

Return of Organization Exempt From Income Tax

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

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THE ALASKA COMMUNITY FOUNDATION 3201 C STREET #110 ANCHORAGE, AK 99503	D Employer Identification Number 92-0155067	E Telephone number 907-274-6703
F Name and address of principal officer: BLYTHE CAMPBELL SAME AS C ABOVE		G Gross receipts \$ 169,377,361.	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
J Website: ▶ WWW.ALASKACF.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995	M State of legal domicile: AK

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO ADVANCE PHILANTHROPY TO STRENGTHEN ALASKA'S COMMUNITIES NOW AND FOREVER.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a).....	5	15
	6 Total number of volunteers (estimate if necessary).....	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	6,511,549.	6,097,164.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	563,795.	768,236.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	1,886,446.	8,223,621.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	29,892.	76,661.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	8,991,682.	15,165,682.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....	5,562,386.	4,139,312.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	720,740.	980,839.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 139,085.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	1,526,470.	1,836,964.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	7,809,596.	6,957,115.	
19 Revenue less expenses. Subtract line 18 from line 12.....	1,182,086.	8,208,567.	
Not Assets of Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	60,742,289.	68,631,626.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	1,124,349.	1,082,808.
		59,617,940.	67,548,818.

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:	Date: 9/19/2014
	Type or print name and title: BLYTHE CAMPBELL BOARD CHAIR	

Paid Preparer Use Only	Print/Type preparer's name TOM J DOMAGALA CPA	Preparer's signature 	Date 9-12-14	Check <input type="checkbox"/> if self-employed	PTIN P00122688
	Firm's name ▶ ALTMAN, ROGERS & COMPANY			Firm's EIN ▶ 92-0143182	
	Firm's address ▶ 425 G. STREET, SUITE 500 ANCHORAGE, AK 99501			Phone no. (907) 274-2992	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,873,223. including grants of \$ 4,068,707.) (Revenue \$ 768,236.)

GRANT PROGRAMS: FUNDS EXPENDED FROM THE HOLDINGS OF ENDOWED OR QUASI-ENDOWED CHARITABLE FUNDS FOR THE SOLE PURPOSE OF MAKING SCHOLARSHIP AWARDS AND GRANT AWARDS TO 501(C) (3) ORGANIZATIONS IN PERPETUITY OR OTHERWISE. GRANTS ARE MADE IN AN EFFORT TO IMPROVE THE QUALITY OF LIFE ACROSS ALASKA.

4b (Code:) (Expenses \$ 410,806. including grants of \$ 70,605.) (Revenue \$)

PROJECTS: FUNDS EXPENDED BY THE FOUNDATION WHEN IT SERVES AS THE FISCAL SPONSOR FOR A PARTNER ENTITY THAT IS NOT A 501(C) (3) ORGANIZATION TO ENABLE A CHARITABLE PROJECT TO MOVE FORWARD FOR THE COMMUNITY. PROJECTS ARE TAKEN ON IN AN EFFORT TO IMPROVE THE QUALITY OF LIFE ACROSS ALASKA.

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 5,284,029.

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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	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.		
11 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	
11 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
11 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	
11 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
11 e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
11 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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	X	
12 b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14 b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 hospital facilities? If 'Yes,' complete Schedule H		X
20 b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....	15	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.....	15	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?.....		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....		X
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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.....		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.....		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	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	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.....	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.....	7 d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders.	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....	12 b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13 a	
Note. See the instructions for additional information the organization must report on Schedule O.			
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	13 b	
c	Enter the amount of reserves on hand.....	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?.....			
14 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 or note to any line in this Part VI. **X**

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year.	1 a 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent.	1 b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2 SEE SCHEDULE O	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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ AK
- 18** Section 6104 requires an organization to make its 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 Other (explain in Schedule O)
- 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 during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ CANDACE WINKLER 3201 C STREET, SUITE 110 ANCHORAGE AK 99503 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 or note to any line in this Part VII.

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

1 a 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) SUSAN BEHLKE FOLEY PAST CHAIR	2 0	X		X				0.	0.	0.
(2) JOHN RUBINI DIRECTOR	2 0	X						0.	0.	0.
(3) PETER MICHALSKI DIRECTOR	2 0	X						0.	0.	0.
(4) BLYTHE CAMPBELL BOARD CHAIR	10 0	X		X				0.	0.	0.
(5) S. LANE TUCKER VICE CHAIR	2 0	X		X				0.	0.	0.
(6) ANDREW TEUBER DIRECTOR	2 0	X						0.	0.	0.
(7) CARLA BEAM DIRECTOR	2 0	X						0.	0.	0.
(8) KRIS NOROSZ SECRETARY	2 0	X		X				0.	0.	0.
(9) DON ZOERB III 1ST VICE CHAIR	5 0	X		X				0.	0.	0.
(10) BILL SHEFFIELD DIRECTOR	2 0	X						0.	0.	0.
(11) BERNARD WASHINGTON TREASURER	3 0	X		X				0.	0.	0.
(12) HON. MORGAN CHRISTEN DIRECTOR	2 0	X						0.	0.	0.
(13) KATHRYN DODGE DIRECTOR	2 0	X						0.	0.	0.
(14) ALEX SLIVKA DIRECTOR	2 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(15) KATE SLYKER DIRECTOR	2 0	X					0.	0.	0.
(16) PENNY PEDERSEN DIRECTOR	2 0	X					0.	0.	0.
(17) ANGELA COX DIRECTOR	2 0	X					0.	0.	0.
(18) DIANE KAPLAN DIRECTOR	2 0	X					0.	0.	0.
(19) KATE GERLEK CFO	40 0			X			92,434.	0.	11,042.
(20) CANDACE WINKLER PRESIDENT & CEO	40 0			X			132,854.	0.	19,263.
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1 b Sub-total							225,288.	0.	30,305.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							225,288.	0.	30,305.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	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? <i>If 'Yes' complete Schedule J for such individual</i>	4	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? <i>If 'Yes,' complete Schedule J for such person</i>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above...	1 f 6,097,164.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f.....		6,097,164.			
PROGRAM SERVICE REVENUE	2 a FUND ADMINISTRATION FEES		Business Code			
		522299	768,236.	768,236.		
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue...					
g Total. Add lines 2a-2f.....		768,236.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		1,496,290.		1,496,290.	
	4 Income from investment of tax-exempt bond proceeds..					
	5 Royalties.....					
	6 a Gross rents.....	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)...				
	d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory..	(i) Securities	160939010.			
		(ii) Other				
		b Less: cost or other basis and sales expenses.....	154211679.			
		c Gain or (loss).....	6,727,331.			
	d Net gain or (loss).....		6,727,331.	6,727,331.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	a				
		b Less: direct expenses.....	b			
c Net income or (loss) from fundraising events.....						
9 a Gross income from gaming activities. See Part IV, line 19.....	a					
	b Less: direct expenses.....	b				
	c Net income or (loss) from gaming activities.....					
10 a Gross sales of inventory, less returns and allowances.....	a					
	b Less: cost of goods sold.....	b				
	c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE	522299	71,744.	71,744.			
b ORION FUTURES L.P.		4,917.	4,917.			
c -----						
d All other revenue.....						
e Total. Add lines 11a-11d.....		76,661.				
12 Total revenue. See instructions.....		15,165,682.	7,572,228.	0.	1,496,290.	

Part IX Statement of Functional Expenses

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

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

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 United States. See Part IV, line 21.	3,858,529.	3,858,529.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	280,783.	280,783.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	225,288.	0.	201,990.	23,298.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	569,684.		510,770.	58,914.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	33,256.		29,817.	3,439.
9 Other employee benefits.	90,563.		81,197.	9,366.
10 Payroll taxes.	62,048.		55,631.	6,417.
11 Fees for services (non-employees):				
a Management.				
b Legal.	18,728.		18,728.	
c Accounting.	19,776.		19,776.	
d Lobbying.	3,000.		3,000.	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	193,496.	154,644.	38,779.	73.
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	120,085.	100,475.	19,410.	200.
12 Advertising and promotion.	241,847.	148,552.	70,133.	23,162.
13 Office expenses.	34,325.	15,370.	16,969.	1,986.
14 Information technology.	129,135.		129,135.	
15 Royalties.				
16 Occupancy.	119,514.		119,514.	
17 Travel.	96,413.	17,500.	72,965.	5,948.
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.	16,989.		16,989.	
23 Insurance.	19,471.	11,917.	7,554.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOUNDATION ADMINISTRATIVE FEES	754,286.	683,256.	66,330.	4,700.
b EQUIPMENT	36,437.	184.	36,253.	
c MISCELLANEOUS	23,982.	12,819.	10,233.	930.
d POSTAGE AND SHIPPING	5,957.		5,305.	652.
e All other expenses.	3,523.		3,523.	
25 Total functional expenses. Add lines 1 through 24e.	6,957,115.	5,284,029.	1,534,001.	139,085.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	37,786.	1	20,814.
	2 Savings and temporary cash investments	3,832,224.	2	4,623,676.
	3 Pledges and grants receivable, net	190,117.	3	6,213.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,789.	9	52,012.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 156,145.		
	b Less: accumulated depreciation	10b 80,361.	92,774.	10c 75,784.
	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	56,550,599.	13	63,853,127.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	60,742,289.	16	68,631,626.	
LIABILITIES	17 Accounts payable and accrued expenses	127,150.	17	84,010.
	18 Grants payable	950,882.	18	927,452.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	46,317.	25	71,346.
	26 Total liabilities. Add lines 17 through 25	1,124,349.	26	1,082,808.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	49,414,973.	27	55,996,829.
	28 Temporarily restricted net assets	10,202,967.	28	11,551,989.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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 Total net assets or fund balances	59,617,940.	33	67,548,818.	
34 Total liabilities and net assets/fund balances	60,742,289.	34	68,631,626.	

BAA

Form 990 (2013)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,165,682.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,957,115.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,208,567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,617,940.
5	Net unrealized gains (losses) on investments	5	-1,667,374.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	1,389,685.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,548,818.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 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.	X	
3 a	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?	X	
3 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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE ALASKA COMMUNITY FOUNDATION** Employer identification number: **92-0155067**

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

The organization is not a private foundation because it is: (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)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 – Non-functionally integrated
- 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)	

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	5,975,924.	12095911.	15122424.	6,511,549.	6,097,164.	45,802,972.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	5,975,924.	12095911.	15122424.	6,511,549.	6,097,164.	45,802,972.
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)						2,120,912.
6 Public support. Subtract line 5 from line 4.						43,682,060.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	5,975,924.	12095911.	15122424.	6,511,549.	6,097,164.	45,802,972.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	642,524.	716,538.	913,549.	1,170,211.	1,496,290.	4,939,112.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	-1410967.	516,423.	743,024.	746,127.	6,848,992.	7,443,599.
11 Total support. Add lines 7 through 10.						58,185,683.
12 Gross receipts from related activities, etc (see instructions)					12	2,652,243.
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 2013 (line 6, column (f) divided by line 11, column (f)).	14	75.07 %
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	90.88 %
16a 33-1/3% support test – 2013. 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. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add lns 9,10c, 11 and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2013.** 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 – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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.** 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).

Area with horizontal dashed lines for supplemental information.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2013	2012	2011	2010	2009
GAIN (LOSS) ON SALE OF SECURITIES	\$6,772,331.	\$ 716,235.	\$ 673,298.	\$ 489,084.	\$-1,426,940.
OTHER REVENUE	76,661.	29,892.	69,726.	27,339.	15,973.
TOTAL	<u>\$6,848,992.</u>	<u>\$ 746,127.</u>	<u>\$ 743,024.</u>	<u>\$ 516,423.</u>	<u>\$-1,410,967.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures. \$ ▶ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If 'Yes,' describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

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

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e)).					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)).					
f Grassroots lobbying expenditures					

BAA

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
SEE PART IV			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,012.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		3,000.
j Total. Add lines 1c through 1i			5,012.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

Part IV Supplemental Information

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

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

THE CEO ALONG WITH A LOBBYING FIRM MET WITH SOME MEMBERS OF CONGRESS TO EDUCATE THEM ABOUT THE WORK AND ISSUES THAT AFFECT COMMUNITY FOUNDATIONS.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....	78	216
2 Aggregate contributions to (during year).....	1,296,356.	3,414,617.
3 Aggregate grants from (during year).....	1,875,351.	1,863,984.
4 Aggregate value at end of year.....	28,682,000.	37,771,208.

- 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 II Conservation Easements.

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

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

- 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.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2 d

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (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 XIII, 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1 a 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 XIII 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

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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
1 a Beginning of year balance	59,698,582.	54,006,412.	46,193,424.	43,237,919.	38,915,419.
b Contributions	4,710,973.	5,553,468.	13,815,919.	11,712,231.	5,463,289.
c Net investment earnings, gains, and losses	7,749,458.	5,307,760.	1,138,279.	2,820,266.	4,751,496.
d Grants or scholarships	4,710,387.	4,480,504.	5,337,853.	4,380,347.	4,483,837.
e Other expenditures for facilities and programs	312,163.	223,324.	1,343,381.	6,780,543.	1,062,707.
f Administrative expenses	683,256.	465,230.	459,976.	416,102.	345,741.
g End of year balance	66,453,207.	59,698,582.	54,006,412.	46,193,424.	43,237,919.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 83.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment 17.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a 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 XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		156,145.	80,361.	75,784.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				75,784.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of 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)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. 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) CERTIFICATE OF DEPOSIT	155,421.	END OF YEAR MARKET VALUE
(2) CLOSELY HELD STOCK	8,724,686.	END OF YEAR MARKET VALUE
(3) U.S. AGENCY FUNDS	3,755,407.	END OF YEAR MARKET VALUE
(4) MUNICIPAL OBLIGATIONS	236,828.	END OF YEAR MARKET VALUE
(5) CORPORATE OBLIGATIONS	6,945,472.	END OF YEAR MARKET VALUE
(6) ASSET BACK SECURITIES	741,815.	END OF YEAR MARKET VALUE
(7) COMMON EQUITY	29,271,380.	END OF YEAR MARKET VALUE
(8) OTHER EQUITY	7,440,835.	END OF YEAR MARKET VALUE
(9) DEBT BONDS	6,581,283.	END OF YEAR MARKET VALUE
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LEAVE	71,346.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements.....	1	13,443,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments.....	2a	-1,667,374.
	b Donated services and use of facilities.....	2b	57,593.
	c Recoveries of prior year grants.....	2c	
	d Other (Describe in Part XIII.) SEE PART XIII.....	2d	38,416.
	e Add lines 2a through 2d.....	2e	-1,571,365.
3	Subtract line 2e from line 1.....	3	15,014,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
	b Other (Describe in Part XIII.) SEE PART XIII.....	4b	151,217.
	c Add lines 4a and 4b.....	4c	151,217.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	15,165,682.

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

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

1	Total expenses and losses per audited financial statements.....	1	7,019,494.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities.....	2a	57,593.
	b Prior year adjustments.....	2b	
	c Other losses.....	2c	
	d Other (Describe in Part XIII.) SEE PART XIII.....	2d	38,416.
	e Add lines 2a through 2d.....	2e	96,009.
3	Subtract line 2e from line 1.....	3	6,923,485.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	33,630.
	b Other (Describe in Part XIII.).....	4b	
	c Add lines 4a and 4b.....	4c	33,630.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	6,957,115.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

IN ACCORDANCE WITH FASB ASC 958-605-05 ASSETS RECEIVED FROM AN ORGANIZATION THAT NAMES ITSELF OR ITS AFFILIATE AS THE BENEFICIARY OF THE FUNDS THE FOUNDATION RECORDS AS LIABILITIES RATHER THAN AS CONTRIBUTIONS, EVEN IF VARIANCE POWER IS EXPLICITLY STATED IN THE GIFT AGREEMENT. ASSETS RECEIVED AND NET INVESTMENT EARNINGS ARE RECORDED AS INCREASES TO AGENCY ENDOWMENT LIABILITIES; FUND DISTRIBUTIONS AND FEES ARE RECORDED AS DECREASES TO LIABILITIES.

Part XIII Supplemental Information (continued)

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

PERMANENT AND QUASI-ENDOWMENTS PROVIDE LONG-TERM SUPPORT THROUGH CHARITABLE GRANTS TO NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS THROUGHOUT ALASKA. TERM ENDOWMENTS PROVIDE GRANTS TO SCHOLARSHIPS AND NON-PROFIT ORGANIZATIONS WITH THE INTENT OF EXPENDING THE ENDOWMENT OVER THE LIFE OF THE PROJECT(S).

PART X - FIN 48 FOOTNOTE

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. THEREFORE, THE ACCOMPANYING STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES. ALTHOUGH THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES, ANY INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES IS SUBJECT TO THE REQUIREMENT OF FILING U.S. FEDERAL INCOME TAX FORM 990-T AND A TAX LIABILITY MAY BE DETERMINED ON THESE ACTIVITIES. THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2013 AND 2012 THERE WERE NO UNCERTAIN TAX POSITIONS, OR UNRECOGNIZED TAX BENEFITS FOR WHICH MANAGEMENT BELIEVES IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF TAX CONTINGENCIES WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE REPORTING DATE. THE FOUNDATION FILES TAX RETURNS IN THE US FEDERAL JURISDICTION AND THE STATE OF ALASKA. AS OF 2013, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BEGINS IN 2010.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$	38,416.
TOTAL	\$	<u>38,416.</u>

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

INCOME FROM K-1.....	\$	101,604.
INCOME FROM K-1.....		5,228.
INCOME FROM K-1.....		44,385.
TOTAL	\$	<u>151,217.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$	38,416.
TOTAL	\$	<u>38,416.</u>

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

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. **SEE PART IV**

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. 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) ABUSED WOMEN'S AID IN CRISIS 100 WEST 13TH AVENUE ANCHORAGE, AK 99501	92-0061049	501 (C) (3)	200,000.	0.			SUPPORT FOR AWAIC RESOURCE CENTER
(2) AK DENT SOC CHARIT ACT FD 9170 JEWEL LAKE RD, STE 100 ANCHORAGE, AK 99502	20-8435454	501 (C) (3)	11,000.	0.			SUPPORT FOR ALASKA MISSION OF MERCY
(3) AK NATIVE TRIBAL HEALTH CON 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	92-0162721	501 (C) (3)	16,195.	0.			GROWING UP TOBACCO FREE
(4) ALASKA ARTS SOUTHEAST, INC. PO BOX 3086 SITKA, AK 99835	23-7240278	501 (C) (3)	50,000.	0.			SUPPORT FOR HAMES FITNESS CENTER
(5) ALASKA CARDIOVASCULAR RE 3841 PIPER STREET, STE T100 ANCHORAGE, AK 99508	74-3076026	501 (C) (3)	33,333.	0.			HEALTH AND WELLNESS PROGRAMS
(6) ALASKA CHILDREN'S TRUST PO BOX 92155 ANCHORAGE, AK 99509	91-1765129	501 (C) (3)	300,500.	0.			GENERAL OPERATING SUPPORT
(7) ALASKA JUNIOR THEATER 430 W 7TH AVENUE ANCHORAGE, AK 99501	92-0081984	501 (C) (3)	10,000.	0.			GENERAL PROGRAM SUPPORT
(8) ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DR ANCHORAGE, AK 99504	92-0127531	501 (C) (3)	15,713.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. **59**

3 Enter total number of other organizations listed in the line 1 table. **0**

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

TEEA3901L 07/12/13

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	42	249,283.			
2 SPEEDSKATING TRAINING	1	1,000.			
3 SNOWBOARDCROSS TRAINING ALPINE AND NORDIC SKI	1	2,000.			
4 TRAINING	9	27,500.			
5 BIATHLON TRAINING	1	1,000.			
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

FOR ALL GRANTS, ELIGIBILITY IS FIRST DETERMINED BY A CHECK OF THE ORGANIZATION'S CHARITABLE STATUS USING GUIDESTAR. FOR NON-501(C)(3) (CHURCHES, TRIBES, LOCAL GOVT AGENCIES/PROGRAMS, SCHOOLS), STAFF VERIFIES THEIR ELIGIBILITY USING OTHER MEANS AS APPROPRIATE. FOR GRANTS AWARDED THROUGH COMPETITIVE CYCLES, GRANTEEES MUST SUBMIT PROGRESS AND FINAL REPORTS. SCHOLARSHIP RECIPIENTS MAY OR MAY NOT BE REQUIRED TO FILE REPORTS.

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 6

Name of the organization		Employer identification number					
THE ALASKA COMMUNITY FOUNDATION		92-0155067					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DRIVE ANCHORAGE, AK 99504	92-0127531	501 (C) (3)	6,000.				STRATEGIC PLANNING FOR ANLPAC
ALASKA SEALIFE CENTER PO BOX 1329 SEWARD, AK 99664	92-0132479	501 (C) (3)	6,500.				SUPPORT FOR SPECIFIC PROJECTS
ALASKA SKI EDUCATIONAL FOUNDATION 2245 CHURCHILL STREET ANCHORAGE, AK 99517	23-7378119	501 (C) (3)	10,169.				GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY 3851 PIPER STREET, STE U240 ANCHORAGE, AK 99508	13-1788491	501 (C) (3)	25,000.				GENERAL OPERATING SUPPORT
ANCHORAGE CONCERT CHORUS PO BOX 100364 ANCHORAGE, AK 99510	23-7017298	501 (C) (3)	30,000.				GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF S.C. AK 2300 W 36TH AVENUE ANCHORAGE, AK 99517	92-0036082	501 (C) (3)	7,000.				SUPPORT FOR CLUBHOUSES
CAMPFIRE USA ALASKA COUNCIL 161 KLEVIN STREET, SUITE 100 ANCHORAGE, AK 99508	92-0029613	501 (C) (3)	54,500.				GENERAL OPERATING SUPPORT
CENTRAL AK RETIRED TEACH ASSO PO BOX 93610 ANCHORAGE, AK 99508	26-0650015	501 (C) (3)	9,250.				GENERAL PROGRAM SUPPORT
CENTRAL PENINSULA HEALTH FOUNDATION 250 HOSPITAL PLACE SOLDOTNA, AK 99669	20-2778670	501 (C) (3)	10,000.				SUPPORT FOR VARIOUS PROGRAMS
CHALLENGE ALASKA 3350 COMMERCIAL DRIVE #208 ANCHORAGE, AK 99501	92-0080897	501 (C) (3)	5,200.				GENERAL OPERATING SUPPORT

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 6

Name of the organization		Employer identification number					
THE ALASKA COMMUNITY FOUNDATION		92-0155067					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
CHIGNIK LAGOON VILLAGE COUNCIL PO BOX 50 CHIGNIK, AK 99565	92-0106417	501 (C) (3)	49,000.				PACKER'S CREEK HYDROELECTRIC PROJEC
CHIGNIK LAKE VILLAGE COUNCIL PO BOX 33 CHIGNIK LAKE, AK 99548	92-0069208	GOVERNMENT	35,000.				IMPROVING SALMON MANAGEMENT
CITY OF ALEKNAGIK PO BOX 33 ALEKNAGIK, AK 99555	92-0079021	501 (C) (3)	25,000.				PURCHASE CHURCH PROPERTY
CITY OF ANAKTUVIK PASS PO BOX 21030 ANAKTUVIK PASS, AK 99721	92-0042378	GOVERNMENT	200,000.				OUTDOOR BASKETBALL COURT
CITY OF POINT HOPE PO BOX 169 POINT HOPE, AK 99766	92-0066245	501 (C) (3)	275,923.				EQUIPMENT PURCHASES AND PLAYGROUND
CITY OF TOGIAK PO BOX 190 TOGIAK, AK 99678	92-0047402	501 (C) (3)	12,500.				BOYS AND GIRLS CLUB
CITY OF TOGIAK PO BOX 190 TOGIAK, AK 99678	92-0047402	501 (C) (3)	12,500.				VEHICLE FOR COMMUNITY NURSE PRACTIT
COVENANT HOUSE ALASKA 755 A STREET ANCHORAGE, AK 99501	13-3419755	501 (C) (3)	25,000.				GENERAL OPERATING SUPPORT
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501 (C) (3)	5,950.				TYPHOON HALYAN RELIEF
GIRL SCOUTS OF ALASKA 3911 TURNAGAIN BOULEVARD EAST ANCHORAGE, AK 99517	92-6000179	501 (C) (3)	28,512.				GIRL SCOUT LEADERSHIP CAMPS

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 6

Name of the organization		Employer identification number					
THE ALASKA COMMUNITY FOUNDATION		92-0155067					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
HE WILL PROVIDE <u>FOODBANK, INC</u> <u>PO BOX 3445</u> <u>SEWARD, AK 99664</u>	26-0523970	501 (C) (3)	6,000.				FOOD STORAGE & GENERAL OPERATING
HOMER FOUNDATION <u>PO BOX 2600</u> <u>HOMER, AK 99603</u>	92-0139183	501 (C) (3)	8,385.				GENERAL OPERATING SUPPORT
HOSPICE OF ANCHORAGE <u>2612 E. NORTHERN LIGHTS BLVD</u> <u>ANCHORAGE, AK 99508</u>	92-0018009	501 (C) (3)	50,100.				GENERAL OPERATING SUPPORT
HOWL INC. <u>PO BOX 3514</u> <u>HOMER, AK 99603</u>	27-2315974	501 (C) (3)	6,240.				FINANCIAL SYSTEM SETUP
IGIUGIG TRIBAL VILLAGE COUN. <u>#1 AIRPORT WAY</u> <u>IGIUGIG, AK 99613</u>	92-0072200	501 (C) (3)	29,120.				THHP DUPLEX GENERAL OPERATING SUPPORT
INSTITUTE OF THE NORTH <u>1675 C STREET, SUITE 106</u> <u>ANCHORAGE, AK 99501</u>	75-3155877	501 (C) (3)	28,285.				GENERAL OPERATING SUPPORT
IONIA, INC <u>54932 BURDOCK ROAD</u> <u>KASILLOF, AK 99610</u>	92-0159153	501 (C) (3)	441,325.				GENERAL OPERATING SUPPORT
JIMMY HUNTINGTON SCHOOL <u>PO BOX 110</u> <u>HUSLIA, AK 99746</u>	92-0058051	501 (C) (3)	13,716.				YOUTH SLED DOG RACING & GENERAL
JUNEAU COMMUNITY FOUNDATION <u>350 NORTH FRANKLIN STREET, #2</u> <u>JUNEAU, AK 99801</u>	52-2395867	501 (C) (3)	8,700.				TECHNICAL PROJECTS AND GENERAL
KENAI PENINSULA BOURGH SCHOOL <u>148 NORTH BINKLEY STREET</u> <u>SOLDOTNA, AK 99669</u>	92-0030923	501 (C) (3)	5,200.				CONCERT CHOIR

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
THE ALASKA COMMUNITY FOUNDATION		92-0155067					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
LAKE & PENINSULA SCHOOL DISTRICT PO BOX 498 KING SALMON, AK 99613	92-0057379	501 (C) (3)	25,000.				INITIATIVE PROGRAM
MUNICIPALITY OF ANCHORAGE PO BOX 196650 ANCHORAGE, AK 99519	92-0059987	GOVERNMENT	10,000.				CUDDY FAMILY MIDDTOWN PARK
NAKNEK VILLAGE COUNCIL PO BOX 106 NAKNEK, AK 99633	92-0059661	501 (C) (3)	38,000.				BRAZILIAN JIU-JITSU PROGRAM
NATIVE COUNCIL OF PORT HEIDEN 2200 JAMES STREET PORT HEIDEN, AK 99549	92-0059922	501 (C) (3)	100,000.				AIRPORT SUPPORT SERVICES
NATIVE VILLAGE OF KWINHAGAK PO BOX 149 KWINHAGAK, AK 99655	92-0068827	501 (C) (3)	6,010.				PROVIDE MANAGEMENT/LEAD ERSHIP SKILL
NEWHALEN TRIBAL COUNCIL PO BOX 207 NEWHALEN, AK 99606	92-0069064	GOVERNMENT	17,400.				BUILDING CONSTRUCTION PROJECT
PERSEVERANCE THEATRE 914 THIRD STREET DOUGLAS, AK 99824	92-0071124	501 (C) (3)	33,500.				NEW WORKS BY PROFESSIONAL ARTISTS
PETERSBURG PUBLIC LIBRARY PO BOX 549 PETERSBURG, AK 99833	92-6000142	501 (C) (3)	60,000.				LIBRARY CONSTRUCTION PROJECT
PETERSBURG PUBLIC LIBRARY PO BOX 549 PETERSBURG, AK 99833	92-6000142	501 (C) (3)	20,000.				GENERAL OPERATING SUPPORT
PORT AKSWORTH IMPROV. CORP. PO BOX 9998 PORT ALSWORTH, AK 99653	94-3137666	501 (C) (3)	100,000.				EMERGENCY POWER GENERATION SYSTEM

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 6

Name of the organization		Employer identification number					
THE ALASKA COMMUNITY FOUNDATION		92-0155067					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
PROVIDENCE ALASKA FOUNDATION 3200 PROVIDENCE DRIVE ANCHORAGE, AK 99508	92-0093565	501 (C) (3)	251,500.				EXTENDED CARE SERVICES
SALVATION ARMY 143 9TH AVENUE ANCHORAGE, AK 99501	13-5562351	501 (C) (3)	10,200.				THANKSGIVING CAMPAIGN AND GENERAL
SCOTTY GOMEZ FOUNDATION PO BOX 111294 ANCHORAGE, AK 99511	20-8027404	501 (C) (3)	24,500.				SUPPORT FOR YOUTH HOCKEY PROGRAMS
SITKA SOUND SCIENCE CENTER 834 LINCOLN STREET, SUITE 200 SITKA, AK 99835	26-1253086	501 (C) (3)	75,039.				GENERAL OPERATING SUPPORT
THE ALASKA COMMUNITY FOUNDATI 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	92-0155067	501 (C) (3)	33,748.				ENGINE 557 RESTORATION
THE ALASKA MUSEUM OF SCIENCE 201 NORTH BRAGAW STREET ANCHORAGE, AK 99508	92-0138658	501 (C) (3)	47,000.				GENERAL OPERATING SUPPORT
THREAD, INC PO BOX 141689 ANCHORAGE, AK 99514	92-0113419	501 (C) (3)	29,025.				SAFE SLEEP FOR ALASKA BABIES
TOGIAK PUBLIC LIBRARY & CUL C PO BOX 353 TOGIAK, AK 99678	20-3662739	501 (C) (3)	23,749.				ARTS, ARTIFACTS AND BOOKS
UNITED WAY OF ANCHORAGE 701 WEST 8TH AVENUE, STE 230 ANCHORAGE, AK 99501	92-0027948	501 (C) (3)	50,000.				GENERAL OPERATING SUPPORT
UNIVERSITY OF ALASKA FDN. 1815 BRAGAW STREET, STE 203 ANCHORAGE, AK 99508	23-7394620	501 (C) (3)	24,500.				SPECIAL PROJECTS

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Questions Regarding Compensation

	Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.	1 b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?.....	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?.....	4 a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....	4 b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?.....	4 c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?.....	5 a	X
b Any related organization?.....	5 b	X
If 'Yes' to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?.....	6 a	X
b Any related organization?.....	6 b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.....	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.....	8	X
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....	9	

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	CANDACE WINKLER PRESIDENT & CEO	132,854. 0.	0. 0.	0. 0.	7,971. 0.	11,292. 0.	152,117. 0.	0. 0.
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2013

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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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.....	X	3	60,742.	MARKET PRICE
10 Securities – Closely held stock.....				
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	
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		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?.....	30 a		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?.....	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....	32 a		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) 2013

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

SCHEDULE L, PART IV, COLUMN (D)

DESCRIPTION OF TRANSACTIONS:

THE FOUNDATION UTILIZES THE SERVICES OF SPAWN IDEAS (FORMERLY THE NERLAND AGENCY) TO PROMOTE THE STATE OF ALASKA PICK. CLICK. GIVE. CAMPAIGN, FOR WHICH THE FOUNDATION IS THE FISCAL SPONSOR. AN EMPLOYEE AND CHAIRMAN, AND AN EMPLOYEE AND VICE PRESIDENT OF SPAWN IDEAS (FORMERLY THE NERLAND AGENCY) ARE ALSO MEMBERS OF THE BOARD OF DIRECTORS OF THE FOUNDATION. TOTAL SERVICES PROVIDED TO THE FOUNDATION BY SPAWN IDEAS TOTALED \$146,771 FOR THE YEAR ENDED DECEMBER 31, 2013. IN 2013, THE CEO OF THE RASMUSON FOUNDATION JOINED THE BOARD. THE RASMUSON FOUNDATION AWARDED GRANTS TOTALING \$1,082,394 TO THE FOUNDATION IN 2013. ADDITIONALLY, ANOTHER MEMBER OF THE BOARD IS A MEMBER OF SJ/JL CALAIS, LLC FROM WHOM THE FOUNDATION LEASES OFFICE SPACE. THE LEASE PAYMENTS FOR 2013 WERE \$156,063.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO CULTIVATE, CELEBRATE AND SUSTAIN ALL FORMS OF PHILANTHROPY TO STRENGTHEN ALASKA'S COMMUNITIES FOREVER. TOGETHER WITH OUR AFFILIATES, WE CONNECT PEOPLE WHO CARE WITH CAUSES THAT MATTER BY ENCOURAGING AND NURTURING PHILANTHROPY THROUGH BUILDING AND MANAGING PERMANENT ENDOWMENTS, CONVENING STAKEHOLDERS AND WORKING WITH PARTNERS TO STRENGTHEN ALASKAN COMMUNITIES, AND PROVIDING DONORS WITH GRANT OPTIONS THAT ARE STRATEGIC TO THEIR PHILANTHROPIC OBJECTIVES.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

KATE SLYKER, A BOARD MEMBER, IS THE EXECUTIVE VP AND AN EMPLOYEE OF SPAWN IDEAS.

RICK NERLAND, A FORMER BOARD MEMBER, IS THE CHAIRMAN AND AN EMPLOYEE OF SPAWN IDEAS.

JOHN RUBINI, A BOARD MEMBER, IS A PARTNER IN SJ/JL CALAIS OFFICE, LLC WHICH IS ACF'S

Name of the organization

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THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

LANDLORD.

DIANE KAPLAN, A BOARD MEMBER, IS CEO OF THE RASMUSON FOUNDATION, A MAJOR DONOR/GRANTOR TO ACF.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 PRIOR FOR SUBMISSION TO THE BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD HAS AN ANNUAL CONFLICT OF INTEREST REPORTING PROCESS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AND RECUSE THEMSELVES FROM VOTING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

THE PROCESS FOR HIRING THE CEO BEGAN WITH THE FORMATION OF AN EXECUTIVE SEARCH COMMITTEE OF THE BOARD OF DIRECTORS. THAT COMMITTEE WORKED WITH AN EXECUTIVE SEARCH FIRM. CANDIDATES WERE SOUGHT FROM ACROSS THE STATE AND ACROSS THE COUNTRY. THE COMMITTEE SOUGHT THE ADVICE AND ASSISTANCE OF THE FORAKER GROUP AND THE COUNCIL ON FOUNDATIONS AND USED COMPARATIVE SALARY AND BENEFITS INFORMATION PROVIDED BY BOTH ORGANIZATIONS.

THE PROCESS FOR REVIEWING EXECUTIVE COMPENSATION IS GUIDED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. A PERFORMANCE REVIEW IS BASED ON INPUT FROM ALL BOARD MEMBERS AND FROM SELECT STAFF, FUNDERS, DONORS, AND GRANTEES. INPUT IS ALSO RECEIVED FROM THE PRESIDENT/CEO HERSELF AND STATE AND NATIONAL COMPENSATION SURVEYS ARE CONSIDERED BY THE COMMITTEE IN ORDER TO DETERMINE FAIR AND REASONABLE COMPENSATION.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AUDITS ARE POSTED ON THE WEBSITE. OTHER POLICIES AND DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

EQUITY FROM K-1.....	\$	-101,604.
EQUITY FROM K-1.....		-40,007.
K-1 LOSS.....		24,024.
NET INVESTMENT GAINS ON AGENCY ENDOWMENTS.....		<u>1,507,272.</u>
TOTAL	\$	<u>1,389,685.</u>