

**2015 Exempt Org. Return**  
prepared for:

**The Alaska Community Foundation**  
3201 C Street Suite 110  
Anchorage, AK 99503

**Altman, Rogers & Company**  
425 G. Street, Suite 800  
Anchorage, AK 99501

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<p><b>Type or print</b></p> <p>File by the due date for filing your return. See instructions.</p>	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>THE ALASKA COMMUNITY FOUNDATION</b>	<b>92-0155067</b>
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	<b>ALTMAN, ROGERS &amp; COMPANY</b> <b>425 G. STREET, SUITE 800</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>ANCHORAGE, AK 99501</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	
Form 4720 (individual)	03	Form 4720 (other than individual)	08
Form 990-PF	04	Form 5227	09
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	10
Form 990-T (trust other than above)	06	Form 8870	11
			12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ NINA KEMPEL  
Telephone No. ▶ 907-334-6700 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).... . If this is for the whole group, check this box... . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 20 16.
- For calendar year 2015, or other tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

7 State in detail why you need the extension... AUDITED FINANCIAL STATEMENTS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN WERE FINALIZED TO CLOSE TO THE FILING DATE TO ALLOW THE TAXPAYER AMPLE TIME TO REVIEW THE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	8 a \$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 .....	8 b \$
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	8 c \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Tom J. Domagala Title ▶ CPA Date ▶ 8-11-16  
BAA Form 8868 (Rev 1-2014)

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. . . .

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>THE ALASKA COMMUNITY FOUNDATION</b>	Employer identification number (EIN) or  <b>92-0155067</b>
	Number, street, and room or suite number. If a P.O. box, see instructions.  <b>3201 C STREET #110</b>	Social security number (SSN)  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>ANCHORAGE, AK 99503</b>

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ NINA KEMPEL

Telephone No. ▶ 907-334-6700 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . . If it is for part of the group, check this box . . .  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2016, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 2015 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . .	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . .	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. . . . .	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning** \_\_\_\_\_, **2015, and ending** \_\_\_\_\_

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	<b>THE ALASKA COMMUNITY FOUNDATION</b> 3201 C STREET #110 ANCHORAGE, AK 99503	92-0155067
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		907-274-6703
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$
<input type="checkbox"/> Amended return		21,860,287.
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>NINA KEMPEL</b>	<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	<b>SAME AS C ABOVE</b>	<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If 'No,' attach a list. (see instructions)</small>

<b>I</b> 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
----------------------------	-----------------------------------------------	----------------------------------------------------	----------------------------------------	------------------------------

<b>J</b> Website: ▶ <b>WWW.ALASKACF.ORG</b>	<b>H(c)</b> Group exemption number ▶
---------------------------------------------	--------------------------------------

<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1995</b>	<b>M</b> State of legal domicile: <b>AK</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------	---------------------------------------------

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO ENCOURAGE PHILANTHROPY TO STRENGTHEN ALASKA'S COMMUNITIES NOW AND FOREVER.</u>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		16
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		8
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>		22
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		245
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		-183,221.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		-183,221.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		15,386,198.	6,607,240.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		935,504.	1,156,889.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,824,950.	3,924,519.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		91,926.	-586,740.
			19,238,578.	11,101,908.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,546,704.	5,619,789.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,065,165.	1,199,446.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	166,271.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,410,257.	2,959,699.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,022,126.	9,778,934.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		12,216,452.	1,322,974.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)		80,182,724.	74,751,169.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		630,865.	2,156,144.
			79,551,859.	72,595,025.

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>NINA KEMPEL</b> <small>Type or print name and title.</small>	<b>PRESIDENT &amp; CEO</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>TOM J. DOMAGALA, CPA</b>	<i>Tom J. Domagala</i>	<b>11-11-16</b>	<input type="checkbox"/>	<b>P00122688</b>
	Firm's name ▶ <b>ALTMAN, ROGERS &amp; COMPANY</b>	Firm's address ▶ <b>425 G. STREET, SUITE 800 ANCHORAGE, AK 99501</b>		Firm's EIN ▶ <b>92-0143182</b>	
				Phone no. <b>(907) 274-2992</b>	

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? SEE SCHEDULE O

[X] Yes [ ] No

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

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

[ ] 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 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 \$ 6,226,946. including grants of \$ 5,074,265.) (Revenue \$ 1,156,889.)

PHILANTHROPIC FUNDS - FUNDS EXPENDED FROM THE HOLDINGS OF ENDOWED OR NON-ENDOWED CHARITABLE FUNDS FOR THE SOLE PURPOSE OF MAKING GRANTS TO 501(C)(3) CHARITABLE ORGANIZATIONS IN PERPETUITY OR OTHERWISE.

4b (Code: ) (Expenses \$ 2,109,073. including grants of \$ 545,525.) (Revenue \$ )

RESTRICTED PROGRAMS AND PROJECTS - RESTRICTED PROGRAMS ARE 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. THERE ARE SOME PROJECTS THAT THE FOUNDATION EXPENDS FUNDS FOR THAT ARE RESTRICTED THAT ARE ALSO INCLUDED IN THIS PROGRAM.

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 8,336,019.

**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 <b>Section 501(c)(3) organizations.</b> 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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI 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
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....	X	
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....	X	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	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		
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1 a	26		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1 b	0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1 c	X		
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2 a	22		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2 b	X		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3 a	X		
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . . .	3 b	X		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4 a		X	
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)				
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5 a		X	
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5 b		X	
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5 c			
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6 a		X	
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6 b			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7 a	X		
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .	7 b	X		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7 c		X	
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .	7 d			
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7 e		X	
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7 f		X	
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7 g			
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7 h			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9 a			
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9 b			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	10 a			
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10 b			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>11 a</b>	Gross income from members or shareholders . . . . .	11 a			
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11 b			
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12 a			
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .	12 b			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13 a			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13 b			
<b>13 c</b>	Enter the amount of reserves on hand . . . . .	13 c			
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14 a		X	
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .	14 b			



**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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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.		
	1 a 16		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	1 b 8		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>SEE SCHEDULE O</b>	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>SEE SCH O</b>	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . .		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made 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, address, and telephone number of the person who possesses the organization's books and records: ▶  
 KEVIN GRAY, CFO 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) JOHN RUBINI DIRECTOR	1 0	X					0.	0.	0.	
(2) PETER MICHALSKI DIRECTOR	1 0	X					0.	0.	0.	
(3) CAROL GORE DIRECTOR	1 0	X					0.	0.	0.	
(4) S. LANE TUCKER TREASURER	1 0	X		X			0.	0.	0.	
(5) ANDREW TEUBER 2ND VICE CHAIR	1 0	X		X			0.	0.	0.	
(6) BARBARA DONATELLI DIRECTOR	1 0	X					0.	0.	0.	
(7) KRIS NOROSZ 1ST VICE CHAIR	1 0	X		X			0.	0.	0.	
(8) GABRIEL KOMPKOFF DIRECTOR	1 0	X					0.	0.	0.	
(9) BILL SHEFFIELD DIRECTOR	1 0	X					0.	0.	0.	
(10) PAUL RUPPLE DIRECTOR	1 0	X					0.	0.	0.	
(11) KATHRYN DODGE DIRECTOR	1 0	X					0.	0.	0.	
(12) ALEX SLIVKA CHAIRMAN	5 0	X		X			0.	0.	0.	
(13) KATE SLYKER DIRECTOR	1 0	X					0.	0.	0.	
(14) PENNY PEDERSEN DIRECTOR	1 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	Former			
(15) ANGELA COX SECRETARY	1 0	X		X				0.	0.	0.
(16) DIANE KAPLAN DIRECTOR	1 0	X						0.	0.	0.
(17) SUSAN BEHLKE FOLEY INTERIM CEO	40 0			X				71,200.	0.	0.
(18) KAREN GRIFFIN CFO	40 0			X				105,527.	0.	21,358.
(19) NINA KEMPEL PRESIDENT & CEO	40 0			X				26,212.	0.	185.
(20) CANDACE WINKLER PRESIDENT & CEO	40 0			X				92,082.	0.	12,828.
(21) BETH ROSE VP OF PHILANTHROPY	40 0					X		124,953.	0.	11,674.
(22)										
(23)										
(24)										
(25)										
<b>1 b Sub-total</b>								419,974.	0.	46,045.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								419,974.	0.	46,045.

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 ▶ 2

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
THE FORAKER GROUP 161 KLEVIN ST ANCHORAGE, AK 99508	GRANT MAKING/LEGAL	137,617.

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 ▶ 1

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....					
	<b>1 b</b> Membership dues .....					
	<b>1 c</b> Fundraising events .....					
	<b>1 d</b> Related organizations .....					
	<b>1 e</b> Government grants (contributions) .....					
	<b>1 f</b> All other contributions, gifts, grants, and similar amounts not included above ...	6,607,240.				
	<b>1 g</b> Noncash contributions included in lines 1a-1f: \$	415,279.				
	<b>1 h Total.</b> Add lines 1a-1f .....	6,607,240.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>FUND ADMINISTRATION FEES</u> .....	522299	1,156,889.	1,156,889.		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue ...					
	<b>g Total.</b> Add lines 2a-2f .....		1,156,889.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		2,090,388.		381.	
	<b>4</b> Income from investment of tax-exempt bond proceeds. ▶				2,090,007.	
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss) ...				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	12592510.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	10758379.			
		<b>c</b> Gain or (loss) .....	1,834,131.			
	<b>d</b> Net gain or (loss) .....		1,834,131.		1,834,131.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. ....	<b>a</b>				
		<b>b</b> Less: direct expenses .....				
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19. ....	<b>a</b>					
	<b>b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....					
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> <u>OTHER REVENUE</u> .....	522299	114,434.	114,434.			
<b>b</b> <u>DOMINION MIDSTREAM PTRS</u> .....		28.		28.		
<b>c</b> <u>COLUMBIA PIPELINE PTRS</u> .....		-71.		-71.		
<b>d</b> All other revenue .....	<b>WKS</b>	-701,131.	-15,807.	-183,559.	-501,765.	
<b>e Total.</b> Add lines 11a-11d .....		-586,740.				
<b>12 Total revenue.</b> See instructions .....		11,101,908.	1,255,516.	-183,221.	3,422,373.	

**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 domestic organizations and domestic governments. See Part IV, line 21.	5,309,255.	5,309,255.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	310,534.	310,534.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	295,021.	86,057.	188,067.	20,897.
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.	695,926.	203,001.	443,633.	49,292.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	32,231.	9,402.	20,546.	2,283.
9	Other employee benefits.	105,228.	30,695.	67,080.	7,453.
10	Payroll taxes.	71,040.	20,722.	45,286.	5,032.
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	9,015.	6,446.	2,290.	279.
c	Accounting.	18,971.	13,565.	4,818.	588.
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	236,079.	228,596.	7,021.	462.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	528,240.	377,711.	134,163.	16,366.
12	Advertising and promotion.	461,226.	403,113.	52,302.	5,811.
13	Office expenses.	18,613.		16,752.	1,861.
14	Information technology.	123,481.	88,293.	31,362.	3,826.
15	Royalties.				
16	Occupancy.	136,699.		123,029.	13,670.
17	Travel.	106,794.	60,736.	41,452.	4,606.
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.	30,998.		30,998.	
23	Insurance.	7,168.		6,451.	717.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24c. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOUNDATION ADMINISTRATIVE FEES	1,166,627.	1,166,627.		
b	SPECIAL EVENTS	42,947.	8,516.	9,925.	24,506.
c	MISCELLANEOUS	24,517.	591.	18,883.	5,043.
d	EQUIPMENT	14,817.		13,335.	1,482.
e	All other expenses.	33,507.	12,159.	19,251.	2,097.
25	Total functional expenses. Add lines 1 through 24e.	9,778,934.	8,336,019.	1,276,644.	166,271.
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	
<b>Assets</b>	1	Cash — non-interest-bearing	94,646.	1	276,213.
	2	Savings and temporary cash investments	3,302,715.	2	3,433,506.
	3	Pledges and grants receivable, net	81,107.	3	320,509.
	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	241,103.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	54,609.	9	79,036.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,123,968.	
	10b	Less: accumulated depreciation	10b	130,284.	
	10c		930,859.	10c	993,684.
	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	75,718,788.	13	69,407,118.
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	80,182,724.	16	74,751,169.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	115,769.	17	152,762.
	18	Grants payable	444,565.	18	594,053.
	19	Deferred revenue		19	1,352,425.
	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	70,531.	25	56,904.
	26	<b>Total liabilities.</b> Add lines 17 through 25	630,865.	26	2,156,144.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	67,622,320.	27	62,987,172.
	28	Temporarily restricted net assets	11,929,539.	28	9,607,853.
	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	<b>Total net assets or fund balances.</b>	79,551,859.	33	72,595,025.	
34	<b>Total liabilities and net assets/fund balances.</b>	80,182,724.	34	74,751,169.	

BAA

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,101,908.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,778,934.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,322,974.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	79,551,859.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-8,709,838.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	<b>9</b>	430,030.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	72,595,025.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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			
<b>2 c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3 a</b>	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
<b>3 b</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.		

BAA

Form 990 (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

The organization is not a private foundation because it is: (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 (Form 990 or 990-EZ).)
- 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 to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	15122424.	6,511,549.	6,097,164.	15386198.	6,607,240.	49,724,575.
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 <b>Total.</b> Add lines 1 through 3.	15122424.	6,511,549.	6,097,164.	15386198.	6,607,240.	49,724,575.
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).						4,026,463.
6 <b>Public support.</b> Subtract line 5 from line 4.						45,698,112.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.	15122424.	6,511,549.	6,097,164.	15386198.	6,607,240.	49,724,575.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	913,549.	1,170,211.	1,496,290.	2,002,297.	2,090,007.	7,672,354.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.					-183,221.	-183,221.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	743,024.	746,127.	6,803,992.	914,579.	1,430,993.	10,638,715.
11 <b>Total support.</b> Add lines 7 through 10.						67,852,423.
12 Gross receipts from related activities, etc. (see instructions).					12	3,914,400.

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

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	67.35 %
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	75.58 %

16a **33-1/3% support test – 2015.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test – 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests – 2015.** 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 – 2014.** 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
<b>b</b> Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
a [ ] The organization satisfied the Activities Test. Complete line 2 below.
b [ ] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [ ] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain.....	1	
2	Recoveries of prior-year distributions.....	2	
3	Other gross income (see instructions).....	3	
4	Add lines 1 through 3.....	4	
5	Depreciation and depletion.....	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).....	6	
7	Other expenses (see instructions).....	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).....	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities.....	1a	
b	Average monthly cash balances.....	1b	
c	Fair market value of other non-exempt-use assets.....	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c).....	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets.....	2	
3	Subtract line 2 from line 1d.....	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).....	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3).....	5	
6	Multiply line 5 by .035.....	6	
7	Recoveries of prior-year distributions.....	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6).....	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A).....	1	
2	Enter 85% of line 1.....	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A).....	3	
4	Enter greater of line 2 or line 3.....	4	
5	Income tax imposed in prior year.....	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).....	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

BAA

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D – Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.....	
7 <b>Total annual distributions.</b> Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.....	
9 Distributable amount for 2015 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
1 Distributable amount for 2015 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2015:			
a.....			
b.....			
c.....			
d From 2013.....			
e From 2014.....			
f <b>Total</b> of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2015 distributable amount.....			
i Carryover from 2010 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2015 from Section D, line 7: \$.....			
a Applied to underdistributions of prior years.....			
b Applied to 2015 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a.....			
b.....			
c Excess from 2013.....			
d Excess from 2014.....			
e Excess from 2015.....			

BAA

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2015	2014	2013	2012	2011
GAIN (LOSS) ON SALE OF SECURITIES	\$1,834,131.	\$ 822,653.	\$6,727,331.	\$ 716,235.	\$ 673,298.
OTHER REVENUE	114,434.	91,926.	76,661.	29,892.	69,726.
LOSS FROM PARTNERSHIP K-1S	-517,572.				
<b>TOTAL</b>	<u>\$1,430,993.</u>	<u>\$ 914,579.</u>	<u>\$6,803,992.</u>	<u>\$ 746,127.</u>	<u>\$ 743,024.</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**

**2015**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>THE ALASKA COMMUNITY FOUNDATION</b>	Employer identification number <b>92-0155067</b>
----------------------------------------------------------------	-----------------------------------------------------

**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
- 4 a 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												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns .....														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2 a</b> Lobbying nontaxable amount .....					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					
<b>c</b> Total lobbying expenditures .....					
<b>d</b> Grassroots nontaxable amount .....					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					
<b>f</b> Grassroots lobbying expenditures .....					

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>SEE PART IV</b>			
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		1,850.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,850.
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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B - DESCRIPTION OF LOBBYING ACTIVITY**

THE ALASKA COMMUNITY FOUNDATION ENGAGED A NATIONAL ADVOCACY AND LOBBYING FIRM, IN CONJUNCTION WITH OTHER COMMUNITY FOUNDATIONS, TO EDUCATE THE MEMBERS OF CONGRESS ABOUT THE WORK OF AND ISSUES THAT AFFECT COMMUNITY FOUNDATIONS.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	84	268
2 Aggregate value of contributions to (during year) .....	624,196.	5,753,065.
3 Aggregate value of grants from (during year) .....	2,035,660.	3,584,129.
4 Aggregate value at end of year .....	24,995,700.	49,514,366.

- 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' on 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 a 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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' on 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) Revenue included on 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 Revenue included on 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' on 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, for escrow or custodial account liability? ....  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on 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.....	77,990,956.	66,453,207.	59,698,582.	54,006,412.	46,193,424.
b Contributions.....	6,267,291.	13,804,880.	4,710,973.	5,553,468.	13,815,919.
c Net investment earnings, gains, and losses.....	-2,920,503.	2,353,602.	7,749,458.	5,307,760.	1,138,279.
d Grants or scholarships.....	5,584,394.	3,185,354.	4,710,387.	4,480,504.	5,337,853.
e Other expenditures for facilities and programs.....	1,550,310.	580,209.	312,163.	223,324.	1,343,381.
f Administrative expenses.....	1,166,627.	855,171.	683,256.	465,230.	459,976.
g End of year balance.....	73,036,413.	77,990,956.	66,453,207.	59,698,582.	54,006,412.

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

- a Board designated or quasi-endowment ▶ 87.00 %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Temporarily restricted endowment ▶ 13.00 %

The percentages on 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.....	3a(i)	X
(ii) related organizations.....	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

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' on 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.....	874,000.			874,000.
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....		249,968.	130,284.	119,684.
e Other.....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				993,684.

BAA

**Part VII Investments – Other Securities.**

N/A

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)... ▶		

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) SEE PART XIII		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)... ▶	69,407,118.	

**Part IX Other Assets.**

N/A

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

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

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on 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	56,904.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)... ▶	56,904.

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements.		<b>1</b>	5,849,370.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.	2a	-8,709,838.	
	b Donated services and use of facilities.	2b	1,962.	
	c Recoveries of prior year grants.	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	3,025,308.	
	e Add lines 2a through 2d.			2e -5,682,568.
3	Subtract line 2e from line 1.			3 11,531,938.
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	-430,030.	
	c Add lines 4a and 4b.			4c -430,030.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 11,101,908.

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

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

1	Total expenses and losses per audited financial statements.		<b>1</b>	12,494,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.	2a	1,962.	
	b Prior year adjustments.	2b		
	c Other losses.	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	2,713,570.	
	e Add lines 2a through 2d.			2e 2,715,532.
3	Subtract line 2e from line 1.			3 9,778,934.
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		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b.			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5 9,778,934.

**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).

**SCHEDULE D, PART VIII  
INVESTMENTS - PROGRAM RELATED**

DESCRIPTION	BOOK VALUE	METHOD OF VALUATION
CERTIFICATE OF DEPOSIT	156,151.	END OF YEAR MARKET VALUE
CLOSELY HELD STOCK	6,828,089.	END OF YEAR MARKET VALUE
U.S. AGENCY FUNDS	6,186,070.	END OF YEAR MARKET VALUE
MUNICIPAL OBLIGATIONS	251,392.	END OF YEAR MARKET VALUE
CORPORATE OBLIGATIONS	6,186,070.	END OF YEAR MARKET VALUE
ASSET BACK SECURITIES	398,804.	END OF YEAR MARKET VALUE
COMMON EQUITY	29,732,889.	END OF YEAR MARKET VALUE
OTHER EQUITY	6,136,077.	END OF YEAR MARKET VALUE
DEBT BONDS	6,797,819.	END OF YEAR MARKET VALUE
DIVERSIFIED HEDGED STRATEGIES	6,462,308.	END OF YEAR MARKET VALUE
MONEY MARKET/CASH SWEEPS	271,449.	END OF YEAR MARKET VALUE
TOTAL	<u>\$69,407,118.</u>	

**PART X - FIN 48 FOOTNOTE**

THE FOUNDATION IS A NONPROFIT CORPORATION EXEMPT FROM INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE INTERNAL REVENUE CODE, IS SUBJECT TO FEDERAL INCOME TAX.

THE FOUNDATION APPLIES THE PROVISIONS OF ASC NO. 740 RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION ANNUALLY REVIEWS ITS TAX RETURNS AND POSITIONS TAKEN IN ACCORDANCE WITH THE RECOGNITION STANDARDS. THE FOUNDATION BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITION WHICH WOULD REQUIRE DISCLOSURE OR ADJUSTMENT AS OF DECEMBER 31, 2015 OR 2014.

THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2015 AND 2014, THERE WERE NO ACCRUED INTEREST OR PENALTIES. THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL

**Part XIII Supplemental Information** (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

JURISDICTION AND THE STATE OF ALASKA. AS OF DECEMBER 31, 2015, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2012, 2013 AND 2014.

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

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$	2,713,570.
NET INVESTMENT LOSSES ON AGENCY ENDOWMEN.....		311,738.
<b>TOTAL</b>	<b>\$</b>	<b><u>3,025,308.</u></b>

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

EQUITY FROM K-1 - ENTERPRISE PRODUCTS PA.....	\$	-28,537.
EQUITY FROM K-1 - ACCESS MIDSTREAM PARTN.....		-446.
EQUITY FROM K-1 - ANTERO MIDSTREAM PARTN.....		-878.
EQUITY FROM K-1 - BABSON CAPITAL.....		-20,252.
EQUITY FROM K-1 - BUCKEYE PARTNERS.....		-6,632.
EQUITY FROM K-1 - COLUMBIA PIPELINE PART.....		-209.
EQUITY FROM K-1 - DOMINION MIDSTREAM PTR.....		-41.
EQUITY FROM K-1 - ENBRIDGE ENERGY PARTNE.....		-7,866.
EQUITY FROM K-1 - ENLINK MIDSTREAM PARTN.....		-2,037.
EQUITY FROM K-1 - EQT MIDSTREAM PARTNERS.....		-2,030.
EQUITY FROM K-1 - GENESIS ENERGY.....		-7,664.
EQUITY FROM K-1 - MAGELLAN MIDSTREAM PAR.....		-11,395.
EQUITY FROM K-1 - MPLX LP.....		-16,035.
EQUITY FROM K-1 - OILTANKING PARTNERS.....		-174.
EQUITY FROM K-1 - ONEOK PARTNERS.....		-9,314.
EQUITY FROM K-1 - PHILLIPS 66 PARTNERS L.....		-2,126.
EQUITY FROM K-1 - PRINCIPAL REAL ESTATE.....		68,375.
EQUITY FROM K-1 - REGENCY ENERGY PARTNER.....		-1,920.
EQUITY FROM K-1 - RESOURCE LAND FUND V.....		-12,309.
EQUITY FROM K-1 - SPECTRA ENERGY PARTNER.....		-11,011.
EQUITY FROM K-1 - SUNCO LOGISTICS PARTNE.....		-27,529.
EQUITY FROM K-1 - TARGA RESOURCES PARTNE.....		-2,111.
EQUITY FROM K-1 - TESORO LOGISTICS.....		-11,120.
EQUITY FROM K-1 - VALERO ENERGY PARTNERS.....		2.
EQUITY FROM K-1 - WESTERN GAS EQUITY PAR.....		-1,920.
EQUITY FROM K-1 - WESTERN GAS PARTNERS.....		-11,364.
EQUITY FROM K-1 - EMERGING MARKET DBT LC.....		-294,532.
EQUITY FROM K-1 - SECONDARY OPPORTUNITIE.....		-8,955.
<b>TOTAL</b>	<b>\$</b>	<b><u>-430,030.</u></b>

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

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$	2,713,570.
<b>TOTAL</b>	<b>\$</b>	<b><u>2,713,570.</u></b>



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE ALASKA COMMUNITY FOUNDATION**

**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

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

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

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Employer identification number

92-0155067

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on 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) <u>MALAWI CHILDREN'S VILLAGE</u> <u>PO BOX 240547</u> <u>ANCHORAGE, AK 99524</u>	16-1526805		17,994.	0.			GENERAL OPERATING ASSISTANCE
(2) <u>AABC FOUNDATION</u> <u>3123 GOTTSCHALL ROAD</u> <u>PERKIOMENVILLE, PA 18074</u>	23-2778441		10,000.	0.			GENERAL OPERATING SUPPORT
(3) <u>ABUSED WOMEN'S AID IN CRISIS</u> <u>100 WEST 13TH AVENUE</u> <u>ANCHORAGE, AK 99501</u>	92-0061049		23,500.	0.			TRANSPORTATION SERVICES AND GENERAL
(4) <u>ALASKA ARTS AND CULTURE FOUND</u> <u>PO BOX 101883</u> <u>ANCHORAGE, AK 99510</u>	92-0171993		5,640.	0.			GENERAL OPERATING SUPPORT
(5) <u>ALASKA INSTITUTE FOR JUSTICE</u> <u>431 WEST 7TH AVE., SUITE 208</u> <u>ANCHORAGE, AK 99501</u>	56-2533062		15,000.	0.			GENERAL OPERATING SUPPORT
(6) <u>ALASKA NATIVE HERITAGE CENTER</u> <u>8800 HERITAGE CENTER DR</u> <u>ANCHORAGE, AK 99504</u>	92-0127531		18,099.	0.			GENERAL OPERATING SUPPORT
(7) <u>ALASKA RESOURCE EDUCATION</u> <u>601 EAST 57TH PLACE, STE 104</u> <u>ANCHORAGE, AK 99518</u>	92-0117527		20,000.	0.			VOCATIONAL TRAINING PROGRAMS
(8) <u>ALASKA SKI EDUCATIONAL FOUNDA</u> <u>2245 CHURCHILL STREET</u> <u>ANCHORAGE, AK 99517</u>	23-7378119		25,666.	0.			GENERAL OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 99
- 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 11/04/15

Schedule I (Form 990) (2015)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on 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 EDUCATIONAL SCHOLARSHIP	48	310,534.			
2					
3					
4					
5					
6					
7					
<b>Part IV Supplemental Information.</b> 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.**

ACF PROGRAM STAFF PERFORM DUE DILIGENCE BEFORE AWARDING ANY GRANT, INCLUDING VERIFICATION THAT THE GRANTEE ORGANIZATION IS LISTED IN 170 (B) (1) (A) OF THE INTERNAL REVENUE CODE (501 (C) (3), 509 (A) (1), 509 (A) (2), OR 509 (A) (3) (THAT DOES NOT REQUIRE EXPENDITURE RESPONSIBILITY) IN GOOD STANDING, THROUGH GUIDESTAR, IRS CHARITY SEARCH FUNCTION OR THE IRS BUSINESS MASTER FILE (BMF)); OR IS AN EQUIVALENT ORGANIZATION (SCHOOLS, CHURCHES, GOVERNMENT AGENCIES AND PROGRAMS, OR A FEDERALLY RECOGNIZED TRIBAL ORGANIZATION). ADDITIONALLY, PROGRAM STAFF CONFIRM THAT THE AWARD DOES NOT BENEFIT THE FUND ADVISORS, DOES NOT FULFILL A PLEDGE, AND THAT THE RECOMMENDATION IS IN LINE WITH THE CHARITABLE PURPOSE OF THE FUND FROM WHICH IT WILL BE AWARDED.

# Continuation Sheet for Schedule I (Form 990)

2015

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

Continuation Page 1 of 10

Name of the organization		Employer identification number					
THE ALASKA COMMUNITY FOUNDATION		92-0155067					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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
ANCHORAGE PARK FOUNDATION 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	41-2205907		12,200.				GENERAL OPERATING SUPPORT
COVENANT HOUSE ALASKA 755 A STREET ANCHORAGE, AK 99501	13-3419755		5,500.				GENERAL OPERATING SUPPORT
FAIRBANKS COMMUNITY FOOD BANK 725 26TH AVENUE, SUITE 1 FAIRBANKS, AK 99701	92-0088266		8,000.				GENERAL OPERATING SUPPORT
FOOD BANK OF ALASKA 2121 SPAR AVENUE ANCHORAGE, AK 99501	92-0073175		5,700.				GENERAL OPERATING SUPPORT
HOMER FOUNDATION PO BOX 2500 HOMER, AK 99603	92-0139183		11,002.				GENERAL OPERATING SUPPORT
IONIA, INC 54932 BURDOCK ROAD KASLOF, AK 99610	92-0159153		116,696.				GENERAL OPERATING SUPPORT
JUNEAU COMMUNITY FOUNDATION 350 NORTH FRANKLIN STREET, #4 JUNEAU, AK 99801	52-2395867		10,443.				GENERAL OPERATING SUPPORT
LAKE & PENINSULA SCHOOL DISTRICT PO BOX 498 KING SALMON, AK 99613	92-0057379	GOVERNMENT	8,033.				VOCATIONAL TRAINING PROGRAMS
MUNICIPALITY OF ANCHORAGE PO BOX 196650 ANCHORAGE, AK 99519	92-0059987	GOVERNMENT	10,000.				CUDDY FAMILY MIDDTOWN PARK
AMERICAN CANCER SOCIETY 3851 PIPER STREET, STE U240 ANCHORAGE, AK 99508	13-1788491		25,200.				GENERAL OPERATING SUPPORT

TEEA4001L 10/17/15

Schedule I Cont (Form 990) 2015

# Continuation Sheet for Schedule I (Form 990)

2015

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

Continuation Page 2 of 10

Name of the organization		Employer identification number					
THE ALASKA COMMUNITY FOUNDATION		92-0155067					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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
HOSPICE OF ANCHORAGE 2612 E. NORTHERN LIGHTS BLVD ANCHORAGE, AK 99508	92-0018009		7,402.				GENERAL OPERATING SUPPORT
PERSEVERANCE THEATRE 914 THIRD STREET DOUGLAS, AK 99824	92-0071124		45,759.				GENERAL OPERATING SUPPORT
THE ALASKA MUSEUM OF SCIENCE 201 NORTH BRAGAW STREET ANCHORAGE, AK 99508	92-0138658		62,500.				GENERAL OPERATING SUPPORT
UNIVERSITY OF ALASKA EDIN. PO BOX 755080 FAIRBANKS, AK 99775	23-7394620		1,006,500.				SUPPORT FOR ALASKA CENTER OF ENERGY
ALASKA SEALIFE CENTER 301 RAILWAY AVENUE SEWARD, AK 99664	92-0132479		10,125.				GENERAL OPERATING SUPPORT
CENTRAL AK RETIRED TEACH ASSO PO BOX 93610 ANCHORAGE, AK 99508	26-0650015		9,050.				GENERAL OPERATING SUPPORT
COOK INLET TRIBAL COUNCIL 3600 SAN JERONIMO DRIVE #410 ANCHORAGE, AK 99508	92-0094184		7,500.				GENERAL OPERATING SUPPORT
SITKA SOUND SCIENCE CENTER 834 LINCOLN STREET, SUITE 200 SITKA, AK 99835	26-1253086		15,915.				GENERAL OPERATING SUPPORT
YMCA OF ALASKA 324 EAST FIFTH AVENUE ANCHORAGE, AK 99501	92-0130244		32,126.				GENERAL OPERATING SUPPORT
ALASKA WORLD AFFAIRS COUNCIL 406 G STREET, STE 207 ANCHORAGE, AK 99501	92-6002686		19,725.				GENERAL OPERATING SUPPORT

TEEA4001L 10/11/15

Schedule I Cont (Form 990) 2015

# Continuation Sheet for Schedule I (Form 990)

2015

▶ 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 Domestic Organizations and Domestic Governments. (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
ARCIC SLOPE COMMUNITY FOUND. 3900 C STREET, STE 801 ANCHORAGE, AK 99503	27-2247740		173,218.				SUPPORT FOR COMMUNITY OUTREACH
CAMP FIRE ALASKA 161 KLEVIN ST., STE 100 ANCHORAGE, AK 99508	92-0029613		36,500.				GENERAL OPERATING SUPPORT
FIRST AMERICAN BAPTIST CHURCH 1200 E 27TH AVE. ANCHORAGE, AK 99508	92-0058119		30,000.				FACILITY RENOVATIONS
FRIENDS OF THE HAINES BOR. LI PO BOX 1089 HAINES, AK 99827	92-0124436		5,991.				GENERAL OPERATING SUPPORT
NATIVE VILLAGE OF BARROW PO BOX 1130 BARROW, AK 99723	92-0120821	GOVERNMENT	16,667.				GENERAL OPERATING SUPPORT
NORDIC JOURNEYS PO BOX 231408 ANCHORAGE, AK 99523	46-3175050		134,500.				CROSS COUNTRY & BIATHLON COACHING
PEACEHEALTH KETCHIKAN MED. CE 3100 TONGASS AVE. KETCHIKAN, AK 99901	91-0939479		28,209.				GENERAL OPERATING SUPPORT
SEAVIEW COMMUNITY SERVICE 302 RAILWAY AVE SEWARD, AK 99664	92-0043803		29,960.				GENERAL OPERATING SUPPORT
ADVOCATES FOR VICTIMS OF VIOL PO BOX 524 VALDEZ, AK 99686	92-0083034		12,140.				GENERAL OPERATING SUPPORT
ALASKA ARTS EDUCATION CONSORT 350 WHITTIER STREET JUNEAU, AK 99801	83-0389647		5,001.				GENERAL OPERATING SUPPORT

# Continuation Sheet for Schedule I (Form 990)

2015

▶ 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					
<b>THE ALASKA COMMUNITY FOUNDATION</b>		92-0155067					
<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)</b>							
(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 ASSOC ON DEVEL DISABIL PO BOX 241742 ANCHORAGE, AK 99524	61-1440261		10,000.				GENERAL OPERATING SUPPORT
ALASKA AVALANCHE INFO CENTER PO BOX 911 VALDEZ, AK 99686	80-0674646		9,500.				GENERAL OPERATING SUPPORT
ALASKA BOTANICAL GARDEN 4601 CAMPBELL ATRSTRIP ROAD ANCHORAGE, AK 99507	92-0115504		11,500.				GENERAL OPERATING SUPPORT
ALASKA CHILDREN'S TRUST 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	91-1765129		500,000.				GENERAL OPERATING SUPPORT
ALASKA ESKIMO WHALING COMMISS PO BOX 570 BARROW, AK 99723	92-0081760		50,597.				GENERAL OPERATING SUPPORT
ALASKA FAMILY HEALTH & BIRTH 2054 30TH AVENUE FAIRBANKS, AK 99701	92-0126965		10,000.				GENERAL OPERATING SUPPORT
ALASKA FISHERIES DVLPMNT FDTN PO BOX 2223 WRANGELL, AK 99929	92-0068881		30,000.				ALASKA FISHERIES DEVELOPMENT
ALASKA HUMANITIES FORUM 161 E 1ST AVE, DOOR 15 ANCHORAGE, AK 99501	92-6042123		7,000.				GENERAL OPERATING SUPPORT
ALASKA LEGAL SERVICES CORP 1016 WEST 6TH AVE, SUITE 200 ANCHORAGE, AK 99501	92-0034754		10,000.				GENERAL OPERATING SUPPORT
ALASKA NATIVE JUSTICE CENTER 3600 SAN JERONIMO ANCHORAGE, AK 99508	92-0145727		8,500.				GENERAL OPERATING SUPPORT

TEEA4001L 10/17/15

# Continuation Sheet for Schedule I (Form 990)

2015

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

Name of the organization <b>THE ALASKA COMMUNITY FOUNDATION</b>	Employer identification number <b>92-0155067</b>
--------------------------------------------------------------------	-----------------------------------------------------

(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 MEDICAL CTR AUX 4315 DIPLOMACY DRIVE ANCHORAGE, AK 99508	92-0055126		10,000.				GENERAL OPERATING SUPPORT
ALASKA NATIVE TRIBAL HLTH CON 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	92-0162721		30,000.				VOCATIONAL TRAINING PROGRAMS
ALASKA PUBLIC MEDIA 3877 UNIVERSITY DRIVE ANCHORAGE, AK 99508	23-7394629		31,900.				GENERAL OPERATING SUPPORT
ALASKA VOCATIONAL TECHNICAL 809 2ND AVENUE SEWARD, AK 99664	92-6001185	GOVERNMENT	30,000.				VOCATIONAL TRAINING PROGRAMS
ALASKA ZOO 4731 O'MALLEY ROAD ANCHORAGE, AK 99507	92-0039344		154,002.				GENERAL OPERATING SUPPORT
ANCHORAGE CONCERT CHORUS PO BOX 100364 ANCHORAGE, AK 99510	23-7017298		20,000.				GENERAL OPERATING SUPPORT
ANCHORAGE GOSPEL RESCUE MISSI 2823 E TUDOR ROAD ANCHORAGE, AK 99507	92-6003040		25,000.				GENERAL OPERATING SUPPORT
ARCTIC WINDS HEALING WINDS 11910 KRISTIE CIRCLE ANCHORAGE, AK 99516	30-0757566		35,000.				GENERAL OPERATING SUPPORT
BAINBRIDGE COMMUNITY FDTN 221 WINSLOW WAY WEST, #305 BAINBRIDGE, WA 98110	91-2155208		6,000.				GENERAL OPERATING SUPPORT
BEAN'S CAFE PO BOX 100940 ANCHORAGE, AK 99501	92-0072522		7,000.				GENERAL OPERATING SUPPORT

# Continuation Sheet for Schedule I (Form 990)

2015

▶ 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 Domestic Organizations and Domestic Governments. (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
BECKY'S PLACE HAVEN OF HOPE PO BOX 1506 HAINES, AK 99827	46-0958252		6,000.				GENERAL OPERATING SUPPORT
BEST BEGINNINGS 3350 COMMERCIAL DRIVE, #104 ANCHORAGE, AK 99501	45-5066055		6,500.				GENERAL OPERATING SUPPORT
CATHOLIC SOCIAL SERVICES 3710 EAST 20TH AVENUE ANCHORAGE, AK 99508	92-0037322		6,800.				GENERAL OPERATING SUPPORT
CHUGACH SCHOOL DISTRICT 9312 VANGUARD DRIVE ANCHORAGE, AK 99507	92-0057727	GOVERNMENT	20,000.				VOCATIONAL TRAINING PROGRAMS
CITY OF BARROW PO BOX 629 BARROW, AK 99723	92-6001639	GOVERNMENT	168,587.				BARROW VOLUNTEER S&R BLDG RENOVATE
DOWNTOWN SOUP KITCHEN PO BOX 202684 ANCHORAGE, AK 99520	92-0141715		6,000.				GENERAL OPERATING SUPPORT
ENGINE 557 RESTORATION CO PO BOX 875360 WASILLA, AK 99687	46-2663256		185,343.				GENERAL OPERATING SUPPORT
FAIRBANKS ANIMAL SHELTER FUND PO BOX 71267 ANCHORAGE, AK 99707	73-1628436		7,000.				GENERAL OPERATING SUPPORT
FAIRBANKS SUMMER ARTS FEST PO BOX 82510 FAIRBANKS, AK 99708	92-0072423		7,420.				GENERAL OPERATING SUPPORT
FAIRBANKS RESCUE MISSION 723 27TH AVENUE FAIRBANKS, AK 99701	23-7326856		14,260.				GENERAL OPERATING SUPPORT



# Continuation Sheet for Schedule I (Form 990)

# 2015

▶ 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 Domestic Organizations and Domestic Governments. (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
__ FAMILY PROMISE MAT-SU							GENERAL OPERATING SUPPORT
__ PO BOX 870587							
WASILLA, AK 99687	68-0510566		5,250.				
__ FRONTLINE MISSION							GENERAL OPERATING SUPPORT
__ 2001 PALMER-WASILLA HWY							
WASILLA, AK 99654	30-0450068		8,500.				
__ GIRWOOD HEALTH CLINIC							GENERAL OPERATING SUPPORT
__ 131 LINDBLAD AVENUE							
GIRWOOD, AK 99587	90-0622646		24,000.				
__ GREAT LAKES OUTREACH							GENERAL OPERATING SUPPORT
__ PO BOX 2379							
MT. PLEASANT, SC 29465	61-1542335		10,000.				
__ GREAT LAND TRUST							GENERAL OPERATING SUPPORT
__ PO BOX 101272							
ANCHORAGE, AK 99510	92-0155014		5,300.				
__ HELPING OURSELVES PREVENT EME							GENERAL OPERATING SUPPORT
__ 404 SPRUCE STREET							
CRAIG, AK 99921	73-1668460		10,000.				
__ INDEPENDENT LIVING CENTER							GENERAL OPERATING SUPPORT
__ PO BOX 3523							
SEWARD, AK 99664	92-0137389		6,750.				
__ KENAI PENINSULA FOOD BANK							GENERAL OPERATING SUPPORT
__ 33955 COMMUNITY COLLEGE DRIVE							
SOLDOTNA, AK 99669	94-3112445		10,000.				
__ KETCHIKAN AREA ARTS & HUMANIT							GENERAL OPERATING SUPPORT
__ 330 MAIN STREET							
KETCHIKAN, AK 99901	23-7058116		5,375.				
__ KIDS' KITCHEN							GENERAL OPERATING SUPPORT
__ PO BOX 102048							
ANCHORAGE, AK 99510	91-1848270		13,600.				

# Continuation Sheet for Schedule I (Form 990)

2015

▶ 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 Domestic Organizations and Domestic Governments. (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
--- KODIAK AREA NATIVE ASSOC. --- --- 3449 EAST REZANOF DRIVE --- --- KODIAK, AK 99615 ---	92-0038225		6,015.				GENERAL OPERATING SUPPORT
--- LOVE INC IN ANCHORAGE --- --- PO BOX 110332 --- --- ANCHORAGE, AK 99511 ---	35-2275589		6,500.				GENERAL OPERATING SUPPORT
--- LOWER YUKON SCHOOL DISTRICT --- --- PO BOX 32089 --- --- MTN VILLAGE, AK 99632 ---	92-0057691	GOVERNMENT	10,000.				TEEN SUICIDE PREVENTION
--- MANILAQ ASSOCIATION --- --- PO BOX 256 --- --- KOTZEBUE, AK 99752 ---	92-0041461		25,000.				GENERAL OPERATING SUPPORT
--- NORTH SLOPE BOROUGH --- --- PO BOX 69 --- --- BARROW, AK 99723 ---	92-0042378	GOVERNMENT	50,000.				SUPPORT FOR KIVGIO CELEBRATION
--- NORTH STAR COMMUNITY EDTN --- --- 814 6TH AVENUE --- --- FAIRBANKS, AK 99078 ---	87-0761624		6,500.				GENERAL OPERATING SUPPORT
--- PETERSBURG HUMANE ASSOCIATION --- --- PO BOX 1417 --- --- PETERSBURG, AK 99833 ---	92-0166958		5,720.				GENERAL OPERATING SUPPORT
--- PRINCE OF WALES VOCATIONAL --- --- 6565 BOUNDARY ROAD --- --- KILWICK, AK 99925 ---	46-4019097		16,390.				VOCATIONAL TRAINING PROGRAMS
--- OUPKCAK NATIVE TRIBE --- --- PO BOX 1467 --- --- SEWARD, AK 99664 ---	92-0117501		24,000.				CHILD DEVELOPMENT CENTER
--- RENEWABLE ENERGY ALASKA PROJ --- --- 308 G STREET, SUITE 207 ---							EQUIPMENT GENERAL OPERATING

# Continuation Sheet for Schedule I (Form 990)

2015

▶ 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 Domestic Organizations and Domestic Governments. (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
ANCHORAGE, AK 99501 SAFE AND FEAR-FREE ENVIRON. PO BOX 94	26-0484527		16,000.	0.			SUPPORT GENERAL OPERATING
DILLINGHAM, AK 99576 SEWARD COMMUNITY HLTH CENTER PO BOX 2895	92-0088380		10,000.				SUPPORT GENERAL OPERATING
SEWARD, AK 99664 SEWARD PTSA PO BOX 409	27-3912808		6,450.				SUPPORT GENERAL OPERATING
SEWARD, AK 99664 SITKA COMMUNITY DVLPMT CORP 329 HARBOR DRIVE, STE 212	92-0134935		5,500.				SUPPORT GENERAL OPERATING
SITKA, AK 99835 SOROPTOMIST OF ANCHORAGE INC. 3705 ARCTIC BLVD. #777	35-2292107		8,000.				SUPPORT GENERAL OPERATING
ANCHORAGE, AK 99503 TBA THEATER, INC. PO BOX 241104	92-0093526		9,900.				SUPPORT GENERAL OPERATING
ANCHORAGE, AK 99524 UNITED WAY OF MAT-SU BOROUGH PO BOX 872485	77-0607918		9,700.				SUPPORT GENERAL OPERATING
WASILLA, AK 99687 UPPER SUSITNA SENIORS INC. HC 89 BOX 592	92-0126154		5,500.				SUPPORT GENERAL OPERATING
WILLOW, AK 99688 WOMEN IN SAFE HOMES, WISH PO BOX 6552	92-0108548		17,000.				SUPPORT GENERAL OPERATING
KETCHIKAN, AK 99901 WRANGELL INSTITUTE FOR SCIENC HC 60 BOX 338A	92-0069501		20,000.				SUPPORT GENERAL OPERATING

## Continuation Sheet for Schedule I (Form 990)

**2015**

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

Name of the organization  
**THE ALASKA COMMUNITY FOUNDATION**

Employer identification number  
**92-0155067**

**Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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
--- COPPER CENTER, AK 99573 --- --- YUUT FLITNAURVIAT LEARNING CE --- PO BOX 869 --- --- BETHEL, AK 99559 --- --- --- --- --- --- --- --- --- --- --- ---	92-0175090  46-0476816		5,250.  20,000.	0.			SUPPORT VOCATIONAL TRAINING PROGRAM

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**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, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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), section 501(c)(4), and 501(c)(29) 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, Part 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.

(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.

(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) ANDY TEUBER	BOARD MEMBER	30,000.	GRANT	VOCATIONAL TRAINING
(2) ANDY TEUBER	BOARD MEMBER	6,015.	GRANT	ELDER'S ASSISTANCE
(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) 2015

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DIANE KAPLAN	BOARD MEMBER	136,669.	SEE SCHEDULE O		X
(2) JONATHAN RUBINI	BOARD MEMBER	136,669.	SEE SCHEDULE O		X
(3) THE RASMUSON FOUNDATION	LARGEST FUNDER	136,669.	SEE SCHEDULE O		X
(4) DIANE KAPLAN	BOARD MEMBER	1,092,235.	SEE SCHEDULE O		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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

**Open To Public  
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	3	167,569.	FMV
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	X	1	247,710.	FMV
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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?
- 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?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 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.

	Yes	No
30a		X
31	X	
32a	X	

**SEE PART II**

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

---

**PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES**

THE FOUNDATION HIRES APPRAISERS FOR PRIVATE STOCK EVALUATION AND REAL ESTATE  
PROFESSIONALS AND ATTORNEYS FOR REAL ESTATE ASSET TRANSACTIONS.



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**THE ALASKA COMMUNITY FOUNDATION**

Employer identification number

**92-0155067**

**SCHEDULE L, PART IV, LINES (1) AND (2)**

ON OCTOBER 1, 2012, THE ALASKA COMMUNITY FOUNDATION ENTERED INTO AN OFFICE LEASE AGREEMENT WITH SJ/JL CALAIS OFFICE I, LLC. JOHN RUBINI (ACF BOARD MEMBER), IS A 28.5% DIRECT BENEFICIAL OWNER AND 15.7% INDIRECT BENEFICIAL OWNER THROUGH AN ALASKA TRUST. IN ADDITION, THE RASMUSON FOUNDATION (DIANE KAPLAN PRESIDENT/CEO AND BOARD MEMBER OF ACF) IS AN 11.6% BENEFICIAL OWNER IN THE SJ/JL CALAIS OFFICE I. LLC. THE GRANTOR'S SHARE OF INCOME FROM THIS PARTNERSHIP IS USED TO OFFSET AND REDUCE THE OFFICE SPACE LEASE PAYMENTS FOR THE FOUNDATION.

**SCHEDULE L, PART IV, LINE (1)**

DIANE KAPLAN IS A BOARD MEMBER OF THE FOUNDATION AND IS THE PRESIDENT & CEO OF THE RASMUSON FOUNDATION. THE RASMUSON FOUNDATION IS AN 11.6% BENEFICIAL OWNER OF THE SJ/JL CALAIS OFFICE I., LLC., AND IS THE FOUNDATION'S LARGEST GRANTOR. A PORTION OF THE GRANTOR'S SHARE OF INCOME FROM THIS PARTNERSHIP IS USED TO OFFSET AND REDUCE THE OFFICE SPACE LEASE PAYMENTS FOR THE FOUNDATION. THE LEASE PAYMENTS FOR 2015 WERE \$136,669 AND \$113,234 IN 2014.

**SCHEDULE L, PART IV, LINE (2)**

JONATHAN RUBINI IS A BOARD MEMBER OF THE FOUNDATION AND IS ALSO A 28.5% DIRECT BENEFICIAL OWNER AND 15.7% INDIRECT BENEFICIAL OWNER OF SJ/JL CALAIS OFFICE I., LLC THROUGH AN ALASKA TRUST. THE LEASE PAYMENTS FOR 2015 WERE \$136,669 AND \$113,234 IN 2014.

**SCHEDULE L, PART IV, LINE (3)**

THE RASMUSON FOUNDATION IS THE FOUNDATION'S LARGEST GRANTOR IS AN 11.6% BENEFICIAL OWNER IN THE SJ/JL CALAIS OFFICE I, LLC. A PORTION OF THE GRANTOR'S SHARE OF INCOME FROM THIS PARTNERSHIP IS USED TO OFFSET AND REDUCE THE OFFICE SPACE LEASE PAYMENTS FOR THE FOUNDATION. THE LEASE PAYMENTS FOR 2015 WERE \$136,669 AND \$113,234 IN 2014. ADDITIONALLY, IN 2015 AND 2014, THE FOUNDATION RECOGNIZED \$1,092,235 AND \$1,611,406,

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

RESPECTIVELY, IN REVENUE FROM THE RASMUSON FOUNDATION. THE PRESIDENT AND CEO OF THE RASMUSON FOUNDATION, IS ALSO A BOARD MEMBER OF THE FOUNDATION.

**SCHEDULE L, PART IV, LINE (4)**

IN 2015 AND 2014, THE FOUNDATION RECOGNIZED \$1,092,235 AND \$1,611,406, RESPECTIVELY, IN REVENUE FROM THE RASMUSON FOUNDATION. THE PRESIDENT AND CEO OF THE RASMUSON FOUNDATION, DIANE KAPLAN, IS ALSO A BOARD MEMBER OF THE FOUNDATION.

**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 III, LINE 2 - NEW SERVICES**

STATEWIDE DOMESTIC VIOLENCE SHELTER IMPROVEMENT AND PICK.CLICK.GIVE. PROGRAMS WERE INITIATED IN 2015.

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

BOARD MEMBERS, DIANE KAPLAN AND JOHN RUBINI, HAVE AN OUTSIDE PARTNERSHIP TOGETHER.

BOARD MEMBERS, JOHN RUBINI AND GABRIEL KOMPKOFF, HAVE AN OUTSIDE BUSINESS RELATIONSHIP TOGETHER.

BOARD MEMBERS, DIANE KAPLAN AND ALEX SLIVKA, HAVE A BUSINESS RELATIONSHIP WITH MCKINLEY CAPITAL MANAGEMENT WHERE ALEX SLIVKA IS EMPLOYED.

BOARD MEMBER BARBARA DONATELLI IS A COMMISSIONER ON COOK INLET HOUSING AUTHORITY AND BOARD MEMBER CAROL GORE IS THE PRESIDENT & CEO OF COOK HOUSING AUTHORITY.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

BOARD MEMBERS ALEX SLIVKA AND KATE SLYKER ARE BOARD MEMBERS OF COVENANT HOUSE ALASKA.

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

THE BOARD OF DIRECTORS REVIEWED THE BYLAWS IN 2015 AND MADE SEVERAL REVISIONS INCLUDING CHANGING THE QUORUM TO A MAJORITY (50% + 1), CLARIFYING WHICH COMMITTEES THE TREASURER MAY SIT ON, SOFTENING THE LANGUAGE AROUND BOARD MEMBER ATTENDANCE AND UPDATING HOW THE GOVERNANCE COMMITTEE IS OVERSEEN.

**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

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

SURVEYS ARE CONSIDERED BY THE COMMITTEE IN ORDER TO DETERMINE FAIR AND REASONABLE COMPENSATION.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

DIRECTORS ARE NOT COMPENSATED.

THE CEO SETS THE COMPENSATION OF ACF STAFF BASED ON ANNUAL PERFORMANCE REVIEWS AND PREVAILING WAGE RATES AS DETERMINED BY THE ALASKA NONPROFIT COMPENSATION SURVEY PRODUCED BY THE FORAKER GROUP, THE COMPENSATION SURVEY PREPARED BY THE COUNCIL OF FOUNDATIONS, WHICH PRODUCES AN ANNUAL GRANT MAKER SALARY AND BENEFITS REPORT.

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

ACF MAKES ITS ANNUAL 990, ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE AND UPON REQUEST TO ANY PARTY THAT REQUESTS A COPY OF THE 990 OR ANNUAL AUDITED FINANCIAL STATEMENTS. ACF DOES NOT PROVIDE THE CONFLICT OF INTEREST POLICY, IRS FORM 1023 AND GOVERNING DOCUMENTS TO THE PUBLIC, WITH THE EXCEPTION OF MAJOR FUNDERS OR GRANTORS. ACF'S ARTICLES OF INCORPORATION ARE PROVIDED AS A PUBLIC DOCUMENT ON THE STATE OF ALASKA'S WEBSITE.

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

EQUITY FROM K-1 - ENTERPRISE PRODUCTS PARTNERS LP.....	\$	28,537.
EQUITY FROM K-1 - ACCESS MIDSTREAM PARTNERS, LP.....		446.
EQUITY FROM K-1 - ANTERO MIDSTREAM PARTNERS LP.....		878.
EQUITY FROM K-1 - BABSON CAPITAL.....		20,252.
EQUITY FROM K-1 - BUCKEYE PARTNERS.....		6,632.
EQUITY FROM K-1 - COLUMBIA PIPELINE PARTNERS.....		209.
EQUITY FROM K-1 - DOMINION MIDSTREAM PTRS.....		41.
EQUITY FROM K-1 - ENBRIDGE ENERGY PARTNERS.....		7,866.
EQUITY FROM K-1 - ENLINK MIDSTREAM PARTNERS.....		2,037.
EQUITY FROM K-1 - EQT MIDSTREAM PARTNERS.....		2,030.
EQUITY FROM K-1 - GENESIS ENERGY.....		7,664.
EQUITY FROM K-1 - MAGELLAN MIDSTREAM PARTNERS.....		11,395.
EQUITY FROM K-1 - MPLX LP.....		16,035.
EQUITY FROM K-1 - OILTANKING PARTNERS.....		174.
EQUITY FROM K-1 - ONEOK PARTNERS.....		9,314.
EQUITY FROM K-1 - PHILLIPS 66 PARTNERS LP.....		2,126.
EQUITY FROM K-1 - REGENCY ENERGY PARTNERS.....		1,920.
EQUITY FROM K-1 - RESOURCE LAND FUND V.....		12,309.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**FORM 990, PART XI, LINE 9 (CONTINUED)  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

EQUITY FROM K-1 - SPECTRA ENERGY PARTNERS.....	\$	11,011.
EQUITY FROM K-1 - SUNCO LOGISTICS PARTNERS.....		27,529.
EQUITY FROM K-1 - TARGA RESOURCES PARTNERS.....		2,111.
EQUITY FROM K-1 - TESORO LOGISTICS.....		11,120.
EQUITY FROM K-1 - WESTERN GAS EQUITY PARTNERS.....		1,920.
EQUITY FROM K-1 - WESTERN GAS PARTNERS.....		11,364.
EQUITY FROM K-1 - EMERGING MARKET DBT LCF.....		294,532.
EQUITY FROM K-1 - SECONDARY OPPORTUNITIES FUND III.....		8,955.
EQUITY FROM K-1 - PRINCIPAL REAL ESTATE DEBT FUND.....		-68,375.
EQUITY FROM K-1 - VALERO ENERGY PARTNERS.....		-2.
TOTAL	\$	<u>430,030.</u>

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

Name of the organization

Employer identification number

**THE ALASKA COMMUNITY FOUNDATION**

**92-0155067**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) <u>ACE PROPERTIES, LLC</u> <u>3201 C STREET, STE 110</u> <u>ANCHORAGE, AK 99503</u> <u>81-3769333</u>	<u>HOLDING COMPANY FOR ACF REAL ESTATE ASSETS</u>	<u>AK</u>	<u>1,838,021.</u>	<u>0.</u>	<u>THE ALASKA COMMUNITY FOUNDATION</u>
(2) _____					
(3) _____					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) _____							
(2) _____							
(3) _____							
(4) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

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

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

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

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

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													

**Part VII** Supplemental Information

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

---

## THE ALASKA COMMUNITY FOUNDATION

92-0155067

	2015	2014	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	6,607,240	15,386,198	-8,778,958
PROGRAM SERVICE REVENUE.....	1,156,889	935,504	221,385
INVESTMENT INCOME.....	3,924,519	2,824,950	1,099,569
OTHER REVENUE.....	-586,740	91,926	-678,666
TOTAL REVENUE.....	11,101,908	19,238,578	-8,136,670
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	5,619,789	3,546,704	2,073,085
SALARIES, OTHER COMPEN., EMP. BENEFITS..	1,199,446	1,065,165	134,281
OTHER EXPENSES.....	2,959,699	2,410,257	549,442
TOTAL EXPENSES.....	9,778,934	7,022,126	2,756,808
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	1,322,974	12,216,452	-10,893,478
TOTAL ASSETS AT END OF YEAR.....	74,751,169	80,182,724	-5,431,555
TOTAL LIABILITIES AT END OF YEAR.....	2,156,144	630,865	1,525,279
NET ASSETS/FUND BALANCES AT END OF YEAR.	72,595,025	79,551,859	-6,956,834

## THE ALASKA COMMUNITY FOUNDATION

92-0155067

	2015	2014	DIFF
<b>REVENUE</b>			
NET GAIN (LOSS) - FORM 4797.....	-43	0	-43
INCOME (LOSS) FROM PARTNERSHIPS.....	-183,559	0	-183,559
OTHER INCOME.....	381	0	381
TOTAL REVENUE.....	-183,221	0	-183,221
<b>DEDUCTIONS</b>			
TOTAL DEDUCTIONS.....	0	0	0
<b>UNRELATED BUSINESS TAXABLE INCOME</b>			
UNRELATED BUS TAXABLE INC (LINE 30).....	-183,221	0	-183,221
UNRELATED BUS TAXABLE INC (LINE 32).....	-183,221	0	-183,221
UNRELATED BUSINESS TAXABLE INCOME.....	-183,221	0	-183,221
<b>TAX COMPUTATION</b>			
INCOME TAX.....	0	0	0
TOTAL TAX.....	0	0	0
<b>PAYMENTS AND CREDITS</b>			
TOTAL PAYMENTS AND CREDITS.....	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990, SCH A, SCH B, SCH C, SCH D, SCH I, SCH L, SCH M, SCH O, SCH R  
8868, 8868 P2, 990-T, 4797, ELECTIONS

**TAX RATES**

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	0. %	0. %

**CARRYOVERS TO 2016**

<u>FEDERAL CARRYOVERS</u>	
NET OPERATING LOSS	183,221.

**UNRELATED BUSINESS NET SECTION 1231 LOSSES**

<u>FEDERAL</u>	
2015 LOSSES	43.

## THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART III, LINE 4E  
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	8,336,019.	8,336,019.	PART IX, LINE 25, COL. B
GRANTS	5,619,790.	5,619,789.	PART IX, LINES 1-3, COL. B
REVENUE	1,156,889.	1,156,889.	PART VIII, LINE 2, COL. A

FORM 990, PART VIII, LINE 11D  
OTHER REVENUE

DESCRIPTION	BUS. CODE	TOTAL REVENUE	RELATED OR EXEMPT FUNC TION REVENU	UNRELATED BUSINESS REVENUE	REVENUE EXCLUDED FROM TAX
OILTANKING PARTNERS		\$ -174.		\$ -174.	
ACCESS MIDSTREAM PTRS.		-446.		-446.	
ANTERO MIDSTREAM PARTNERS		-886.		-886.	
REGENCY ENERGY PARTNERS		-1,842.		-1,844.	\$ 2.
EQT MIDSTREAM PARTNERS		-1,852.		-1,852.	
WESTERN GAS EQUITY PTRS		-1,959.		-1,959.	
ENLINK MIDSTREAM PARTNERS		-2,070.		-2,070.	
TARGA RESOURCES PARTNERS		-2,120.		-2,120.	
PHILLIPS 66 PARTNERSHIP		-2,387.		-2,387.	
BUCKEYE PARTNERS, L.P.	900099	-6,559.	\$ -7.	-6,552.	
ENBRIDGE ENERGY PARTNERS	900099	-7,831.	-15.	-7,816.	
GENESIS ENERGY		-7,863.		-7,863.	
ONEOK PARTNERS		-9,204.		-9,204.	
SPECTRA ENERGY PARTNERS		-10,356.		-10,358.	
TESORO LOGISTICS L.P.		-11,139.		-11,139.	2.
MAGELLAN MIDSTREAM PTRS		-11,419.		-11,419.	
WESTERN GAS PARTNERS		-11,579.		-11,579.	
RESOURCE LAND FUND V		-12,309.		-12,309.	
MPLX LP		-16,896.		-16,888.	
SECONDARY OPPORTUNITIES	900099	-25,207.	-15,813.	-9,394.	-8.
ENTERPRISE PRODUCTS PTRS		-26,883.		-26,883.	
SUNCO LOGISTICS PARTNERS		-28,417.		-28,417.	
EMERGING MARKET SECT 988	900099	-501,733.	28.		-501,761.
TOTALS		<u>-701,131.</u>	<u>-15,807.</u>	<u>-183,559.</u>	<u>-501,765.</u>

FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER CONTRACTS	49,025.	35,055.	12,451.	1,519.
CONTRACT SERVICES	479,215.	342,656.	121,712.	14,847.
TOTAL	<u>\$ 528,240.</u>	<u>\$ 377,711.</u>	<u>\$ 134,163.</u>	<u>\$ 16,366.</u>

## THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
SUPPLIES	13,728.		12,356.	1,372.
BANK CHARGES AND FEES	12,312.	11,945.	367.	
POSTAGE AND SHIPPING	7,467.	214.	6,528.	725.
BABSON - OTHER DEDUCTIONS				
<b>TOTAL</b>	<b>\$ 33,507.</b>	<b>\$ 12,159.</b>	<b>\$ 19,251.</b>	<b>\$ 2,097.</b>

EXCESS CONTRIBUTIONS  
SCHEDULE A, PART II, LINE 5

	2011	2012	2013	2014	2015	TOTAL	2% AMT	EXCESS
RASMUSON FOUNDATION	0	849,200	1,082,394	34,858	2,440,401	4,406,853	1357048	3049805
PEBBLE PARTNERSHIP	0	1,000,000	500,000	0	0	1,500,000	1357048	142,952
ALASKA PULP SCHOLARSHIP FOUNDATION	0	246,000	0	0	0	246,000	0	0
ALASKA CARDIOVASCULAR RESEARCH FDTN	0	160,000	0	0	0	160,000	0	0
MS. MARY Q. ELLER	0	2,180,460	0	0	0	2,180,460	1357048	823,412
ESTATE OF BRANDON C REILEY	0	0	284,643	0	0	284,643	0	0
ALASKA ARTS AND CULTURE FOUNDATION	0	0	332,119	0	0	332,119	0	0
ALASKA SEALIFE CENTER	0	0	0	1,367,342	0	1,367,342	1357048	10,294
MORRIS THOMPSON CULTURAL & VIS. CEN	0	0	0	565,000	45,000	610,000	0	0
MS KAREN J HOFSTAD	0	0	0	672,822	0	672,822	0	0
MR. JONATHAN B. RUBINI AND CLARE	0	0	0	0	251,000	251,000	0	0
BP COMMUNITY & PUBLIC AFFAIRS	0	0	0	0	170,000	170,000	0	0
	<u>0</u>	<u>4,435,660</u>	<u>2,199,156</u>	<u>2,640,022</u>	<u>2,906,401</u>	<u>12,181,239</u>	<u>5428192</u>	<u>4026463</u>

**COMPUTATION OF 2015 NET OPERATING LOSS**

1. TOTAL INCOME.....	-183,221.
2. TOTAL DEDUCTIONS.....	0.
3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2).....	-183,221.
2015 NET OPERATING LOSS.....	<u>183,221.</u>