

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

|  |   |  |   |
|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Anchorage Downtown Partnership Ltd<br>% THE FORAKER GROUP<br>Doing business as       |  | <b>D</b> Employer identification number<br>92-0157658 |
|  | Number and street (or P O box if mail is not delivered to street address) Room/suite<br>333 West 4th Avenue Suite 317 | <b>E</b> Telephone number<br>(907) 279-5650  |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>Anchorage, AK 99501                       |  | <b>G</b> Gross receipts \$ 1,613,128                  |
| <b>F</b> Name and address of principal officer<br>Jamie Boring<br>333 West 4th Ave Suite 317<br>Anchorage, AK 99501  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number |   |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |   |
| <b>J</b> Website: <a href="http://www.anchoragedowntown.org">www.anchoragedowntown.org</a>   |   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   |  | <b>L</b> Year of formation 1996                       |
|  |   |  | <b>M</b> State of legal domicile AK                   |

**Part I Summary**

|  |   |                           |              |
|--|---|---------------------------|--------------|
| Activities & Governance  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>See Schedule O   |                           |              |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                           |              |
|  |   |                           |              |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 19           |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 19           |
|  | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)   | <b>5</b>                  | 64           |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 149          |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 0            |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>                 |              |
| Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 1,275,450                 | 1,446,396    |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 80,805                    | 134,086      |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 921                       | 400          |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | -2,391                    | -6,088       |
|  |   | 1,354,785                 | 1,574,794    |
| Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0                         | 0            |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0                         | 0            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,047,735                 | 1,129,091    |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0                         | 0            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0  |                           |              |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 373,171                   | 579,352      |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,420,906   | 1,708,443                 |              |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      | -66,121   | -133,649                  |              |
| Net Assets or Fund Balances  |   | Beginning of Current Year | End of Year  |
|  | <b>20</b> Total assets (Part X, line 16)  | 809,941                   | 750,919      |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 66,161                    | 140,788      |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                | 743,780   | 610,131                   |              |

**Part II Signature Block**

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

|           |   |                    |
|-----------|---|--------------------|
| Sign Here | *****<br>Signature of officer                                   | 2016-09-27<br>Date |
|           | JAMIE BORING EXECUTIVE DIRECTOR<br>Type or print name and title |                    |

|                        |   |   |      |   |                   |
|------------------------|---|---|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name<br>Key E Getty CPA                             | Preparer's signature<br>Key E Getty CPA | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00121200 |
|                        | Firm's name $\rightarrow$ BDO USA LLP                                     |   |      | Firm's EIN $\rightarrow$                        |                   |
|                        | Firm's address $\rightarrow$ 3601 C STREET STE 600<br>ANCHORAGE, AK 99503 |   |      | Phone no (907) 278-8878                         |                   |

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

TO INCREASE CLEANLINESS, OCCUPANCY RATES, INVESTMENT VALUES AND LEASE INCOME, TO DECREASE CRIME, AND TO GENERALLY STIMULATE DEVELOPMENT AND IMPROVE THE QUALITY OF LIFE IN DOWNTOWN ANCHORAGE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Clean and safe program - Anchorage Downtown Partnership Ltd supplements the municipal law enforcement agencies through an ambassador program featuring trained, customer service oriented men and women who are the eyes and ears of Downtown Anchorage

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Special events and marketing - the organization actively promotes the downtown area through special events which are designed to attract people to the downtown corridor thereby supporting local business ventures

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses**

**Part IV Checklist of Required Schedules**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .  |     |    |
| <b>5</b>   | 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> <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> . . . . . |     | No |
| <b>10</b>  | 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> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>11</b>  | 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   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>b</b>   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>c</b>   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>d</b>   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>f</b>   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</b>   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .                         |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  |     | No |
| <b>16</b>  | 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> . . . . .  |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . . <input checked="" type="checkbox"/>   |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . <input checked="" type="checkbox"/>  |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . . <input checked="" type="checkbox"/>  | Yes |    |
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

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

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

Main form area containing questions 1a through 14b with corresponding input fields and Yes/No columns.

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | No |
| <b>3</b>  | 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?   |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | Yes |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  |     | No |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body?   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |     | No |

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

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

**Section C. Disclosure**

|           |  |  |
|-----------|--|--|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed   |  |
| <b>18</b> | 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |  |
| <b>19</b> | 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   |  |
| <b>20</b> | State the name, address, and telephone number of the person who possesses the organization's books and records<br>THE FORAKER GROUP 161 KLEVIN ST SUITE 101 Anchorage, AK 99508 (907) 743-1200   |  |

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) Chris Anderson<br>Director                    | 0 06<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (2) Jamie Borng<br>President - thru November 2015 | 2 31<br>.....<br>0 23  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) Tony Cange<br>Director                        | 0 19<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (4) Laura Cantrell<br>Director                    | 0 1<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) Marcia Chambers<br>Director                   | 0 29<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) Thomas Deakins<br>Director                    | 0 19<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) James Dougherty<br>Director                   | 0 15<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) Raquel Edelen<br>Secretary                    | 0 38<br>.....<br>0 19  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (9) Mark Filipenko<br>Director                    | 0 15<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) Gideon Garcia<br>Vice President              | 0 77<br>.....<br>0 19  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (11) Duncan Harrison<br>Director                  | 0 19<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) Jim Kubitz<br>Director                       | 0 19<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) Sue Linford<br>Treasurer                     | 0 29<br>.....<br>0 12  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (14) Colin McBeath<br>Director                    | 0 15<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) Daniel Mitchell<br>Director                               | 0 48<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) Claiborne Porter<br>Director                              | 0 29<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) Steve Ribuffo<br>Director                                 | 0 19<br>0 08   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (18) Brit Szymoniak<br>Director                                | 0 06<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) Silvia Villamides<br>Director                             | 0 29<br>0 08   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (20) Stephen Welch<br>Director                                 | 0 19<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) Jamie Borng<br>Executive Director                         | 40 0<br>8 0  |   |                       | X       |              |                              |        | 17,052  | 0  | 1,529   |
| (22) Chns Schutte<br>Exec Director - thru Nov 2015             | 40 0<br>6 0  |   |                       | X       |              |                              |        | 66,844  | 0  | 11,987  |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 83,896  | 0  | 13,516  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**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 **0**



**Part VIII Statement of Revenue**

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

|  |   |   | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |         |
|--|---|---|---|--|---|---|---------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>  | <b>1a</b>   | Federated campaigns . . . . . <b>1a</b>   |   |  |   |   |         |
|  | <b>b</b>  | Membership dues . . . . . <b>1b</b>   | 44,194  |  |   |   |         |
|  | <b>c</b>  | Fundraising events . . . . . <b>1c</b>  |   |  |   |   |         |
|  | <b>d</b>  | Related organizations . . . . . <b>1d</b>   |   |  |   |   |         |
|  | <b>e</b>  | Government grants (contributions) <b>1e</b>   | 1,178,640   |  |   |   |         |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>  | 223,562   |  |   |   |         |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f \$  | 175,102   |  |   |   |         |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . .   | 1,446,396   |  |   |   |         |
| <b>Program Service Revenue</b>                                 |   |   | <b>Business Code</b>  |  |   |   |         |
|  | <b>2a</b>   | CLEAN & SAFE PROGRAM  | 900099  | 134,086  | 134,086                                 |   |         |
|  | <b>b</b>  |   |   |  |   |   |         |
|  | <b>c</b>  |   |   |  |   |   |         |
|  | <b>d</b>  |   |   |  |   |   |         |
|  | <b>e</b>  |   |   |  |   |   |         |
|  | <b>f</b>  | All other program service revenue   |   |  |   |   |         |
|  | <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . .   |   | 134,086  |   |   |         |
| <b>Other Revenue</b>   | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) . . . . .  | 400   |  |   | 400   |         |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . .  | 0   |  |   |   |         |
|  | <b>5</b>  | Royalties . . . . .   | 0   |  |   |   |         |
|  | <b>6a</b>   | Gross rents   | (i) Real  |  |   |   |         |
|  |   |   | (ii) Personal   |  |   |   |         |
|  |   |   | <b>b</b> Less rental expenses                                   |  |   |   |         |
|  |   |   | <b>c</b> Rental income or (loss)                                | 0  | 0                                       |   |         |
|  | <b>d</b>  | Net rental income or (loss) . . . . .   |   | 0  |   |   |         |
|  | <b>7a</b>   | Gross amount from sales of assets other than inventory  | (i) Securities  |  |   |   |         |
|  |   |   | (ii) Other  |  |   |   |         |
|  |   |   | <b>b</b> Less cost or other basis and sales expenses            |  |   |   |         |
|  |   |   | <b>c</b> Gain or (loss)   |  |   |   |         |
|  | <b>d</b>  | Net gain or (loss) . . . . .  |   | 0  |   |   |         |
|  | <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>  | 2,000  |   |   |         |
|  |   |   | <b>b</b> Less direct expenses . . . . . <b>b</b>                | 14,322   |   |   |         |
|  |   |   | <b>c</b> Net income or (loss) from fundraising events . . . . . |  | -12,322                                 |   | -12,322 |
|  | <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . .  | <b>a</b>  | 25,485   |   |   |         |
|  |   |   | <b>b</b> Less direct expenses . . . . . <b>b</b>                | 24,012   |   |   |         |
| <b>c</b> Net income or (loss) from gaming activities . . . . . |   |   |   | 1,473  |   | 1,473   |         |
| <b>10a</b>   | Gross sales of inventory, less returns and allowances . . . . . | <b>a</b>  |   |  |   |   |         |
|  |   | <b>b</b> Less cost of goods sold . . . . . <b>b</b>   |   |  |   |   |         |
|  |   | <b>c</b> Net income or (loss) from sales of inventory . . . . .   |   | 0  |   |   |         |
| <b>Miscellaneous Revenue</b>                                   |   | <b>Business Code</b>  |   |  |   |   |         |
| <b>11a</b>   | MISCELLANEOUS   | 900099  | 4,761   |  |   | 4,761   |         |
| <b>b</b>   |   |   |   |  |   |   |         |
| <b>c</b>   |   |   |   |  |   |   |         |
| <b>d</b>   | All other revenue . . . . .                                     |   |   |  |   |   |         |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . .                       |   | 4,761   |  |   |   |         |
| <b>12</b>  | <b>Total revenue.</b> See Instructions . . . . .                |   | 1,574,794   | 134,086  |   | -5,688  |         |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .  | 0                            |  |   |                                    |
| <b>2</b>  | Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .   | 0                            |  |   |                                    |
| <b>3</b>  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .  | 0                            |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members . . . . .  | 0                            |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .   | 97,412                       |  |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                            |  |   |                                    |
| <b>7</b>  | Other salaries and wages . . . . .   | 811,254                      |  |   |                                    |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 16,184                       |  |   |                                    |
| <b>9</b>  | Other employee benefits . . . . .  | 126,740                      |  |   |                                    |
| <b>10</b>   | Payroll taxes . . . . .  | 77,501                       |  |   |                                    |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .   | 0                            |  |   |                                    |
| <b>b</b>  | Legal . . . . .  | 1,492                        |  |   |                                    |
| <b>c</b>  | Accounting . . . . .   | 58,431                       |  |   |                                    |
| <b>d</b>  | Lobbying . . . . .   | 0                            |  |   |                                    |
| <b>e</b>  | Professional fundraising services See Part IV, line 17   | 0                            |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .   | 0                            |  |   |                                    |
| <b>g</b>  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .   | 16,500                       |  |   |                                    |
| <b>12</b>   | Advertising and promotion . . . . .  | 5,923                        |  |   |                                    |
| <b>13</b>   | Office expenses . . . . .  | 104,828                      |  |   |                                    |
| <b>14</b>   | Information technology . . . . .   | 560                          |  |   |                                    |
| <b>15</b>   | Royalties . . . . .  | 0                            |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .  | 82,258                       |  |   |                                    |
| <b>17</b>   | Travel . . . . .   | 27,777                       |  |   |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0                            |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .   | 3,006                        |  |   |                                    |
| <b>20</b>   | Interest . . . . .   | 0                            |  |   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .   | 0                            |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .  | 3,226                        |  |   |                                    |
| <b>23</b>   | Insurance . . . . .  | 50,899                       |  |   |                                    |
| <b>24</b>   | 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 )  |                              |  |   |                                    |
| <b>a</b>  | IN-KIND DONATED GOODS  | 175,102                      |  |   |                                    |
| <b>b</b>  | DUES & SUBSCRIPTIONS   | 7,422                        |  |   |                                    |
| <b>c</b>  | INTERNAL RELATIONS   | 11,047                       |  |   |                                    |
| <b>d</b>  | BAD DEBT EXPENSE   | 1,150                        |  |   |                                    |
| <b>e</b>  | All other expenses   | 29,731                       |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e  | 1,708,443                    |  |   |                                    |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|---|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 1,975                    | <b>1</b>  | 14,873             |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 676,948                  | <b>2</b>  | 601,912            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                        | <b>3</b>  | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .   | 41,604                   | <b>4</b>  | 42,958             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                          |           |                    |
|   |   | 0                        | <b>5</b>  | 0                  |
|   | <b>6</b> 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 . . . . . |                          |           |                    |
|   |   | 0                        | <b>6</b>  | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 0                        | <b>7</b>  | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .  | 0                        | <b>8</b>  | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 16,931                   | <b>9</b>  | 20,582             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 51,535        |           |                    |
|   | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 40,390        | 9,371     | <b>10c</b> 11,145  |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 0                        | <b>11</b> | 0                  |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 0                        | <b>12</b> | 0                  |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 0                        | <b>13</b> | 0                  |
| <b>14</b> Intangible assets . . . . .   | 0   | <b>14</b>                | 0         |                    |
| <b>15</b> Other assets See Part IV, line 11 . . . . .                         | 63,112  | <b>15</b>                | 59,449    |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 809,941   | <b>16</b>                | 750,919   |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 66,161                   | <b>17</b> | 100,788            |
|   | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b> | 0                  |
|   | <b>19</b> Deferred revenue . . . . .  | 0                        | <b>19</b> | 40,000             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                        | <b>20</b> | 0                  |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  | 0                        | <b>21</b> | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                          |           |                    |
|   |   | 0                        | <b>22</b> | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                        | <b>23</b> | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b> | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .  | 0                        | <b>25</b> | 0                  |
| <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                | 66,161  | <b>26</b>                | 140,788   |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |           |                    |
|   | <b>27</b> Unrestricted net assets . . . . .   | 743,780                  | <b>27</b> | 610,131            |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 0                        | <b>28</b> | 0                  |
|   | <b>29</b> Permanently restricted net assets . . . . .   | 0                        | <b>29</b> | 0                  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                          | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 743,780   | <b>33</b>                | 610,131   |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 809,941   | <b>34</b>                | 750,919   |                    |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 1,574,794 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 1,708,443 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -133,649  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 743,780   |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |           |
| <b>7</b>  | Investment expenses   | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  |           |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 610,131   |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- 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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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" on 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" on 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" on 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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Anchorage Downtown Partnership Ltd

Employer identification number

92-0157658

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 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).

- 1 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 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

**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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals  | (b) Affiliated group totals        |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>   | Other exempt purpose expenditures   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>   | Lobbying nontaxable amount Enter the amount from the following table in both columns  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | 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 |  |  |
| 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   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>   | Subtract line 1g from line 1a If zero or less, enter -0-  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>   | Subtract line 1f from line 1c If zero or less, enter -0-  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|  |   | <input type="checkbox"/> <b>Y e s</b> <input type="checkbox"/> <b>N o</b> |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

**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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |         |         |         |         |           |
|--|---------|---------|---------|---------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |         |         |         |         |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |         |         |         |         |           |
| <b>c</b> Total lobbying expenditures                             |         |         |         |         |           |
| <b>d</b> Grassroots nontaxable amount                            |         |         |         |         |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |         |         |         |         |           |
| <b>f</b> Grassroots lobbying expenditures                        |         |         |         |         |           |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization Anchorage Downtown Partnership Ltd

Employer identification number 92-0157658

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and revenue/asset amounts.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, 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 (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on 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 for the organization by:

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| (3) Other  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) | ▶              |   |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) | ▶              |   |

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1) DUE FROM RELATED ENTITIES  | 59,449         |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 59,449         |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| Federal income taxes   | 0              |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 0              |

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  | 1,635,438 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |           |           |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> | 22,310    |           |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> | 22,310    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 1,613,128 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | -38,334   |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> | -38,334   |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  | 1,574,794 |

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

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

|          |  |           |           |           |
|----------|--|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  | 1,769,087 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> | 22,310    |           |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |           |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 38,334    |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> | 60,644    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 1,708,443 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |           |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           | <b>5</b>  | 1,708,443 |

**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  |
|---|--|
| FORM 990, SCHEDULE D, PART X, LINE 2    | ADP APPLIES THE PROVISIONS OF TOPIC 740 OF THE FASB ACCOUNTING STANDARDS CODIFICATION RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADP ANNUALLY REVIEWS ITS RETURN AND POSITIONS TAKEN IN ACCORDANCE WITH THE RECOGNITION STANDARDS ADP BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS TAKEN IN ACCORDANCE WITH THE RECOGNITION STANDARDS THAT WOULD REQUIRE DISCLOSURE OR ADJUSTMENT IN THESE FINANCIAL STATEMENTS |
| Form 990, Schedule D, Part XI, Line 4b  | EVENT EXPENSES NETTED AGAINST REVENUE (14,322) GAMING EXPENSES NETTED AGAINST REVENUE (24,012) Total to Schedule D, Part XI, Line 4b (38,334)  |
| Form 990, Schedule D, Part XII, Line 2d | EVENT EXPENSES NETTED AGAINST REVENUE 14,322 GAMING EXPENSES NETTED AGAINST REVENUE 24,012 Total to Schedule D, Part XII, Line 2d 38,334   |
|   |  |
|   |  |
|   |  |



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Anchorage Downtown Partnership Ltd

Employer identification number 92-0157658

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

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

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

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                        |   | (a)Event #1  | (b)Event #2  | (c)Other events | (d)  |
|------------------------|---|--------------|--------------|-----------------|--|
|                        |   | (event type) | (event type) | (total number)  | Total events<br>(add col (a) through<br>col (c)) |
| <b>Revenue</b>         | <b>1</b> Gross receipts . . . . .   |              |              |                 |  |
|                        | <b>2</b> Less Contributions . . . . .   |              |              |                 |  |
|                        | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          |              |              |                 |  |
| <b>Direct Expenses</b> | <b>4</b> Cash prizes . . . . .  |              |              |                 |  |
|                        | <b>5</b> Noncash prizes . . . . .   |              |              |                 |  |
|                        | <b>6</b> Rent/facility costs . . . . .  |              |              |                 |  |
|                        | <b>7</b> Food and beverages . . . . .   |              |              |                 |  |
|                        | <b>8</b> Entertainment . . . . .  |              |              |                 |  |
|                        | <b>9</b> Other direct expenses . . . . .  |              |              |                 |  |
|                        | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |              |              |                 |  |
|                        | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |              |              |                 |  |

**Part III Gaming.**

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

|   |  | (a)Bingo                            | (b)Pull tabs/Instant<br>bingo/progressive bingo                   | (c)Other gaming | (d)   |
|---|--|-------------------------------------|---|-----------------|---|
|   |  |                                     |   |                 | Total gaming (add col<br>(a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross revenue . . . . .         |                                     |   | 25,485          | 25,485  |
|   | <b>2</b> Cash prizes . . . . .           |                                     |   | 23,716          | 23,716  |
| <b>Direct Expenses</b>  | <b>3</b> Noncash prizes . . . . .        |                                     |   |                 |   |
|   | <b>4</b> Rent/facility costs . . . . .   |                                     |   |                 |   |
|   | <b>5</b> Other direct expenses . . . . . |                                     |   | 296             | 296   |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____%      | <input type="checkbox"/> Yes _____% | <input checked="" type="checkbox"/> Yes <sup>100 000</sup> _____% |                 |   |
|   | <input type="checkbox"/> No              | <input type="checkbox"/> No         | <input type="checkbox"/> No                                       |                 |   |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶       |  |                                     |   |                 | 24,012  |
| <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶ |  |                                     |   |                 | 1,473   |

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

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

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

**a** The organization's facility

**13a** 100.000 %

**b** An outside facility

**13b** %

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

Name **▶** THE FORAKER GROUP

Address **▶** 161 KLEVIN ST STE 101  
ANCHORAGE, AK 99508

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization **▶** \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party **▶** \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name **▶** \_\_\_\_\_

Address **▶** \_\_\_\_\_

**16** Gaming manager information

Name **▶** Chris Schutte thru Nov 2015

Gaming manager compensation **▶** \$ 0

Description of services provided **▶** Signs gaming reports

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **▶** \$ 1,473

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

| Return Reference                        | Explanation  |
|---|--|
| Form 990, Schedule G, Part III, Line 16 | Additional Gaming Manager information Name Sofia Fouquet (Nov-Dec 2015) Compensation None<br>Discription of services provided Signs gaming reports Employee Name Daniel Mitchell Compensation None<br>Discription of services provided Signs gaming reports Director/officer |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Name of the organization Anchorage Downtown Partnership Ltd

Employer identification number 92-0157658

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 shows 'Other' with 61 contributions and 175,102 FMV.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding noncash contributions.



**Part III Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference                          | Explanation                  |
|---|------------------------------|
| Form 990, Schedule M, Line 25, Column (b) | Number of contributions - 61 |

**Schedule M (Form 990) (2015)**

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

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**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](http://www.irs.gov/form990).**

Name of the organization  
Anchorage Downtown Partnership Ltd

**Employer identification number**

92-0157658

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART I, LINE 1               | To increase cleanliness, occupancy rates, investment values and lease income, to decrease crime, and to generally stimulate development and improve the quality of life in downtown Anchorage  |
| FORM 990, PART VI, SECTION A, LINE 6   | As a 501(c)(6) organization, we have members paying dues. In return, members have a voice in board representation by electing our governing board  |
| FORM 990, PART VI, SECTION B, LINE 11  | The completed return will be reviewed by the finance committee before being filed  |
| FORM 990, PART VI, SECTION B, LINE 15A | A review and approval of the executive director's annual compensation involves the utilization of an annual salary survey of CEO's in comparable organizations from the international downtown association, and documentation of the evaluation and decision by the committee of independent persons |
| FORM 990, PART VI, SECTION C, LINE 18  | Most recent three years' Form 990 is available to the public through our office upon request   |
| FORM 990, PART VI, SECTION C, LINE 19  | Governing documents, conflict of interest policy and financial statements are either published on our website at the end of each year or available upon request  |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Anchorage Downtown Partnership Ltd

**Employer identification number**

92-0157658

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> ADP DEVELOPMENT<br>333 WEST 4TH AVENUE SUITE 317<br>ANCHORAGE, AK 99501<br>73-1666295        | Property Mgmt           | AK   | 501(c)(2)                  | n/a   | ADP                              | Yes  |    |
| <b>(2)</b> ADP COMMUNITY SERVICES<br>333 WEST 4TH AVENUE SUITE 317<br>ANCHORAGE, AK 99501<br>73-1665266 | Promotion               | AK   | 501(c)(3)                  | 509(A)(2)   | ADP                              | Yes  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |  |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
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|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
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|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> | Yes |    |
| <b>1d</b> |     | No |
| <b>1e</b> | Yes |    |
| <b>1f</b> |     |    |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
| <b>1k</b> | Yes |    |
| <b>1l</b> | Yes |    |
| <b>1m</b> |     | No |
| <b>1n</b> | Yes |    |
| <b>1o</b> | Yes |    |
| <b>1p</b> | Yes |    |
| <b>1q</b> |     | No |
| <b>1r</b> |     | No |
| <b>1s</b> |     | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| <b>(1)</b> ADP COMMUNITY SERVICES   | E                             | 67,479                 | BOOK VALUE                                   |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

**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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII Supplemental Information**

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

| <b>Return Reference</b>       | <b>Explanation</b>   |
|-------------------------------|--|
| Form 990, Schedule R, Part II | (a) Name - ADP Development (b) Primary Activity - To hold title to property, maintain the property, collect rent, and to distribute (a) Name - ADP Community Services (b) Primary Activity - Formed to promote health and social welfare of downtown Anchorage |