ Χ Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of b If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections c 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage Α В C Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Х Х Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due vet? а Х Χ Χ Χ Exception to rebate? Χ b Χ Χ Χ No rebate due? Х Χ c Χ If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C

Χ

Pai	It IV Arbitrage (Continued)								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X		Х
Ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		x		X		X
7	Has the organization established written procedures to monitor						V		

the requirements of section 148? Part V Procedures To Undertake Corrective Action

	Α	Α		В		С		
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	х		×		Х		×	

Χ

Χ

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

Χ

DLN: 93493200012186

Open to Public

2014

OMB No 1545-0047

Schedule K (Form 990)

1

Department of the Treasury

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

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

Inspection

Internal Revenue Service Employer identification number Name of the organization Southcentral Foundation 92-0086076 Part I **Bond Issues** (i) Pool (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased **(h)** On behalf of financing ıssuer Yes No Yes No Yes No Kenai Peninsula Borough 92-0030894 11-01-2007 5,805,135 | See Schedule O Х Χ Χ 7,895,146 | See Schedule O City of Wasilla 11-01-2007 Χ Χ Χ 92-6010143 City of Palmer 09-10-2002 9,050,000 | See Schedule O Χ Χ Х 92-6000194 **Proceeds** C Α В D Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 5,805,135 7,895,146 9,050,000 Gross proceeds in reserve funds 4 5,805,135 7,895,146 9,050,000 Capitalized interest from proceeds 5 Proceeds in refunding escrows 6 5,805,135 7.895.146 9,050,000 Issuance costs from proceeds 7 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 1999 2009 2003 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Χ Χ Χ Has the final allocation of proceeds been made? Χ Χ 16 Χ Does the organization maintain adequate books and records to support the final 17 Χ Χ Χ allocation of proceeds? Part IIII Private Business Use С Α В D

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Χ

Χ

Yes

Yes

No

Yes

No

Χ

Χ

Sche	dule K (Form 990) 2014									Page 2	
Par	Private Business Use (Continued)										_
		-			Е			С		D	_
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х		Х		Х			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel o outside counsel to review any management or service contracts relating t property?										
С	Are there any research agreements that may result in private business us financed property?	se of bond-		Х		Х		Х			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel o outside counsel to review any research agreements relating to the finance										
4	Enter the percentage of financed property used in a private business use to other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Does the bond issue meet the private security or payment test?		Х		Х		Х				_
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the boundary.			Х		Х		х			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	r disposed of									_
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections									_
9	Has the organization established written procedures to ensure that all non bonds of the issue are remediated in accordance with the requirements un Regulations sections 1 141-12 and 1 145-2?		х		Х		Х				
Par	t IV Arbitrage	•									
		Α			В		С		D		
		Yes	No	Yes	No	Ye	es	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		x		Х			Х			
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х		Х			Х			
b	Exception to rebate?		Х		Х			Х			
С	No rebate due?		Х		Х			Х			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed			•	•	'	•				
3	Is the bond issue a variable rate issue?										_
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х			Х			
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										

Pai	t IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		×		X		
Ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		×		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		x		X		

Part V Procedures To Undertake Corrective Action

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		x		x			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

DLN: 93493200012186

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.

▶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

	organization undation						E	mploy	er ident	ificatio	n numbe	r
							9	2-008	36076			
Part I Ex	cess Benefit Tr	ansaction	1S (sectioi	n 501(c)(3),	section 501	(c)(4), and 501	(c)(29)	orgar	nizations	only)		
Co	mplete ıf the organı	zation answe	red "Yes"	on Form 990), Part IV, lın	e 25a or 25b, o	r Form	990-	EZ, Part	V, line	40b	
1 (a) Na	ame of disqualified p	erson (b)			disqualified	(c) Desc	rıptıon	of trai	nsaction		(d) Corr	ected?
			person	and organiz	ation						Yes	No
4958 .	e amount of tax Inc e amount of tax, If a	ny, on line 2	, above, re	 Imbursed by			ne year	undei •	section \$ \$ \$			
Loans to	and/or From In the organization an amount on Form 99	swered "Yes	" on Form	990-EZ, Par	t V , line 38a,	or Form 990, P	art IV	, line 2	26, or if	the org	anızatıor	1
Loans to Complete if reported an		swered "Yes	" on Form one 5, 6, or 2	990-EZ, Par 22 to he	(e) Original principal amount	or Form 990, P (f) Balance due	art IV (g) defa	In	(h) Appro by boal	ved rd or	(i)Wri	tten
Loans to Complete if reported an (a) Name of interested	the organization an amount on Form 99 (b) Relationship	swered "Yes 0, Part X, Irr (c) Purpose of	on Form on Form or from t	990-EZ, Par 22 to he	(e) Original principal	(f)Balance	(g)	In	(h) Appro by boar	ved rd or	(i)Wr	tten
Loans to Complete if reported an (a) Name of interested person	the organization an amount on Form 99 (b) Relationship	swered "Yes 0, Part X, Irr (c) Purpose of	(d) Loan or from t	990-EZ, Par 22 to he on?	(e) Original principal	(f)Balance	(g) defa	In ult?	(h) A ppro by boar commit	ved rd or	(i)Wri agreen	tten nent?

Part IV Business Transactions In												
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.												
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction		(e) Sha of organiz revent	ation's							
				Yes	No							
					-							

Part V	Supplemental Information									
Provide additional information for responses to questions on Schedule L (see instructions)										
	Return Reference	Explanation								

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493200012186

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.

OMB No 1545-0047

Inspection

Name of the organization Southcentral Foundation **Employer identification number**

Southcentral Foundation	92-0086076
990 Schedule O, Supplemental Information	·
Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Kevin and Katherine Gottlieb are Husband and Wife
Form 990, Part VI, Line 11b Form 990 Review Process	The tax accountant and Lee Olson, Vice President of Finance for SCF, review the 990 before it is filed. The completed and reviewed 990 is also provided to each voting member of the governing board and the President/CEO prior to filing.
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Southentral Foundation's Written Conflict of Interest Policy includes the following Annua I Statements A Each Director, Officer and Committee Member shall annually execute a state ment that affirms that such person 1 Receives a copy of this conflict of interest policy and 2 Reads and understands this policy, and 3 Agrees to comply with this policy, and 4 Understands that SCF is a charitable organization and that in order to maintain its fed eral tax exemption it must engage primarily in activities that accomplish one or more of 1 to tax-exempt purposes, and 5 Does not have any financial interests or fiduciary responsi bilities, other than the interests or fiduciary responsibilities, other than the interests or fiduciary responsibilities disclosed B. The recording georetary for the SCF Board of Directors is responsible for collecting all executed annu al statements and submitting the statements to the President and Chairman of the SCF Board of Directors for review 1 In conducting their review, the President and Chairman may us enternal or external consultants, as they determine to be necessary 2 After the President and Chairman's review, the executed annual statements must be returned to the Recording Secretary, who shall maintain the file of executed annual Statements Periodic Reviews of Potential Conflicts of Interest A. To ensure that SCF operates in a manner consistent with its charatable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic reviews of potentia. I conflicts of interest shall be conducted. The periodic reviews shall, at a minimum, include the following subjects. 1 Whether compensation arrangements and benefits are reasonab. I early transactions or arrangements entered into by SCF resulted in a transaction where the compensation to the individual outweighs the benefit. It any, further SCFs charitable purposes and do not result in inurement, impermissible pri
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	SCF contracts with an external firm to conduct an annual salary survey and determine appropriate compensation levels
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	determine appropriate compensation levels
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	SCF makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
Other Changes In Net Assets Or Fund Balances - Other Decreases	Book over Tax Loss from LLCs = -\$166988
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in value of derivative instrument = -\$393326
Schedule K Part I Column (f)	Description of Purpose A To pay the costs of construction for a parking garage for the An chorage Native Primary Care Center in Anchorage, AK B To pay the costs of constructing Ph ase III of the Anchorage Native Primary Care Center in Anchorage, AK C To pay the costs of the project described in the loan agreement. Loan Agreement - To finance the construction in and equipping of an approximately 80,000 sq foot addition to the Anchorage Native Primar. It is a proximately 48,600 sq foot Residential Psychiatric Tre atment Center D. Refund Prior Issue of 1/11/2000 to pay the costs of acquiring an office/w arehouse building in Anchorage, AK to house administrative offices E. To refund Prior Issue of 12/30/1998 to pay the costs of acquiring a Native Primary Care Center in Anchorage, AK, to be owned, occupied and operated by Southcentral Foundation F. To refund Prior Issue on 12/8/2000 to pay the costs of constructing Phase II of the Anchorage Native Primary Car. e. Center in Anchorage, AK G. To pay the costs of constructing a three story medical office.

Behavioral Health

Services in Anchorage, AK

building with a basement parking garage, to house Dental, Optometry and

DLN: 93493200012186

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization Southcentral Foundation

(Form 990)

SCHEDULE R

Employer identification number

92-0086076

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33,

(a) (b) (c) (d) (e) (f)												
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(1) Direct controlling entity							
(1) Novarupta LLC 4501 Diplomacy Dr Anchorage, AK 99508 47-4306662	Member in another LLC	AK	-108,539	28,375	Southcentral Foundation							
(2) Novarupta Unit One LLC 4501 Diplomacy Dr Anchorage, AK 99508 47-4315487	Member in another LLC	AK	-89,450	786,250	Southcentral Foundation							
(3) Coltsfoot LLC 4501 Diplomacy Dr Anchorage, AK 99508 47-4984103	Member on another LLC	AK	-45	4,999,955	Southcentral Foundation							

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) coi enti	512(b) ontrolled
						Yes	No
	Provide Ed , Social & Econ Services	AK	501(c)(3)	7	NA		No
	Provide ed, devel, and other children's ser	AK	501(c)(3)	7	Southcentral Foundation	Yes	
Anchorage, AK 995085912 27-0502649							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income) rtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
	Buy and sell Stock	AK	Coltsfoot LLC	Investment	96	98		No			No	

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

(a) Name, address, and EIN of related organization			(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	n 512 13) olled
							Yes	No
(1) Cook Inlet Region Inc	Native Corp	AK	NA	C Corp				No
725 E Fireweed Ln 800 Anchorage, AK 99503 92-0042304								

s Other transfer of cash or property from related organization(s)

ched	lule R (Form 990) 2014		Рa	ge 3
Par	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
ļ	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i E	Exchange of assets with related organization(s)	1i		No
j l	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	\vdash
	Sharing of paid employees with related organization(s)	10	Yes	<u> </u>
				\vdash
р	Reimbursement paid to related organization(s) for expenses	1 p		No
•	Reimbursement paid by related organization(s) for expenses	1 q		No
-	, , , , , , , , , , , , , , , , , , , ,			
r	Other transfer of cash or property to related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Cook Inlet Tribal Council	I	137,307	Industry Standa

No

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

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

4 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	s 50 orgai	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	e of Share of al end-of-year	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		<u> </u>	514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	
				\Box	'			,	\Box				

Schedule R (Form 990) 2014 Page **5**

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014