

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization The Alaska Community Foundation		D Employer Identification Number 92-0155067
		Number and street (or P O box if mail is not delivered to street addr) Room/suite 400 L Street 100		E Telephone number (907) 334-6700
		City, town or country State ZIP code + 4 Anchorage AK 99501		G Gross receipts \$ 23,533,475.
F Name and address of principal officer Carol Simonetti 400 L Street Anchorage AK 99501				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ►
J Website: ► http://www.alaskacf.org/				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of Formation 1996 M State of legal domicile AK

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Encourage and Nurture Philanthropy			

	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Professional service revenue (Part VIII, line 2g)	10,208,375.	19,751,219.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	316,140.	401,240.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	745,195.	944,745.
	12	Total revenue (Sum of lines 8 through 11 (must equal Part VIII, column (A), line 12))	12,135,648.	21,097,204.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,122,336.	7,966,050.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	435,543.	584,151.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ►		0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	842,283.	4,533,968.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,400,162.	13,084,169.
	19	Revenue less expenses Subtract line 18 from line 12	5,735,486.	8,013,035.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	37,057,070.	40,310,521.
	22	Net assets or fund balances Subtract line 21 from line 20	3,947,177.	4,821,619.
			33,109,893.	35,488,902.

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

► Carla J. Beam Chairperson 11-14-09
Signature of officer Date

► Carla J. Beam
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/13/09 Check if self employed: Preparer's identifying number (see instructions):

Firm's name (or yours if self-employed), address, and ZIP + 4: Foster & Company
PO Box 872194
Wasilla AK 99687 EIN: Phone no:

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

SCANNED DEC 24 2009

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

Encourage and Nurture Philanthropy

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 12,031,790. including grants of \$ 7,966,050.) (Revenue \$ 15,463,178.)

The Alaska community Foundation manages individual endowment funds both large and small from a broad range of individuals, non-profit organizations and corporations. These contributions and the interest earned on them supported over \$5 million dollars in grants in 2007 for charitable activities in Alaska.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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 ▶ \$ 12,031,790. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1 a	32		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2 a	9		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you are required to <i>e-file</i> this return (see instructions).	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		X
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter.		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter.		
11 a	Gross income from other members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1 a 14
1 b 14

	Yes	No
1 a Enter the number of voting members of the governing body		
1 b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 a Does the organization have local chapters, branches, or affiliates?		X
7 b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
7 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions)		X
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
7 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16 b		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ Alaska
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ Carol Simonetti 400 L Street, Suite 100, Anchorage, AK 99501 (907) 334-6700

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

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

1 a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$100,000 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Carla Beam Director	2.00	X					0.	0.	0.	
Dr. Leo Bustad Director	1.00	X					0.	0.	0.	
Ken Castner Director	1.00	X					0.	0.	0.	
Morgan Christen Director	1.00	X					0.	0.	0.	
Angela Cox Director	1.00	X					0.	0.	0.	
Susan Foley Director	1.00	X					0.	0.	0.	
Rick Nerland Director	1.00	X					0.	0.	0.	
Allan Johnston Director	2.00	X					0.	0.	0.	
Jo Michalski Director	2.00	X					0.	0.	0.	
Marilyn Romano Director	1.00	X					0.	0.	0.	
Kris Norosz Director	1.00	X					0.	0.	0.	
Margaret Price Vice-Chair	2.00	X					0.	0.	0.	
Bernie Washington Director	1.00	X					0.	0.	0.	
Steve Yoshida Director	1.00	X					0.	0.	0.	
Reed Stoops Director	1.00	X					0.	0.	0.	
Carol Simonetti Executive Director	40.00	X					141,731.	0.	0.	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1 b Total							141,731.	0.	0.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **1**

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

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

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,013,793.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,737,426.			
	g Noncash contribns included in lns 1a-1f	\$				
	h Total. Add lines 1a-1f		19,751,219.			
PROGRAM SERVICE REVENUE	2a Management Fees	Business Code 990099	401,240.	401,240.	0.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		401,240.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		869,462.	869,462.	0.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,511,554.			
		(ii) Other				
		b Less cost or other basis and sales expenses	2,436,271.			
		c Gain or (loss)	75,283.			
	d Net gain or (loss)		75,283.	75,283.	0.	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		21,097,204.	1,345,985.	0.	0.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,966,050.	7,966,050.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,731.	0.	141,731.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	304,035.	39,232.	264,803.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,198.	2,818.	25,380.	0.
9 Other employee benefits	73,831.	7,383.	66,448.	0.
10 Payroll taxes	36,356.	3,636.	32,720.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	1,894.	1,769.	125.	0.
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	567,078.	565,418.	1,660.	0.
g Other	18,600.	5,458.	13,142.	0.
12 Advertising and promotion	410,863.	196,782.	214,081.	0.
13 Office expenses	235,692.	224,487.	11,205.	0.
14 Information technology				
15 Royalties				
16 Occupancy	65,763.	3,630.	62,133.	0.
17 Travel	150,744.	101,138.	49,606.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,112.	0.	7,112.	0.
23 Insurance	32,889.	5,431.	27,458.	0.
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>Contractual</u>	2,445,147.	2,336,694.	108,453.	0.
b <u>Special Events</u>	170,523.	154,492.	16,031.	0.
c <u>Communications</u>	12,975.	2,684.	10,291.	0.
d <u>Equipment</u>	414,688.	414,688.	0.	0.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	13,084,169.	12,031,790.	1,052,379.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	49,211.	1	133,636.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	380,400.	3	7,716,500.
	4	Accounts receivable, net	1,665.	4	197,667.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,620.	9	16,218.
	10a	Land, buildings, and equipment cost basis	10a 81,481.		
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 22,163.	10c	59,318.
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11	36,548,641.	13	32,187,182.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	20,897.	15	0.
16	Total assets Add lines 1 through 15 (must equal line 34)	37,057,070.	16	40,310,521.	
LIABILITIES	17	Accounts payable and accrued expenses	33,951.	17	53,999.
	18	Grants payable	11,670.	18	41,837.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	3,901,556.	25	4,725,783.
	26	Total liabilities. Add lines 17 through 25	3,947,177.	26	4,821,619.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	21,958,443.	27	28,138,819.
	28	Temporarily restricted net assets	7,161,366.	28	7,350,083.
	29	Permanently restricted net assets	3,990,084.	29	0.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	33,109,893.	33	35,488,902.
	34	Total liabilities and net assets/fund balances.	37,057,070.	34	40,310,521.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990. Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 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?
- 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?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization The Alaska Community Foundation	Employer identification number 92-0155067
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III– Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	2,494,007.	6,252,861.	11,065,166.	10,171,023.	20,581,849.	50,564,906.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3	2,494,007.	6,252,861.	11,065,166.	10,171,023.	20,581,849.	50,564,906.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						50,564,906.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,494,007.	6,252,861.	11,065,166.	10,171,023.	20,581,849.	50,564,906.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,392.	860,959.	1,028,109.	1,611,133.	869,462.	4,417,055.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						54,981,961.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	91.97%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	49.75%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

The Alaska Community Foundation
 Schedules B
 Grantees receiving \$5000 or more
 Tax Year 2008
 Aggregate Contributions Types of Contributions Report Name

Address 1	Address 2	City	State	Zip
				99515
				99519
				98024
				99511
				84098
				99511
				99503
				99508
				99517
				99501
				99515-3942
				99517-1055
				99516
				99503
				78411
				85739
				99515-2733
				99645
				99510
				99519-6660
				99524
				99723
				77079
				99510
				99503
				99501
				55479
				99518-3051
				99811
				99519-6247
				99519-6650
				30327
				99664
				99501-5163
				99508-4676
				99504
			Ireland	
				99508
				99510
				99801
				99504
				99511
				99603
				99516
				99502
				99503
				99502
				99503
				99503
				99664

The Alaska Community Foundation
Schedular B
Grantees receiving \$5000 or more
Tax Year 2008
Aggregate Contributions Types of Contributions Report Name

Address 1	Address 2	City	State	Zip
			99664	99664
			99827	99827
			99501	99501
			99501	99501
			99664	99664
			98185	98185
			99501	99501
			99669-7553	99669-7553
			33919	33919
			99514	99514
			99501	99501
			99654-7183	99654-7183
			77079	77079
			99515	99515
			99503	99503
			99701	99701
			98111	98111
			99511	99511
			99833	99833
			45202	45202
			94590	94590
			99709	99709
			99517	99517
			94108	94108

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

The Alaska Community Foundation

Employer identification number

92-0155067

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's 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 XIV
- 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? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to 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? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land	20,000.			20,000.
b Buildings				
c Leasehold improvements	8,790.		0.	8,790.
d Equipment	52,691.		22,163.	30,528.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				59,318.

BAA

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		

Total. (Column (b) should equal Form 990 Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Investments in securities	32,187,182.	FMV
Total. Column (b) should equal Form 990, Part X, Col (B) line 13) ▶	32,187,182.	

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col (B), line 15) ▶	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Investments under management	4,725,783.
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25) ▶	4,725,783.

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		21,097,204.
2	Total expenses (Form 990, Part IX, column (A), line 25)		13,084,169.
3	Excess or (deficit) for the year Subtract line 2 from line 1		8,013,035.
4	Net unrealized gains (losses) on investments		-5,634,026.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8		-5,634,026.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		2,379,009.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	15,471,608.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-5,634,026.
b	Donated services and use of facilities	2b	8,430.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-5,625,596.
3	Subtract line 2e from line 1	3	21,097,204.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	21,097,204.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,092,599.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	8,430.
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	8,430.
3	Subtract line 2e from line 1	3	13,084,169.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	13,084,169.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

Pt X Funds held for others -----

Pt II Line 9 -----

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990. Complete if the organization answered 'Yes' to
Form 990, Part IV, line 14b, line 15, or line 16.**

Name of the organization

Employer identification number

The Alaska Community Foundation

92-0155067

Part I **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 **Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Totals					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	Philanthropy	24,000	Check	0	N/A	Cash

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public Inspection

▶ Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

The Alaska Community Foundation

92-01555067

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Various See Attached Schedule							

2 Enter total number of section 501(c)(3) and government organizations 45
3 Enter total number of other organizations 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 --- Program reporting is required for grants issued.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

The Alaska Community Foundation

92-0155067

Pt VI-B, Line 12c All directors and employees are required to report any conflict of interest.

Pt XI, Line 2c Finance Committee of the Board of Directors

Pt VI-C, Line 19 Upon request

Part XI, Line 1 Accrual

Pt VI-C, Line 18 Items are available upon request

Pt VI-A, Line 1a There are 14 members

Pt VI-A, Line 10 The Board of Directors reviews the 990 before filing

Supporting Statement of:**Form 990 p 11/Line 27, column (A)**

Description	Amount
<u>Undesignated</u>	<u>21,906,807.</u>
<u>Invested in property and equipment</u>	<u>51,636.</u>
Total	<u><u>21,958,443.</u></u>

The Alaska Community Foundation
 Schedules I
 Grantees receiving \$5000 or more
 Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Alaska Arts and Culture Foundation P O Box 101883 Anchorage, AK 99510	92-0171993	501(C)3	600 00				General Support
Alaska Arts and Culture Foundation P O Box 101883 Anchorage, AK 99510	92-0171993	501(C)3	4,600 00				Grant award for Pratt Museum
Alaska Arts and Culture Foundation P O Box 101883 Anchorage, AK 99510	92-0171993	501(C)3	1,088 00				general support for the Alaska Arts and Culture Foundation
Alaska Conservation Foundation 441 West 5th Avenue Suite 402 Anchorage, AK 99501-2340	92-0061466	501(C)3	50 00				General Support
Alaska Conservation Foundation 441 West 5th Avenue Suite 402 Anchorage, AK 99501-2340	92-0061466	501(C)3	24,292 00				Payment balance of Moore grant
Alaska Design Forum P O Box 101916 Anchorage, AK 99510	92-0150019	501(C)3	15,000 00				Challenge Grant - Park Event Lighting
Alaska Federation of Natives 1577 C Street, Suite 300 Anchorage, AK 99501	92-0034863	501(C)4	14,162 00				convention and subsistence program
Alaska Federation of Natives 1577 C Street, Suite 300 Anchorage, AK 99501	92-0034863	501(C)4	19,500 00				Convention
Alaska Federation of Natives 1577 C Street, Suite 300 Anchorage, AK 99501	92-0034863	501(C)4	24,000 00				AFN Convention
Alaska Federation of Natives 1577 C Street, Suite 300 Anchorage, AK 99501	92-0034863	501(C)4	33,500 00				AFN Convention
Alaska Federation of Natives 1577 C Street, Suite 300 Anchorage, AK 99501	92-0034863	501(C)4	404,000 00				AFN Convention and Marketplace
Alaska Fund-Interfund			5,000 00				interfund transfer
Alaska Immigration Justice Project 431 West 7th Avenue Suite 208 Anchorage, AK 99501	56-2533062	501(C)3	15,000 00				Medical interpreter training program
Alaska Meth Education Project Municipality of Anchorage P O Box 196650 Anchorage, AK 99519-6650			7,800 00				General Operating Support
Alaska Ski Educational Foundation 2525 Churchill Street Anchorage, AK 99510	23-7378119	501(C)3	1,250 00				General Operating Support
Alaska Ski Educational Foundation 2525 Churchill Street Anchorage, AK 99510	23-7378119	501(C)3	2,000 00				Annual Scholarships
Alaska Ski Educational Foundation 2525 Churchill Street Anchorage, AK 99510	23-7378119	501(C)3	1,775 00				general support

The Alaska Community Foundation
 Schedules I
 Grantees receiving \$5000 or more
 Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Alaska World Affairs Council 406 G Street, Suite 207 Anchorage, AK 99501	92-6002686	501(C)3	15,000 00				To support 50th anniversary of this educational organization
Alaska Youth & Parent Foundation P O Box 232053 Anchorage, AK 99523	92-0043569	501(C)3	5,000 00				Skills For Life program
Alpha Omega Life Care, Inc P O Box 1009 Delta Junction, AK 99737	92-0176068	501(C)3	5,000 00				purchase of van for deliverng food
Anchorage International Rotary c/o Foraker Group 161 North Klevin, Suite 101 Anchorage, AK 99508			35,000 00				2008 Challenge Grantee Reflection Point at Kincaid Park
Anchorage Project Access 1805 Academy Drive Suite 102 Anchorage, AK 99508	92-0152088	501(C)3	10,000 00				General operating support
Anchorage Urban League P O Box 242733 Anchorage, AK 99524	31-1544196	501(C)3	50,000 00				Our Time 2008 Civic Engagement Initiative Hip Hop & The Art of Political Activism
Anchorage Urban League P O Box 242733 Anchorage, AK 99524	31-1544196	501(C)3	500 00				General Support
Anchorage Urban League P O Box 242733 Anchorage, AK 99524	31-1544196	501(C)3	11,837 00				Payout of Rasmuson grants
Audubon Alaska 715 L Street Suite 200 Anchorage, AK 99501	51-0182677	501(C)3	2,000 00				Anchorage birding map
Audubon Alaska 715 L Street Suite 200 Anchorage, AK 99501	51-0182677	501(C)3	3,000 00				Birding Map Total payment equals \$5,000 - \$2,000 previously paid
Bean's Cafe P O Box 100940 Anchorage, AK 99510	92-0072522	501(C)3	5,000 00				Funding for cargo van and driver
Bean's Cafe P O Box 100940 Anchorage, AK 99510	92-0072522	501(C)3	2,000 00				General operating support
Bear Valley PTA 15001 Mountain Air Drive Anchorage, AK 99516	92-0103319	501(C)3	5,000 00				Full spectrum lighting replacement project
Blind & Visually Impaired 3903 Taft Drive Anchorage, AK 99517	92-0108817	501(C)3	6,000 00				Funding for the low vision clinic
Central Peninsula Health Foundation 250 Hospital Place Soldotna, AK 99669	20-2778670	501(C)3	5,000 00				General Support
Chugiak Eagle River Foundation P O Box 770301 Eagle River, AK 99577	92-0152780	501(C)3	5,000 00				operating costs & grant activities
Chugiak Eagle River Foundation P O Box 770301	92-0152780	501(C)3	35,000 00				grant activities & support

The Alaska Community Foundation
 Schedules I
 Grantees receiving \$5000 or more
 Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Eagle River, AK 99577							
City of Anaktuvuk Pass P O Box 21030 Anaktuvuk Pass, AK 99721			31,250 00				purchase of laptop computers
City of Atkasuk P O Box 91119 Atkasuk, 99791			31,250 00				tundra degradation
City of Point Hope P O Box 104 Point Hope, 99766			31,250 00				Tikigamut Recreation Center
City of Wainwright P O Box 9 Wainwright, 99782			31,250 00				capacity building
Commonwealth North, Inc 711 M Street Suite 104 Anchorage, AK 99501	92-0073333	501(C)3	10,000 00				To support the development of public policy initiatives for the State of Alaska
Congregation Beth Shalom 7525 E Northern Lights Blvd Anchorage, AK 99504			7,300 00				Support of Shining light event to honor Carol Comeau
Congregation Beth Shalom 7525 E Northern Lights Blvd Anchorage, AK 99504			7,995 00				reimbursement for scholarships awarded
Congregation Beth Shalom 7525 E Northern Lights Blvd Anchorage, AK 99504			1,000 00				the re-installation of stained glass window in the sanctuary
Covenant House Alaska 609 F Street Anchorage, AK 99501	13-3419755		50,000 00				General Support
Covenant House Alaska 609 F Street Anchorage, AK 99501	13-3419755		500 00				Charitable services - food, clothing, shelter
Cure International 701 Bosler Avenue Lemoyne, PA 17043	58-2248383	501(C)3	5,000 00				Medical assistance in Afghanistan, facial reconstruction, or as needed
Dimond Park Field House, Inc 240 Main Street Suite 600 Juneau, AK 99801	26-0795911	501(C)3	10,000 00				Contribute to upstart of Juneau Community Foundation's Dimond Park Field House
Eppley Institute for Parks and Public Lands Indiana Univ Research Park 501 N Morton Street, Suite 101 Bloomington, IN 47404	35-6001673	501(C)3	40,000 00				Contract Services
Eva Foundation 1120 East Huffman Road # 324 Anchorage, AK 99515	20-1441482	501(C)3	5,000 00				General operating support
Foundation for End of Life Care P O Box 20643 Juneau, AK 99802	65-0943337	501(C)3	5,000 00				educational brochure and public presentation and workshop for 4/25&4/26
Friends of Pets P O Box 240981 Anchorage, AK 99524	94-3095459	501(C)3	5,000 00				Support for Safe Haven program for pets of women at AWAIC

The Alaska Community Foundation
 Schedules
 Grantees receiving \$5000 or more
 Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Friends of the Wrangell Museum P O Box 775 Wrangell, AK 99929	94-3246068	501(C)3	5,000 00				Purchase of computers for community artist website project
Holy Rosary Academy 1010 West Fireweed Lane Anchorage, AK 99503	92-0126315	501(C)3	50,000 00				General Support
Inspire Life Skills Training, Inc 8962 Dahlia Drive Corona, CA 92833	20-1647743	501(C)3	5,000 00				Provide dental services to post foster care youth in the "Inspire" program
Institute of the North 509 West Third Avenue Suite 107 Anchorage, AK 99501	75-3155877	501(C)3	220,267 00				interfund transfer
Juneau Community Foundation 350 North Franklin Street Suite 2 Juneau, AK 99801	52-2395867	501(C)3	5,000 00				Rasmuson Foundation match for reaching the first CABI benchmark to be used for unrestricted grantmaking
Kham Aid Foundation 556 S Fair Oaks Ave , #309 Pasadena, CA 91105	95-4623942	501(C)3	5,000 00				General support
Kincaid Project Group, Inc P O Box 140695 Anchorage, AK 99514	20-2342868	501(C)3	2,500 00				General Support
Kincaid Project Group, Inc P O Box 140695 Anchorage, AK 99514	20-2342868	501(C)3	590,000 00				Wire Transfer
Kincaid Project Group, Inc P O Box 140695 Anchorage, AK 99514	20-2342868	501(C)3	290,000 00				General Operating Support
Kincaid Project Group, Inc P O Box 140695 Anchorage, AK 99514	20-2342868	501(C)3	1,500,000 00				Kincaid Park Upgrades
Kincaid Project Group, Inc P O Box 140695 Anchorage, AK 99514	20-2342868	501(C)3	80,000 00				Kincaid Project Park Improvements
Kincaid Project Group, Inc P O Box 140695 Anchorage, AK 99514	20-2342868	501(C)3	25,000 00				General project support
Kisumu Children's Fund P O Box 244151 Anchorage, AK 99524			5,000 00				food and school fees
Madison Community Foundation P O Box 1050 2 Science Court Madison, WI 53705	39-6038248	501(C)3	10,000 00				Initial Contribution for "Fntz Gunkel Scholarship Fund"
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	7,453 00				Salaries, tuition and malaria project
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	27,130 00				\$12,000 February salaries/maintenance, \$830 nursery, \$500 tuition, \$6000 freezerm \$3300 sewing project,
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	12,000 00				March Salaries & Maintenance

The Alaska Community Foundation
Schedual I
Grantees receiving \$5000 or more
Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	6,500 00				\$5000 for secondary school salaries, \$1500 science equipment for secondary school
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	22,966 00				April salaries, tuition & maintenance, Maize program
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	38,785 00				May salaries, maintenance, & expenses
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	13,702 00				June Salaries/Maintenance
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	10,632 00				Sewing project, scholarships, teacher salaries, malana meds, Nasanga school completion
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	21,218 00				July salaries, tuition, village volunteer training, teachers, Mauni school
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	24,869 00				August salaries, maintenance, Malana Project, Lwanga Primary School, tuition, sewing project, training
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	16,302 00				\$13,702 September salaries/maintenance, \$1,000 sewing project, \$1,000 jewelry project, \$600 AIDS Day
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	23,852 00				October salaries & maintenance, volunteer training, Samamar Primary School, building safety/fire equipment
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	10,000 00				october salaries
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	4,802 00				Balance of October salaries
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	26,518 00				December salaries, Tuition, School, Volunteer Training
Malawi Children's Village Fund 2105 Otter Street Anchorage, AK 99504	16-1526805	501(C)3	25,825 00				January salaries, tuition, school maintenance
Municipality of Anchorage Accounts Payable P O Box 196650 Anchorage, AK 99519-6650			80,000 00				Anchorage Youth Employment in Parks program
Municipality of Anchorage Accounts Payable P O Box 196650 Anchorage, AK 99519-6650			25,000 00				Collection and furnishings enhancement for Samson-Diamond Branch Library
Municipality of Anchorage Accounts Payable P O Box 196650			25,000 00				Collection and furnishings enhancement for Muldoon Branch Library

The Alaska Community Foundation
 Schedules I
 Grantees receiving \$5000 or more
 Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Anchorage, AK 99519-6650							
Municipality of Anchorage Accounts Payable P O Box 196650 Anchorage, AK 99519-6650			637,000 00				Renovation of Mountain View Branch Library
Municipality of Anchorage Accounts Payable P O Box 196650 Anchorage, AK 99519-6650			1,000,000 00				Renovation of Chugiak-Eagle River Branch Library
Municipality of Anchorage Accounts Payable P O Box 196650 Anchorage, AK 99519-6650			25,000 00				New Chugiak-Eagle River Library
Native Village of Barrow P O Box 1130 Barrow, AK 99723			31,250 00				purchase of two copy machines
Native Village of Kalskag P O Box 50 Kalskag, AK 99607			5,000 00				Strengthening community recycling/purchase of household recycling bins
Providence Alaska Foundation 3200 Providence Drive Anchorage, AK 99508	92-0093565	501(C)3	5,000 00				To establish a clinical library for CVIU & CV OBS staff
SAGA P O Box 33037 Juneau, AK 99803	92-0129698	501(C)3	10,000 00				Girdwood Weeds Project
SAGA P O Box 33037 Juneau, AK 99803	92-0129698	501(C)3	5,000 00				general support
Seward Community Library Box 2389 Seward, AK 99664	92-0018660	501(C)3	18,008 00				Memorial Gift
Shiloh Community Development, Inc 200 W 34th Avenue Box 902 Anchorage, AK 99503	92-0177924	501(C)3	5,000 00				Home Base After School Program #NAME? 2009
Singletrack Advocates P O Box 240574 Anchorage, AK 99524			7,500 00				2008 Challenge Grant to Singletrack Advocates for signage
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	10,000 00				staff travel, salaries & expenses relating to N York hospitalization
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	10,000 00				Mbita Kenya School Construction Project
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	10,000 00				ghana school construction project
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	10,000 00				Mbita expenses
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	15,000 00				Solace farm and micro-business costs
Solace International 408 East Camino Limon Verde	81-0622816	501(C)3	10,000 00				Libena project

The Alaska Community Foundation
Schedual I
Grantees receiving \$5000 or more
Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Sahuanta, AZ 85629							
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	4,000 00				Asmin salary for January 2008 and admin costs
F Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	20,000 00				\$10,000 for Kenya Mbita consturction, \$10,000 for Malawi construction
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	20,000 00				Libena project, construction materials for two schools
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	30,000 00				Malawi, Kenya & Sudan projects
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	6,500 00				School Construction
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	31,000 00				Kenya
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	4,500 00				Micro business project , living expenses, Malawi transportation
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	10,000 00				Libena Construction
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	15,000 00				Libena Project
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	10,000 00				Supplies for rain gutter construction Mbita & Kisumu Kenya, transportation of supplies, Malawi car repair
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	18,312 00				Preliminary work completed in Kenya and Sudan for Old Fangak Medical Center to reimburse Solace International for the expenses and services during the site visit
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	12,412 00				Preliminary work completed in Kenya and Sudan for Old Fangak Medical Center, to reimburse Solace Int'l for expenses & services during site visit
Solace International 408 East Camino Limon Verde Sahuanta, AZ 85629	81-0622816	501(C)3	9,700 00				YGC
Talkeetna Community Council P O Box 608 Talkeetna, AK 99676-0608	92-0177686	501(C)3	5,000 00				Talkeetna playground improvements
The Challenger Learning Center of Alaska 9711 Kenai Spurr Highway Kenai, AK 99611	92-1761906	501(C)3	10,000 00				general operating support
The Girdwood Chapel P O Box 1068 Girdwood, AK 99587			10,000 00				Capital Campaign for a new chapel

The Alaska Community Foundation
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Grantees receiving \$5000 or more
Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
The Women's Resource Center 240 South Tuttle Avenue Sarasota, FL 34237-6336	59-1935145	501(C)3	2,500 00				general operating support
The Women's Resource Center 240 South Tuttle Avenue Sarasota, FL 34237-6336	59-1935145	501(C)3	2,500 00				general support
United Way of Anchorage 701 West 8th Avenue Suite 230 Anchorage, AK 99501			3,000 00				Support for Art of Group Facilitation training program
United Way of Anchorage 701 West 8th Avenue Suite 230 Anchorage, AK 99501			15,000 00				Tocqueville Society Gift
University of Alaska Anchorage Student Financial Aid Office P O Box 141608 Anchorage, AK 99514			2,000 00				Scholarship for Chnstina Marie McDonogh Student ID#30900130
University of Alaska Anchorage Student Financial Aid Office P O Box 141608 Anchorage, AK 99514			3,000 00				Scholarship for Sofia Michael Lagos, student id #30641581
University of Alaska Anchorage Student Financial Aid Office P O Box 141608 Anchorage, AK 99514			2,000 00				KASF Scholarship for Caitlyn M Lewis SS#574-02-2396
University of Alaska Anchorage Student Financial Aid Office P O Box 141608 Anchorage, AK 99514			1,000 00				2008 Anchorage Air Cargo Association Scholarship Award for Athena M Moore SS#574-80-7237
University of Alaska Anchorage Student Financial Aid Office P O Box 141608 Anchorage, AK 99514			1,000 00				2008 Anchorage Air Cargo Association Scholarship Award for Kelsey Seybert SS#574-04-2123
University of Alaska Anchorage Student Financial Aid Office P O Box 141608 Anchorage, AK 99514			1,500 00				College Scholarship FBO Jaime Bronga Student ID - 30938141
University of Alaska Anchorage Student Financial Aid Office P O Box 141608 Anchorage, AK 99514			250 00				Scholarship Award for Manssa L Moore #30941472
University of Alaska Anchorage Grants & Contracts P O Box 141628 Anchorage, AK 99514-1620			2,208 00				Grant #07DG11100100216 USFS Invasive Plant Tnals
University of Alaska Anchorage Grants & Contracts P O Box 141628 Anchorage, AK 99514-1620			1,984 00				USFS Invasive Plant Tnals - Grant #07DG11100100216
University of Alaska Anchorage Grants & Contracts P O Box 141628 Anchorage, AK 99514-1620			5,414 00				USFS Invasive Plant Trials - Grant #07DG11100100216
University of Alaska Anchorage Grants & Contracts			7,768 00				USFS Invasive Plant Tnals labor expenditures

The Alaska Community Foundation
 Schedules I
 Grantees receiving \$5000 or more
 Tax Year 2008

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
P O Box 141628 Anchorage, AK 99514-1620							
University of Alaska Anchorage Grants & Contracts P O Box 141628 Anchorage, AK 99514-1620			3,761 00				Grant #07DG11100100216 USFS Invasive Plant Trials
University of Alaska Foundation Development Office P O Box 755080 Fairbanks, AK 99775-5080	23-7394620	501(C)3	10,000 00				General Support
University of Alaska Foundation-Anchorage 3211 Providence Drive Anchorage, AK 99508	23-7394620	501(C)3	100,000 00				Alaska Heart Institute Fellowship Awards
VSA Arts of Alaska 3800 DeBarr Road Anchorage, AK 99508	92-0113286	501(C)3	5,000 00				General Support
Washington State University Foundation University Advancement P O Box 641042 Pullman, WA 99164-1042	91-1075542	501(C)3	8,100 00				General Support
Young Generation Center P O Box 6205 - CODE 40103 Kisumu Kondele,			15,000 00				secondary school fees
Young Generation Center P O Box 6205 - CODE 40103 Kisumu Kondele,			9,000 00				General Support