990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	F	0010 - 1 - 1	annan ankan maa kan sataa	amid 0010	and andine	Decembe	r 31 , 20 16
			r year, or tax year beginning Janu C Name or organization	ary 1 , 2016,	and ending		
_	Check if ap			mployer identification number			
=	Address c	•	47-1351114 E Telephone number				
_	Name cha		Number and street (or P O box, if mail is not delivered	to street address)	Room/suite	: relepnone	number
☴	Initial retur	rn/terminated	P.O. Box 871565				07-373-1470
=	Amended		City or town, state or province country, and ZIP or fore	ign postal code	į F	Group Ex	emption
=		n pending	Wasılla, AK 99687			Number	<u>→ 3</u>
3 ,	Account	ting Method	☐ Cash		н с	heck ► 🔲	if the organization is not
	Nebsite	-	ulaskacdfi.org		re	quired to at	tach Schedule B
! Т	ax-exen	npt status (che	ck only one) - ✓ 501(c)(3)	insert no)	- □527 (F	om 990, 99	00-EZ, or 990-PF).
		organization		sociation Other			
			7b to line 9 to determine gross receipts. If gross r		nore, or if total a	ssets	
) are \$500,000 or more, file Form 990 instead of		,	>	ŧ
	art I		e, Expenses, and Changes in Net Ass		as (see the in	etruction	s for Part I)
J	au. Lu		the organization used Schedule O to resp				
					II IIIS Pail I	1	
	1		ns, gifts, grants, and similar amounts receiv		•		60,000.00
	2	-	rvice revenue including government fees ar	id contracts	•	. 2	3,778 23
	3	Membersh	p dues and assessments		•	3	
	4	Investment	income			. 4	ļ
	5a	Gross amo	unt from sale of assets other than inventory	<u>5a</u>			
	b	Less: cost	or other basis and sales expenses	5b		# 14.5	
	С	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from I	ne 5a)	. <u>5c</u>	
	6	Gaming an					
	a	Gross inco					
ne	İ	\$15,000) .		6a			
Revenue	Ь	Gross inco	me from fundraising events (not including	. 0	contributions		
<u>@</u>			using events reported on line 1) (attach So				
_	İ		n gross income and contributions exceeds				
	С		expenses from gaming and fundraising evo		-		
	d		or (loss) from gaming and fundraising ev		1 6b and subt	ract	
	~	line 6c) .	or (1000) from gaming and randralong ov			6d	
		•	of inventory loss returns and allowances				
	7a		of inventory, less returns and allowances				
	b		of goods sold	· · · · · <u>Liii</u>			
	C	•	t or (loss) from sales of inventory (Subtract I			<u>7c</u>	<u> </u>
	8		ue (describe in Schedule O)		•	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	. ▶ 9	63,778.23
	10		similar amounts paid (list in Schedule O)			. 10	8,421.35
	11	Benefits pa	d to or for members		5-201	<u>11 ۱۰ (</u>	
es	12	Salaries, ot	her compensation, and employee benefits	M-2	15 -901	ノ. <u>12</u>	13,590.35
enses	13	Professiona	I fees and other payments to independent	contractors		<u> </u>	5,600.00
<u>b</u>	14	Occupancy	, rent, utilities, and maintenance			14	
Щ М	15		blications, postage, and shipping			15	
	16		nses (describe in Schedule O)				3,300 02
	17	-	nses. Add lines 10 through 16				30,911.72
<u>,,</u>	18	Excess or (deficit) for the year (Subtract line 17 from lin	e 9)			32,866.51
ę	19		or fund balances at beginning of year (fro				
SS	'		figure reported on prior year's return) .				169,526.14
Net Assets	20	-	ges in net assets or fund balances (explain				5,714 98
ž	21		or fund balances at end of year. Combine II	-			
	41	ivel assets	or iuna balances at end or year. Combine il	nes to unough zu	<u> </u>	<u> 21</u>	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form 990-EZ (2016)





						1 29 2
La	Balance Sheets (see the instructions		the second the second	D - 4 II		
	Check if the organization used Schedule	O to respond to a	uy question in this	(A) Beginning of year		(B) End of year
20	Cook carriage and investments		ļ		 	``
22 23	Cash, savings, and investments		.	169,526 14 0.00		201,853.23 0 00
24	Other assets (describe in Schedule O)			5,714.98		11,932 98
25	Total assets		, ,	175,241.12		213,786.21
26	Total liabilities (describe in Schedule O)	•		0.00	26	5,678.58
27	Net assets or fund balances (line 27 of column			175,241.12		208,107.63
Pai	t III Statement of Program Service Accom					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗹	<u></u>	Expenses
Wha	t is the organization's primary exempt purpose?	Financial Institution	Charitable			uired for section c)(3) and 501(c)(4)
_Desc	cribe the organization's program service accompli	shments for each o	f its three largest p	orogram services,-	crga	nizations optional for
as r	neasured by expenses In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provide	d, the number of	othe	rs)
28	Providing loans to individuals to become first time h					
	literacy education training					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-	(Grants \$ 60,000.00) If this amount	includes foreign gra	ints, check here .	<u> </u>	28a	8,421.35
29						
	(Grants \$) If this amount	includes foreign gra	note check here	. □	29a	
30					234	
					ļ	
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here	▶ 🗆	30a	
31	Other program services (describe in Schedule O)			 		Ţ
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	<u>,,,,,,▶□</u>	31a	
32					32	8,421 35
Par	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule	O to respond to a	ny question in this (c) Reportable	Part IV		<u> Ll</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	tay marile and one	devoted to position	(Forms W-2/1099-MISC (if not pald, enter -0-)			ther compensation
Marc	ia Clemons		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+	
Chair		1		o	0	0
	ard Porter	<u> </u>		-	1	
	Chair	1		o	o	0
Nich	olas R. Charles, Jr.					
	etary/Treasurer	1		o	0	0
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the ergographes engage in any eightfoort entirely not assume the recorded to the IDS2 If "Ves." provide a	Γ——	Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
p	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0			12 Sec.
ь 38а	Did the organization file Form 1120-POL for this year?	37b	۶, ی	\
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	3	¥
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1	3 7	4.3
39 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9		2 3 4 A	
b	Gross receipts, included on line 9, for public use of club facilities	Fig.	2,7	1
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			12/3
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ان الله السنة الله	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1716.72	泛語	× 44
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\ \
41	List the states with which a copy of this return is filed ► None			
42a		907-37		
	Located at ► 1744 N. Prospect Drive, Palmer, Alaska ZIP + 4 ►	99645		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	<u> </u>	√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	Vec	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	SE SE	¥
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	建建	1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		[h
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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," Form 990 and Schedule R may need to be completed instead of	4	4	7 Jane 7
	Form 990-EZ (see instructions)	45b	L	.√

Form 99	0-EZ (2	2016)						Page 4
46		he organization engage directly or in indidates for public office? If "Yes." o			on behalf o	f or in opposi	tion 46	Yes No
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only		nd 52, and	complete th		or lines
		Check if the organization used Sch	nedule O to respond	i to any question i	n this Part \	<u>VI</u>		<u> </u>
47		the organization engage in lobbying	activities or have a				tax 47	Yes No
	Did t If "Ye Com	e organization a school as described in the organization make any transfers to es,"-was the related organization a se plete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organization five highest compen	ritable related orga on? sated employees (anization?other than o	fficers, direct	48 49a 49b ors, truste	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit pla	alth benefits, ons to employee ins, and deferred opensation		ed amount of npensation
None								
51	Com ₁ \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no	ensated independe			1 received	
None								
	T-4-1			0400.000			0	
52	Did 1	number of other independent contra the organization complete Schedu eleted Schedule A	le A? Note: All se		•	must attac		₃ □ No
		of perjury, I declare that I have examined this red d complete. Declaration of preparer (other than					nowledge and	d belief, it is
Sign Here		Signature of officer Marcia Clemons, Chair	MONA			2 / 1. Date	3/20	17
Paid Prepa	rer	Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check self-emplo		
Use C		Firm's name ▶			T	Firm's EIN ▶		
	,,,,y	Firm's address ▶				Phone no		
May th	e IRS	discuss this return with the preparer	shown above? See	nstructions			► ☐ Yes	B □ No

SCHEDULE A (Form 990 or 990-EZ)

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.

2016

OMB No 1545-0047

Decartment of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization Employer identification number Alaska Benteh Capital, LLC Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 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 33'x% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (e) 2016 (f) Total (b) 2013 (c) 2014 (d) 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . 63,700 63,700 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 3. . 63,700 63,700 The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 63,700 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 63,700 63,700 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 78.23 78.23 Net income from unrelated business activities, 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 VI) Total support. Add lines 7 through 10 11 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2015 Schedule A, Part II, line 14 15 15 % 16a 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. 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 **▶** □ b 10%-facts-and-circumstances test - 2015. 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

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

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

Secti	on A. Public Support	, 2,,40, 1,,0 10	oto noted bor	ovv, prodect se	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	···/	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Girts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")		ļ	1	200,000	63,700	263,700
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	1	1	\		ļ	
	organization's tax-exempt purpose		}		į	İ	
3	Gross receipts from activities that are not an		İ				
	unrelated trade or business under section 513	}					
4	Tax—revenues levied for the		_				
	organization's benefit and either paid	Ì]		Ĭ	
	to or expended on its behalf		1	1			
5	The value of services or facilities						
	furnished by a governmental unit to the		ĺ		ļ		
	organization without charge				İ	[
6	Total. Add lines 1 through 5				200,000	63,700	263,700
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		İ				
b	Amounts included on lines 2 and 3						
	received from other than disqualified		ļ		ļ		
	persons that exceed the greater of \$5,000	l				ļ	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	鐵河流流線	· 1000000000000000000000000000000000000	香生活生質	· 17. 19. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	系統經濟	
	line 6.)	Mark The Control of t	90.25 在美国的	种独类性政治	建物的基础	位。王位王位	263,700
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	Ĺ			200,000	63,700	263,700
10a	Gross income from interest, dividends,]	
	payments received on securities loans, rents,					Ì	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less	}		,		ł	
	section 511 taxes) from businesses acquired after June 30, 1975			, ,			
	Add lines 10a and 10b						
11	Net income from unrelated business) i					
	activities not included in line 10b, whether or not the business is regularly carned on)			ļ		
40		ļ					
12	Other income. Do not include gain or loss from the sale of capital assets	ļ					
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				200 000	52 700	262 700
14	First five years. If the Form 990 is for the	l	's first secon	d third fourth	or fifth tax ve	63,700	263,700 2,501(c)(3)
	organization, check this box and stop he						▶ 🕢
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line			3. column (f))		15	%
16	Public support percentage from 2015 Sci		-			16	%
Section	on D. Computation of Investment In						
17	Investment income percentage for 2016 (line 10c, colum	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2015	5 Schedule A, f	Part III, line 17			18	%
19a	331/3% support tests - 2016. If the organ	ization did not	check the box				
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppe	orted organizati	on . ▶ 🗌
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this		-				
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Ves No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 b class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporter organization was described in section 509(a)(1) or (2).
- -3a -_Did the organization have a supported organization described-in-section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- 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 Eli 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 actio was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings)

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Schedu	ule A (Form 990 or 990-EZ) 2016		J	Page 5
Part	Supporting Organizations (continued)			
	the the consent of a second of a fine of the second of the		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l. · .[- 1	2 1
a	below, the governing body of a supported organization?	11a	- `	· 1
ь	A family member of a person described in (a) above?	11b		
С	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		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7.7.3		San 3
	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	· .		3
	controlled the organization's activities. If the organization had more than one supported organization,	11		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	2 - 1	1	1.1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ادسة شا	and i
2	Did the organization operate for the benefit of any supported organization other than the supported		, Z	,.* ;
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	12.1-	2 2	J. 1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ار. ان جسسا
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		\ <u></u>	11-
4	Management of the comment of the district of t		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	1	U 1 3 . i	
	or management of the supporting organization was vested in the same persons that controlled or managed	- 7	÷ ;	
	the supported organization(s).	1		,1
Secti	on 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	藝		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	24.15		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	2000		التفتقة
2		12.20	No.	學學的
~	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	errer.	4200,500,85
3	By reason of the relationship described in (2), did the organization's supported organizations have a	25	XX	
	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		<u> </u>
Secti	on 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	nstruc	ction	s).
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struci	ions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	4.5		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	22		
b	•	2a	- 22000	***
U	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	企業	22	
	reasons for the organization's position that its supported organization(s) would have engaged in these			3.1
	activities but for the organization's involvement.	2b	7527.2H	ا مفتلامة
3	Parent of Supported Organizations Answer (a) and (b) below.	7.73	7 29	200
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3		Las (
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	\$ / s - 4g	*	ا حدا د مسحد
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	i	1

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Part.V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	ızations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting orga	nıza	tions must complete Section	ns A through E (B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		1	
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	T	, 4: 1 - 1: 23	- , - , - , - , 2
instructions for short tax year or assets held for part of year)	1.	a a said	, , , , , , , , , , , , , , , , , , ,
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	:		, ,
factors (explain in detail in Part VI).	1.		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	I	
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	1	
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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	The state of the state of	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Г		
emergency temporary reduction (see instructions)	6	(
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see
instructions).	-		

Part	Type III Non-Functionally Integrated 509(a)(3	O Cupporting Organi	-ations (continued)	
	ion D - Distributions	of Supporting Organi	Zations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish			
	Amounts paid to perform activity that directly furthers exe	orted		
2	organizations, in excess of income from activity	i tea		
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets	oses of supported orga		
- 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	·		
$\frac{3}{7}$	Total annual distributions. Add lines 1 through 6			,
8	Distributions to attentive supported organizations to which	h the organization is res	nonsive	
Ŭ	(provide details in Part VI) See instructions	in the organization to rec	pondivo	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(11)	(ıîi)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	1000		
	Underdistributions, if any, for years prior to 2016	65 - 11 - 15		· · · · · · · · · · · · · · · · · · ·
2	(reasonable cause required — explain in Part VI) See			Surper Strategy
	instructions			
3	Excess distributions carryover, if any, to 2016	4, 1 , 4, 4		المراجعة والمراجعة والمراجعة
а		- 13 / 11 / 14		
b		8 to 4-4		4
С	From 2013		\$2 ± ,	
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount	The state of the s		
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Section D, line 7:		1 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1	
а	Applied to underdistributions of prior years			may 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
b	Applied to 2016 distributable amount	State and any the second		
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result	Company of the second		
	greater than zero, explain in Part VI. See instructions.			11.200 1710
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			- · · · · · · · · · · · · · · · · · · ·
7	Excess distributions carryover to 2017 Add lines 3 ₁ and 4c.			
8	Breakdown of line 7.			
а	Restriction of the second seco	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i, j, j, j, j, j,	Section 1
b	Excess from 2013		المُن المعالِم المعال	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Excess from 2014	(, , , , , , , , , , , , , , , , , , ,		try
d	Excess from 2015			· · · · · · · · · · · · · · · · · · ·
е	Excess from 2016	T		

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. SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	➤ Attach to Form 990 or 990-EZ. ➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	Open to Public Inspection
Name of the organization	**************************************	Employer identification number
Alaska Benteh Capital,	LLC	47-1351114
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Schedule O (Form 990 or 990-EZ) (2016)		Page 2	
Name of the organization		Employer identification number	
·····			

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