

**Return of Organization Exempt From Income Tax**

**2010**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** **2010**, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **The Alaska Community Foundation**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite  
**400 L Street 100**  
 City, town or country State ZIP code + 4  
**Anchorage AK 99501**

**D** Employer Identification Number  
**92-0155067**

**E** Telephone number  
**(907) 334-6700**

**F** Name and address of principal officer:  
**Susan Foley 400 L Street Anchorage AK 99501**

**G** Gross receipts **\$ 21,570,141.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **http://www.alaskacf.org/**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of Formation: **1995** **M** State of legal domicile: **AK**

**H(c)** Group exemption number **▶**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>To encourage and nurture philanthropy through the establishment of permanent endowments that will address current and emerging needs in communities throughout Alaska.</u>		
	<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>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>90</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 5,975,924.	<b>Current Year</b> 12,095,911.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	384,014.	446,222.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	-784,416.	1,205,622.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	15,973.	27,339.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	5,591,495.	13,775,094.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	4,830,137.	4,390,347.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	583,203.	474,338.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>8,685.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	2,349,624.	7,348,514.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	7,762,964.	12,213,199.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-2,171,469.	1,561,895.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 43,827,188.	<b>End of Year</b> 46,833,383.
	<b>21</b> Total liabilities (Part X, line 26) .....	599,945.	427,990.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	43,227,243.	46,405,393.

**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**

Signature of officer: **Susan Foley** Date: **07/14/11**  
 Type or print name and title: **Vice Chair**

**Paid Preparer Use Only**

Print/Type preparer's name: **Karen M. Foster** Preparer's signature: \_\_\_\_\_ Date: **07/07/11** Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: **FOSTER AND COMPANY**  
 Firm's address: **PO BOX 872194 WASILLA AK 99687-2194** Firm's EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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 to any question in this Part III [ ]

1 Briefly describe the organization's mission:

Encourage and Nurture Philanthropy through the establishment of permanent endowments that will address current and emerging needs in communities throughout Alaska.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 4,047,838. including grants of \$ 3,488,705.) (Revenue \$ 11,612,789.)

The Alaska community Foundation holds charitable endowment funds both large and small from a broad range of individuals, non-profit organizations and corporations. The contributions and investment returns on these funds supported over \$3 million in grants in 2010 for charitable activities.

4b (Code: ) (Expenses \$ 1,750,217. including grants of \$ 901,642.) (Revenue \$ 1,295,589.)

The Alaska Community Foundation directly supported projects throughout Alaska such as the development and maintenance of local parks, renovation of the West Anchorage High School auditorium, and other smaller community projects.

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 ▶ 5,798,055.

**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? (see instructions) .....	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .....		
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .....		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .....	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .....		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 United States? .....		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 United States? If 'Yes,' complete Schedule F, Parts I and IV .....	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, Parts II and IV .....	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, Parts III and IV .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13 c</b>	Enter the amount of reserves on hand		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a	14	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	14	
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	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	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** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10a		X
b		
10b		
11a	X	
11a	X	
b		
12a	X	
12a	X	
b		
12b	X	
12b	X	
c		
12c	X	
12c	X	
13	X	
13	X	
14	X	
14	X	
15		
15a	X	
15a	X	
b		
15b		X
15b		X
16a		X
16a		X
b		
16b		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ \_\_\_\_\_
- 18 Section 6104 requires an organization to make its 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:  
 ▶ Kate Gerlek    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**

Check if Schedule O contains a response to any question 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, 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 \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) <u>Carla Beam</u> Chair	5.00	X		X				0.	0.	0.
(2) <u>Dr. Leo Bustad</u> Past Chair	2.00	X						0.	0.	0.
(3) <u>Ken Castner</u> Director	2.00	X						0.	0.	0.
(4) <u>Morgan Christen</u> Director	2.00	X						0.	0.	0.
(5) <u>Angela Cox</u> Director	2.00	X						0.	0.	0.
(6) <u>Susan Foley</u> Vice Chair	5.00	X		X				0.	0.	0.
(7) <u>Rick Nerland</u> Director	2.00	X						0.	0.	0.
(8) <u>Kris Norosz</u> First Vice Chair	5.00	X		X				0.	0.	0.
(9) <u>Blythe Campbell</u> Director	2.00	X						0.	0.	0.
(10) <u>Marilyn Romano</u> Director	2.00	X						0.	0.	0.
(11) <u>Jason Evans</u> Director	2.00	X						0.	0.	0.
(12) <u>Kate Gerlek</u> Chief Financial Officer	40.00			X				86,778.	0.	0.
(13) <u>Bernie Washington</u> Treasurer	2.00	X		X				0.	0.	0.
(14) <u>Steve Yoshida</u> Director	2.00	X						0.	0.	0.
(15) <u>Reed Stoops</u> Director	2.00	X						0.	0.	0.
(16) <u>Candace Winkler</u> Executive Director	40.00			X				69,808.	0.	12,708.
(17) <u>Don Zoerb III</u> Director	2.00	X						0.	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 (describe hours for related organizations in Sch O)	(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			
(18) Suzanne Downing Interim Executive Director	40.00			X				52,145.	0.	0.
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
<b>1 b Sub-total</b> .....								208,731.	0.	12,708.
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								208,731.	0.	12,708.

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

	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 or individual 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 but not limited to those listed above) 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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 3,000,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 9,095,911.					
	<b>g</b> Noncash contributions included in lns 1a-1f: \$	587,013.					
	<b>h</b> Total. Add lines 1a-1f .....		▶ 12,095,911.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> Management Fees .....		Business Code				
		990099	446,222.	446,222.	0.	0.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g</b> Total. Add lines 2a-2f .....		▶ 446,222.					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		▶ 716,538.	716,538.	0.	0.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		8,284,131.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		7,795,047.					
	<b>c</b> Gain or (loss) .....	489,084.					
	<b>d</b> Net gain or (loss) .....			▶ 489,084.	489,084.	0.	0.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</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 .....							
Miscellaneous Revenue		Business Code					
<b>11 a</b> Other revenue .....	900099	27,339.	27,339.	0.	0.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e</b> Total. Add lines 11a-11d .....		▶ 27,339.					
<b>12</b> Total revenue. See instructions .....		▶ 13,775,094.	1,679,183.	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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,155,530.	4,155,530.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	56,600.	56,600.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	178,217.	178,217.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,731.	0.	208,731.	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	218,003.	0.	218,003.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,100.	0.	20,100.	0.
9 Other employee benefits				
10 Payroll taxes	27,504.	0.	27,504.	0.
11 Fees for services (non-employees):				
a Management				
b Legal	2,441.	1,949.	492.	0.
c Accounting	11,077.	0.	11,077.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	596,621.	595,060.	1,561.	0.
g Other				
12 Advertising and promotion	87,244.	28,262.	58,982.	0.
13 Office expenses	25,628.	15,150.	10,478.	0.
14 Information technology				
15 Royalties				
16 Occupancy	63,359.	1,989.	61,370.	0.
17 Travel	25,069.	825.	24,244.	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	11,968.	0.	11,968.	0.
23 Insurance	4,434.	0.	4,434.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Contractual	860,722.	740,831.	119,891.	0.
b Special Events	9,050.	365.	0.	8,685.
c Communications	12,952.	0.	12,952.	0.
d Equipment	36,297.	23,227.	13,070.	0.
e Cancelled pledge	5,600,000.	0.	5,600,000.	0.
f All other expenses	1,652.	50.	1,602.	0.
25 Total functional expenses. Add lines 1 through 24f	12,213,199.	5,798,055.	6,406,459.	8,685.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 .....	2,200.	1	33,971.
	2	Savings and temporary cash investments .....	6,041,508.	2	3,802,447.
	3	Pledges and grants receivable, net .....	5,620,750.	3	2,535,195.
	4	Accounts receivable, net .....	10,298.	4	40,484.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	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) .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	21,906.	9	19,989.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 65,325.		
	b	Less: accumulated depreciation .....	10b 43,197.	34,096.	10c 22,128.
	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 .....	32,096,430.	13	40,379,169.
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	43,827,188.	16	46,833,383.	
LIABILITIES	17	Accounts payable and accrued expenses .....	20,474.	17	36,438.
	18	Grants payable .....	579,471.	18	391,552.
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial 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 to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	599,945.	26	427,990.
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 .....	30,010,473.	27	39,288,623.
	28	Temporarily restricted net assets .....	13,216,770.	28	7,116,770.
	29	Permanently restricted net assets .....		29	
	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, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances.</b> .....	43,227,243.	33	46,405,393.	
34	<b>Total liabilities and net assets/fund balances.</b> .....	43,827,188.	34	46,833,383.	

BAA

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,775,094.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,213,199.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,561,895.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,227,243.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,616,255.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	46,405,393.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?

b Were the organization's financial statements audited by an independent accountant?

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.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

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
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> The Alaska Community Foundation	<b>Employer identification number</b> 92-0155067
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**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: (For lines 1 through 11, check only one box.)

- 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). 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).
- 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?
 

	Yes	No
(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? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

**h Provide the following information about the supported organization(s).**

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') ...	11,065,166.	10,171,023.	20,581,849.	5,619,275.	12,095,911.	59,533,224.
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 by a governmental unit to the organization without charge ....						
4 Total. Add lines 1 through 3 ...	11,065,166.	10,171,023.	20,581,849.	5,619,275.	12,095,911.	59,533,224.
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 .....						59,533,224.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	11,065,166.	10,171,023.	20,581,849.	5,619,275.	12,095,911.	59,533,224.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,028,109.	1,611,133.	869,462.	656,796.	1,205,622.	5,371,122.
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.) .....				15,973.	27,339.	43,312.
11 Total support. Add lines 7 through 10 .....						64,947,658.
12 Gross receipts from related activities, etc (see instructions) .....					12	1,823,741.
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 .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	91.66%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	91.41%

16a 33-1/3% support test – 2010. 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 – 2009. 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 – 2010. 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 – 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests – 2010.** 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 – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Income Part II, Line 10 -----

Description: Other Revenue -----

2009: 15973. -----

2010: 27339. -----

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Employer identification number

The Alaska Community Foundation

92-0155067

**Part II 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 .....	91.	
2 Aggregate contributions to (during year) .....	3,117,743.	
3 Aggregate grants from (during year) .....	1,912,926.	
4 Aggregate value at end of year .....	27,628,096.	

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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part III 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).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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 IV 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 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 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 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	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

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 the 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	43,237,919.	38,915,419.	34,275,633.		
b Contributions	11,712,231.	5,463,289.	20,666,177.		
c Net investment earnings, gains, and losses	2,820,266.	4,751,496.	-4,867,764.		
d Grants or scholarships	4,380,347.	4,483,837.	7,469,555.		
e Other expenditures for facilities and programs	6,780,543.	1,062,707.	3,287,832.		
f Administrative expenses	416,102.	345,741.	401,240.		
g End of year balance	46,193,424.	43,237,919.	38,915,419.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 64.00 %
- b Permanent endowment ▶ 32.00 %
- c Term endowment ▶ 4.00 %

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		X
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		65,325.	43,197.	22,128.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 22,128.

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (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
(1) Investments in securities	33,262,399.	FMV
(2) Closely Held Stock	7,116,770.	FMV
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) ... ▶	40,379,169.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column(B), line 15) ..... ▶	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25) ..... ▶	

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		13,775,094.
2	Total expenses (Form 990, Part IX, column (A), line 25)		12,213,199.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1,561,895.
4	Net unrealized gains (losses) on investments		1,787,202.
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 through 8		1,787,202.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		3,349,097.

**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	15,564,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,787,202.
b	Donated services and use of facilities	2b	1,726.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,788,928.
3	Subtract line 2e from line 1	3	13,775,094.
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 must equal Form 990, Part I, line 12.)	5	13,775,094.

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

1	Total expenses and losses per audited financial statements	1	12,214,925.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,726.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,726.
3	Subtract line 2e from line 1	3	12,213,199.
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 must equal Form 990, Part I, line 18.)	5	12,213,199.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt X ----- The organization is exempt from federal income taxes under Section  
 Pt X ----- 501(c)(3) of the IRC, except on net income derived from unrelated  
 Pt X ----- business activities of which there is none for 2010 or 2009.  
 Pt X ----- The Organization believes that it has appropriate support for any tax  
 Pt X ----- positions taken, and as such does not have any uncertain tax  
 Pt X ----- positions that are material to the financial statements.  
 Pt XII Line 4b ----- The organization records funds held for others as a liability  
 Pt XII Line 4b ----- on the financial statements in accordance with FASB ASC 958-605-05



Statement of Activities Outside the United States

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

The Alaska Community Foundation

Employer identification number

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) Sub-Saharan Africa	0	0	Grants to organizations	Operational support and	178,217.
(2)				school fees for orphans	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total .....	0	0			178,217.
b Total from continuation sheets to Part I .....					
c Totals (add lines 3a and 3b) ...	0	0			178,217.

**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 ....   
 Part II can be duplicated 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)
(1)			Sub-Saharan Africa	Support of orph	178,217.	Wire Transfer			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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. Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)* .....  Yes  No

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

The Alaska Community Foundation

92-0155067

**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' to 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.

Part II can be duplicated 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
(1) Various See Attached Schedule Anchorage AK 99504	See List	Attached					
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations ..... 67

3 Enter total number of other organizations ..... 0



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered 'Yes'**  
**on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization

Employer identification number

**The Alaska Community Foundation**

**92-0155067**

**Part I Types of Property**

	(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
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....		6	187,013.	Fair Market Value
10 Securities—Closely held stock .....	X	1	400,000.	See Supplemental Information in
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution—Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ (-----) .....				
26 Other ▶ (-----) .....				
27 Other ▶ (-----) .....				
28 Other ▶ (-----) .....				

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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2010



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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

The Alaska Community Foundation

92-0155067

Pt VI-B, Line 11a The audit committee reviews & approves 990 for submission  
Pt VI-B, Line 11a to Board for final approval.  
Pt VI-B, Line 12c The Board has an annual conflict of interest reporting process  
Pt VI-B, Line 12c and board members are required to disclose conflicts of interest  
Pt VI-B, Line 12c and recuse themselves from voting.  
Pt VI-B, Line 15 The board of directors form an executive search committee and  
Pt VI-B, Line 15 work with an executive search firm. Candidates were sought from  
Pt VI-B, Line 15 across the state and across the country. The committee sought the  
Pt VI-B, Line 15 advice and assistance of the Foraker Group and the Council on Foundations  
Pt VI-B, Line 15 and used comparative salary and benefits information provided by  
Pt VI-B, Line 15 both organizations.  
Pt VI-C, Line 19 Audits are posted on the website. Other policies & documents  
Pt VI-C, Line 19 are available upon request.  
Pt XII, Line 2c The audit committee assumes this responsibility.

The Alaska Community Foundation  
Attachment to 2010 Form 990  
Schedule I Part II Grants and Other  
Assistance to Governments and  
Organizations in the United States

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Request Type Description
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	11,197.00	0			February salaries	Gen/Oper Support
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	10,750.00	0			March salaries & tuition	Gen/Oper Support
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	11,489.00	0			July salaries & tuition	Gen/Oper Support
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	13,250.00	0			support for the orphanage	
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	5,000.00	0			General operating support	Gen/Oper Support
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	12,199.00	0			April salaries & tuition	Gen/Oper Support
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	699.00	0			General operating support	
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	20,849.00	0			May Salaries	Gen/Oper Support
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	5,000.00	0			General operating support	Gen/Oper Support
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	10,699.00	0			August salaries & tuition	
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	1,211.53	0			Support for Together ACT Now	
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	1,500.00	0			General Operating Support and Scholarship Provision	Gen/Oper Support
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	22,415.00	0			Orphanage operating support	



Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Request Type Description
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	11,699.00	0			Operating Support	
Malawi Children's Village,6132 Farpoint Drive Anchorage, AK 99507	16-1526805	501(c)(3)	20,944.00	0			June support	Gen/Oper Support
Alaska Immigration Justice Project,431 West 7th Avenue Suite 208 Anchorage, AK 99501	56-2533062	501(c)(3)	5,000.00	0			Medical Interpreter Training in Dillingham	
Alaska Museum of Natural History,210 North Bragaw Street Anchorage, AK 99508	92-0138658	501(c)(3)	15,000.00	0			General operating support	
Alaska Native Women's Coalition,P.O. Box 73505 Fairbanks, AK 99707	73-1628256	501(C)3	50,000.00	0			Interior Transition Services	
Alaska Ski Educational Foundation,2525 Churchill Street Anchorage, AK 99510	23-7378119	501(c)(3)	2,953.37	0			Repair of Karl Eid Ski Jumps in Hillside Park	Building/Renov ation
Alaska Ski Educational Foundation,2525 Churchill Street Anchorage, AK 99510	23-7378119	501(c)(3)	3,000.00	0			Purchase Trail Grooming Equipment	Equipment
Alaska Ski Educational Foundation,2525 Churchill Street Anchorage, AK 99510	23-7378119	501(c)(3)	173.99	0			Grant to Ursa Minor PTA	Gen/Oper Support
Alaska Ski Educational Foundation,2525 Churchill Street Anchorage, AK 99510	23-7378119	501(c)(3)	3,000.00	0			General Support	Gen/Oper Support
Alaska Vocational Technical Center,P.O. Box 889 Seward, AK 99664	92-6001185	501(c)(3)	3,000.00	0			General Suport	Gen/Oper Support
American Association of Birth Centers,3123 Gottschall Road Perkiomenville, PA 18074	13-3165442	501(c)6	10,000.00	0			Fund Temporary Data/Research Position	Research
Anchorage Community Land Trust,3412 Mountain View Drive Anchorage, AK 99501	20-0461014	501(c)(3)	100,000.00	0			General Support	Gen/Oper Support
Anchorage Community Land Trust,3412 Mountain View Drive Anchorage, AK 99501	20-0461014	501(c)(3)	25,000.00	0			General Support	
Anchorage Park Foundation,715 L Street, Suite 200 Anchorage, AK 99501	41-2205907	501(c)3	200,000.00	0			General Operating Support for Park Foundation Programs	Gen/Oper Support

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Request Type Description
Anchorage Park Foundation,715 L Street, Suite 200 Anchorage, AK 99501	41-2205907	501(c)3	200,000.00	0			General program support	
Anchorage Waterways Council,P.O. Box 241774 Anchorage, AK 99524	92-0111510	501(c)(3)	2,800.00	0			General Support	Gen/Oper Support
Anchorage Waterways Council,P.O. Box 241774 Anchorage, AK 99524	92-0111510	501(c)(3)	5,000.00	0			Advance on Spending on Endowment	Gen/Oper Support
Archdiocese of Anchorage,225 Cordova Street Anchorage, AK 99501	92-0033244	501(c)3	5,000.00	0			One Bread, One Body program	
Association of Christian Schools International,Development Public Relations P.O. Box 65130 Colorado Springs, CO 80962-5130	95-6072567	501(c)3	5,000.00	0			Training for global educators	Gen/Oper Support
Boys & Girls Clubs of Southcentral Alaska,2300 W. 36th Avenue Anchorage, AK 99517	92-0036082	501(c)3	34,596.50	0			Support Boys & Girls Club Hockey Programs	Gen/Oper Support
Boys & Girls Clubs of Southcentral Alaska,2300 W. 36th Avenue Anchorage, AK 99517	92-0036082	501(c)3	4,000.00	0			General Operating Support for Youth Hockey	Gen/Oper Support
Brother Francis Shelter,1021 E. 3rd Avenue Anchorage, AK 99501	92-0037322	501(C)3	5,000.00	0			support for use as needed	
Brother Francis Shelter,1021 E. 3rd Avenue Anchorage, AK 99501	92-0037322	501(C)3	1,000.00	0			General operating support	
Chugiak Eagle River Foundation,P.O. Box 770301 Eagle River, AK 99577	92-0152780	501(c)(3)	475,535.83	0			General Operating Support	Endowment Funds
Chugiak Eagle River Foundation,P.O. Box 770301 Eagle River, AK 99577	92-0152780	501(c)(3)	100,000.00	0			General agency operating support	Gen/Oper Support
Commonwealth North, Inc.,711 M Street Suite 104 Anchorage, AK 99501	92-0073333	501(c)(3)	7,000.00	0			\$5000 for general support and \$2000 for an ongoing study of education in Alaska	Gen/Oper Support
Congregation Beth Shalom,7525 E. Northern Lights Blvd. Anchorage, AK 99504	26-1182493	501(c)(3)	5,130.00	0			Support for Shining Lights	

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Request Type Description
Council of Athabascan Tribal Governments,P.O. Box 33 Fort Yukon, AK 99740		501(C)3	50,000.00	0			CATG Initiative: Strengthening our Service to the Yukon	
Covenant House Alaska,609 F Street Anchorage, AK 99501	13-3419755	501(c)(3)	300.00	0			Charitable Services to Young People in Need. Food, Clothing and Shelter	Gen/Oper Support
Covenant House Alaska,609 F Street Anchorage, AK 99501	13-3419755	501(c)(3)	50,000.00	0			General Support	Gen/Oper Support
Covenant House Alaska,609 F Street Anchorage, AK 99501	13-3419755	501(c)(3)	1,000.00	0			General operating support	
Covenant House Alaska,609 F Street Anchorage, AK 99501	13-3419755	501(c)(3)	1,000.00	0			Assist with care of children in need	Gen/Oper Support
Dare to Care,P.O. Box 671643 Chugiak, AK 99567	61-1514945	501(c)(3)	44,919.74	0			General operating support	
Friends of the Jesse Lee Home,2525 C Street Suite 500 Anchorage, AK 99503	23-3774589	501(c)(3)	15,080.22	0			Operating support	Gen/Oper Support
Habitat for Humanity-Anchorage,500 W. International Airport Suite E Anchorage, AK 99518	92-0140434	501(c)(3)	100.00	0			General Support	Gen/Oper Support
Habitat for Humanity-Anchorage,500 W. International Airport Suite E Anchorage, AK 99518	92-0140434	501(c)(3)	50,000.00	0			Support for the construction of a new house	Building/Renov ation
Habitat for Humanity-Anchorage,500 W. International Airport Suite E Anchorage, AK 99518	92-0140434	501(c)(3)	50,000.00	0			House sponsor	
Holy Cross Parish,2627 Lore Road Anchorage, AK 99507	92-0122494	501(c)(3)	3,000.00	0			Vacation Bible School	
Holy Cross Parish,2627 Lore Road Anchorage, AK 99507	92-0122494	501(c)(3)	10,000.00	0			General Operating Expenses	Gen/Oper Support
Holy Cross Parish,2627 Lore Road Anchorage, AK 99507	92-0122494	501(c)(3)	600.00	0			General Operating Support for Youth Ministry	Gen/Oper Support

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Request Type Description
Holy Cross Parish,2627 Lore Road Anchorage, AK 99507	92-0122494	501(c)(3)	3,000.00	0			Outreach and faith formation	
Holy Rosary Academy,1010 West Fireweed Lane Anchorage, AK 99503	92-0126315	501(c)(3)	50,000.00	0			General Support	Gen/Oper Support
Institute of the North,509 West Third Avenue Suite 107 Anchorage, AK 99501	75-3155877	501(c)(3)	13,107.00	0			General Support	Gen/Oper Support
Ionia, Inc.,54932 Burdock Road Kasilof, AK 99610	92-0159153	501(c)3	5,636.00	0			General Support	
Ionia, Inc.,54932 Burdock Road Kasilof, AK 99610	92-0159153	501(c)3	4,125.00	0			Expenses for the Sebastopol House Sale	Gen/Oper Support
Ionia, Inc.,54932 Burdock Road Kasilof, AK 99610	92-0159153	501(c)3	19,800.00	0			General Support	
Kenai Central High School Choir,9583 Spur Highway Kenai, AK 99611	920030923	501(c)3	5,381.00	0			Musical group travel for Spring 2010	Gen/Oper Support
Kincaid Project Group, Inc.,P.O. Box 140695 Anchorage, AK 99514	20-2342868	501(c)(3)	60,000.00	0			Agency Funding	
Loma Linda University,Masai Dental Clinic Operating Fund 11092 Anderson Street Loma Linda, CA 92354	95-1816009	501(C)3	15,000.00	0			Masai Dental Clinic Program	
Municipality of Anchorage, P.O. Box 196650 Anchorage, AK 99519-6650	92-0059987		10,000.00	0			Cuddy midtown park skating oval winter ice maintenance	
Our Lady of Snows Church,P.O. Box 89 Nulato, AK 99765	26-0677176	501(C)3	30,000.00	0			Path ways to Hope Training	
Petersburg Public Library,P.O. Box 549 12 Nordic Avenue Petersburg, AK 99833	92-6000142	501(c)3	1,000.00	0			Summer reading challenge at library	Program Development
Petersburg Public Library,P.O. Box 549 12 Nordic Avenue Petersburg, AK 99833	92-6000142	501(c)3	10,000.00	0			General Support	
Petersburg Public Library,P.O. Box 549 12 Nordic Avenue Petersburg, AK 99833	92-6000142	501(c)3	10,000.00	0			General operating support	
Petersburg Public Library,P.O. Box 549 12 Nordic Avenue Petersburg, AK 99833	92-6000142	501(c)3	5,000.00	0			General purposes	Gen/Oper Support

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance	Request Type Description
Rabbit Creek Road Anchorage, AK 99516	92-0096694	501(c)3	2,400.00	0			General Operating Support	Gen/Oper Support
Rabbit Creek Road Anchorage, AK 99516	92-0096694	501(c)3	2,400.00	0			Support for Mission	Gen/Oper Support
Rabbit Creek Road Anchorage, AK 99516	92-0096694	501(c)3	2,400.00	0			To support mission and ministry work	
Rabbit Creek Road Anchorage, AK 99516	92-0096694	501(c)3	2,400.00	0			Support for Mission	Gen/Oper Support
Silakkuagvik Communications, Inc.,P.O. Box 109 Barrow, AK 99723	92-0049905	501(C)3	9,999.00	0			Purchase a replacement for an FM transmitter for the village of Nuiqsut.	Equipment
Solace International,408 East Camino Limon Verde Sahuarita, AZ 85629	81-0622816	501(c)(3)	10,000.00	0			Kenya and Liberia Project	Gen/Oper Support
Solace International,408 East Camino Limon Verde Sahuarita, AZ 85629	81-0622816	501(c)(3)	504.00	0			Support an orphan at the orphanage in Guatemala.	
Stevens Village Community Improvement Corporation,P.O. 71372 Fairbanks, AK 99707	80-0366443		50,000.00	0			Stevens Village Non-Profit Development Project	Program Development
The Challenger Learning Center of Alaska,9711 Kenai Spurr Highway Kenai, AK 99611	92-1761906	501(c)(3)	20,000.00	0			General operating support	
United Way of Anchorage,701 West 8th Avenue Suite 230 Anchorage, AK 99501	92-0027948	501(c)(3)	1,000.00	0			General Support	Gen/Oper Support
United Way of Anchorage,701 West 8th Avenue Suite 230 Anchorage, AK 99501	92-0027948	501(c)(3)	20,000.00	0			To promote community well-being	
VSA Arts of Alaska,3800 DeBarr Road Anchorage, AK 99508	92-0113286	501(c)(3)	5,000.00	0			Organizational Support	Gen/Oper Support
Young Generation Center,P.O. Box 6205 - CODE 40103 Kisumu, Kondele Kenya,			10,000.00	0			General operating support	Gen/Oper Support
Young Generation Center,P.O. Box 6205 - CODE 40103 Kisumu, Kondele Kenya,			5,000.00	0			Secondary School Fees	Gen/Oper Support
			2,085,243.18					

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

The Alaska Community Foundation

Employer identification number

92-0155067

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990,  
990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

The Alaska Community Foundation

92-0155067

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Mrs. Ermalee Hickel 1905 Loussac Drive Anchorage AK 99517	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Alaska Family Services 1825 South Chugach St Palmer AK 99645	\$ 402,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	State of Alaska PO Box 110400 Juneau AK 99811	\$ 3,025,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Ionia, Inc. 54932 Burdock Road Kasilof AK 99610	\$ 455,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Pebble Partnership 3201 C Street, Suite 604 Anchorage AK 99503	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Shell Exploration & Production Company 200 North Dairy Ashford WCK 5494 Houston TX 77079	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

The Alaska Community Foundation

92-0155067

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Kreielzheimer Foundation 1000 Second Avenue, 34th Floor Seattle WA 98104	\$ 412,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Estate of Anthony Rollo c/o Edward Jones PO Box 3611 Seward AK 99664	\$ 1,935,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

The Alaska Community Foundation

92-0155067

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Closely held stock - Hickel Investment Co.	\$ 400,000.	08/09/10

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

**2010**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**The Alaska Community Foundation**

**92-0155067**

Name and title of officer

**Susan Foley**

**Vice Chair**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>13,775,094.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 07/14/2011

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN ..... **92007600001**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 07/07/2011

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Supporting Statement of:**

Form 990 p 11/Line 2, column (A)

Description	Amount
Northrim Checking	189,940.
Restricted	5,414,138.
Other cash	285,276.
Northrim CD	152,154.
Total	<u>6,041,508.</u>

**Supporting Statement of:**

Form 990 p 12/Part XI, Line 5

Description	Amount
Unrealized gains on investments	1,787,202.
Change in value of Funds Held for Others	-170,947.
Total	<u>1,616,255.</u>

**Supporting Statement of:**

Sch. A, page 2/Gross Receipts

Description	Amount
2006	276,125.
2007	316,140.
2008	401,240.
2009	384,014.
2010	446,222.
Total	<u>1,823,741.</u>