

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20_____

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Name and title of officer

NINA KEMPEL, PRESIDENT & CEO

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>13062448.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BDO USA, LLP to enter my PIN

9	4	2	2	1
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

9	2	0	8	5	3	1	3	5	3	8
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____



Date ▶ 10/19/2018

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

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning, 2017, and ending, 20

Header section containing organization name (THE ALASKA COMMUNITY FOUNDATION), EIN (92-0155067), address (3201 C STREET, ANCHORAGE, AK 99503), principal officer (NINA KEMPEL), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense details.

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.

Signature area for the officer, NINA KEMPEL, President & CEO, with a signature line and date field.

Paid Preparer Use Only section containing preparer name (NAYYIR RAWHANI CPA), signature, date (10/19/2018), and firm information (BDO USA, LLP).

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 5,401,632. including grants of \$ 3,991,665.) (Revenue \$ 1,822,891.)

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 \$ 1,606,799. including grants of \$ 8,870.) (Revenue \$ 891,147.)

DOMESTIC VIOLENCE SHELTER INITIATIVE - THIS INITIATIVE FACILITATED THE REPAIR, MAINTENANCE, AND IMPROVEMENT OF 17 DOMESTIC VIOLENCE SHELTERS ACROSS THE STATE OF ALASKA. OPERATING FUNDS ARE LIMITED IN THESE ORGANIZATION, AND MAINTENANCE IS OFTEN DEFERRED. CODE AND CONDITION SURVEYS WERE CONDUCTED AT ALL 17 SHELTERS, AND A LIST OF REPAIRS AND IMPROVEMENTS BASED ON A PRIORITIZATION PROCESS IN WHICH LIFE, HEALTH AND SAFETY CONCERNS WERE ADDRESSED FIRST, WITH BUIDING INTEGRITY AND CLIENT COMFORT ITEMS FOLLOWING.

4c (Code:) (Expenses \$ 662,431. including grants of \$ 5,854.) (Revenue \$ 347,578.)

PICK.CLICK.GIVE - THIS PROGRAM ALLOWS ALASKANS TO DONATE A PORTION OF THEIR PERMANENT FUND DIVIDEND TO CAUSES THEY CARE ABOUT STATEWIDE. ACF RUNS THIS PROGRAM WITH ITS PARTNERS TO SUPPORT 668 NON-PROFITS TO WHICH PFD RECIPIENTS CAN DONATE. IN 2017, 42,373 PEOPLE GAVE \$2,577,041 TO 664 ORGANIZATIONS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 7,670,862.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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	
22 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	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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 [X]

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15) Enter the number of voting members...; 1b (15) Enter the number of voting members included in line 1a...; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a 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...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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
- 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.
- 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. X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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) PETER MICHALSKI CHAIR	2.00 0.	X		X				0.	0.	0.
(2) CAROL GORE VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) KATE SLYKER SECRETARY	1.00 0.	X		X				0.	0.	0.
(4) DIANE KAPLAN TREASURER	1.00 0.	X		X				0.	0.	0.
(5) ALEX SLIVKA PAST CHAIR	1.00 0.	X						0.	0.	0.
(6) ANGELA COX DIRECTOR	1.00 0.	X						0.	0.	0.
(7) BARBARA DONATELLI DIRECTOR	1.00 0.	X						0.	0.	0.
(8) JIM PALMER DIRECTOR	1.00 0.	X						0.	0.	0.
(9) KIM REITMEIER DIRECTOR	1.00 0.	X						0.	0.	0.
(10) JOHN RUBINI DIRECTOR	1.00 0.	X						0.	0.	0.
(11) PAUL RUPPLE DIRECTOR	1.00 0.	X						0.	0.	0.
(12) LANE TUCKER DIRECTOR	1.00 0.	X						0.	0.	0.
(13) ANDY TUEBER DIRECTOR	1.00 0.	X						0.	0.	0.
(14) DAVE SHAFTEL DIRECTOR	1.00 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) BILL SHEFFIELD ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) NINA KEMPPPEL ----- PRESIDENT & CEO	50.00 ----- 0.			X				184,865.	0.	9,817.
(17) KEVIN GRAY ----- CFO	45.00 ----- 0.			X				108,154.	0.	14,557.
(18) BETH ROSE ----- VP OF PHIL. & EXT RELATIONS	45.00 ----- 0.			X				110,335.	0.	23,463.
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1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								403,354.	0.	47,837.
d Total (add lines 1b and 1c)								403,354.	0.	47,837.

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 **▶** 3

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 5

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	15,550.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	441,005.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	9,264,283.				
	g Noncash contributions included in lines 1a-1f: \$		1,142,832.				
	h Total. Add lines 1a-1f ▶			9,720,838.			
	Program Service Revenue			Business Code			
2a FUND ADMINISTRATION FEES			522299	1,032,873.	1,032,873.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f ▶			1,032,873.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			799,831.	799,831.		
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		11,510,972.					
	b Less: cost or other basis and sales expenses			10,440,691.			
	c Gain or (loss)			1,070,281.			
	d Net gain or (loss) ▶			1,070,281.	1,070,281.		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
c Net income or (loss) from fundraising events. ▶			0.				
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code				
11a OTHER REVENUE				149,142.	149,142.		
b K-1 INCOME				289,483.		-315,297.	604,780.
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				438,625.			
12 Total revenue. See instructions. ▶				13,062,448.	3,052,127.	-315,297.	604,780.

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 X

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	3,854,888.	3,854,888.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	153,926.	153,926.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	451,191.	173,889.	164,730.	112,572.
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.			
7 Other salaries and wages	728,544.	280,780.	265,992.	181,772.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,008.	4,628.	4,384.	2,996.
9 Other employee benefits	93,366.	36,212.	33,972.	23,182.
10 Payroll taxes	90,335.	34,710.	33,031.	22,594.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	23,632.	22,087.	1,195.	350.
c Accounting	42,146.	39,391.	2,131.	624.
d Lobbying	3,782.	3,782.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	290,682.	276,716.	12,322.	1,644.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4	1,516,948.	1,415,097.	79,319.	22,532.
12 Advertising and promotion	180,523.	140,585.	24,653.	15,285.
13 Office expenses	42,497.	7,001.	30,713.	4,783.
14 Information technology	90,724.	84,793.	4,587.	1,344.
15 Royalties	0.			
16 Occupancy	160,542.	35,858.	90,734.	33,950.
17 Travel	58,597.	37,397.	14,411.	6,789.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	24,095.	7,275.	12,240.	4,580.
23 Insurance	6,772.	1,719.	3,501.	1,552.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOUNDATION ADMINISTRATIVE FE	1,042,362.	1,042,152.	210.	
b SPECIAL EVENTS	73,364.	13,727.	20,518.	39,119.
c EQUIPMENT	21,023.	4,109.	12,882.	4,032.
d MISCELLANEOUS	9,580.	140.	7,994.	1,446.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,971,527.	7,670,862.	819,519.	481,146.
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	199,271.	1	481,511.
	2 Savings and temporary cash investments	1,613,314.	2	4,524,339.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	379,139.	4	57,419.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	64,431.	9	60,636.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 759,231.		
	b Less: accumulated depreciation	10b 184,326.		
		963,737.	10c	574,905.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	75,722,708.	13	86,443,489.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	0.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	78,942,600.	16	92,142,299.	
Liabilities	17 Accounts payable and accrued expenses	238,207.	17	206,370.
	18 Grants payable	773,378.	18	557,405.
	19 Deferred revenue	1,024,947.	19	1,947,858.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	2,036,532.	26	2,711,633.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	67,580,825.	27	79,327,885.
	28 Temporarily restricted net assets	9,325,243.	28	10,102,781.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	76,906,068.	33	89,430,666.	
34 Total liabilities and net assets/fund balances	78,942,600.	34	92,142,299.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,062,448.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,971,527.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,090,921.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,906,068.
5	Net unrealized gains (losses) on investments	5	8,723,160.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-289,483.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	89,430,666.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,097,164.	15,386,198.	6,607,240.	8,474,645.	9,720,838.	46,286,085.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	6,097,164.	15,386,198.	6,607,240.	8,474,645.	9,720,838.	46,286,085.
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).						13,237,840.
6 Public support. Subtract line 5 from line 4						33,048,245.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	6,097,164.	15,386,198.	6,607,240.	8,474,645.	9,720,838.	46,286,085.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,496,290.	2,002,297.	2,090,007.	1,107,873.	799,831.	7,496,298.
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.)	6,803,992.	914,579.	1,430,993.	462,423.	1,219,423.	10,831,410.
11 Total support. Add lines 7 through 10.						64,430,572.
12 Gross receipts from related activities, etc. (see instructions)					12	4,967,349.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	51.29%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	50.46%
16a 33 1/3% support test - 2017. 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. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. 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. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11 c	

Section B. Type I Supporting Organizations

		Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
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?	1	
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> 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.		Yes	No
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.	2a		
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.	2b		
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 .	3a		
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.	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 Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 Distributable Amount. 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).			

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

Section D - Distributions	Current Year
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 Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(³) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:350px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; display:inline-block;"></div> <div style="background-color:black; width:50px; height:15px; display:inline-block;"></div>	\$ 2,887,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color:black; width:300px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; display:inline-block;"></div> <div style="background-color:black; width:50px; height:15px; display:inline-block;"></div>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; display:inline-block;"></div> <div style="background-color:black; width:100px; height:15px; display:inline-block;"></div>	\$ 620,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color:black; width:300px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; display:inline-block;"></div> <div style="background-color:black; width:50px; height:15px; display:inline-block;"></div>	\$ 428,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color:black; width:180px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; display:inline-block;"></div> <div style="background-color:black; width:50px; height:15px; display:inline-block;"></div>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color:black; width:280px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; display:inline-block;"></div> <div style="background-color:black; width:100px; height:15px; display:inline-block;"></div>	\$ 252,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 251,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 249,444.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	REAL ESTATE _____ _____ _____	\$ 220,271.	05/08/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCK _____ _____ _____	\$ 251,908.	12/28/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK _____ _____ _____	\$ 249,444.	10/24/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization **THE ALASKA COMMUNITY FOUNDATION**

Employer identification number
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

2017

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

(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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
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		3,782.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			3,782.
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?		X	

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 campaign activity 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.

FORM 990, SCHEDULE C, PART II-B, LINE 2G:

THE ALASKA COMMUNITY FOUNDATION ENGAGED A LOCAL ADVOCACY AND LOBBYING FIRM, IN CONJUNCTION WITH OTHER PARTNERS, TO EDUCATE THE MEMBERS OF THE ALASKAN LEGISLATURE ABOUT THE WORK OF, AND THE ISSUES THAT AFFECT, THE PICK.CLICK.GIVE. PROGRAM.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at end of tax year, and various questions.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions regarding collections of art and historical treasures, including revenue and asset reporting.

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.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance	40,630,848.	35,995,263.	37,303,224.	33,210,120.	28,282,371.
b Contributions	2,491,964.	3,560,849.	3,104,308.	3,700,714.	1,887,721.
c Net investment earnings, gains, and losses	5,690,270.	2,907,096.	-1,731,240.	1,881,595.	4,139,923.
d Grants or scholarships	1,484,993.	1,291,010.	2,204,113.	1,019,146.	766,174.
e Other expenditures for facilities and programs		9,598.			
f Administrative expenses	566,167.	531,752.	476,916.	470,059.	333,721.
g End of year balance	46,761,922.	40,630,848.	35,995,263.	37,303,224.	33,210,120.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 82.4700 %
 - b** Permanent endowment %
 - c** Temporarily restricted endowment 17.5300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land	485,500.			485,500.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		273,731.	184,326.	89,405.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				574,905.

Part VII Investments - Other Securities.

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

(a) Description of security or category (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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) SEE DETAIL IN PART XIII	86,443,489.	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes values for total revenue, adjustments, and final total revenue of 13,062,448.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes values for total expenses and final total expenses of 8,971,527.

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.

SEE PAGE 5

Series of horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4:

IN ACCORDANCE WITH FASB ASC 958-605-05, THE FOUNDATION RECORDS AS LIABILITIES ASSETS THAT ARE RECEIVED FROM A NON-PROFIT ORGANIZATION THAT NAMES ITSELF OR ITS AFFILIATE AS THE BENEFICIARY OF THE FUNDS, 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. PERMANENT AND NON-ENDOWED FUNDS 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).

IN 2017, IT WAS DETERMINED THAT NON-ENDOWED FUNDS WERE INCLUDED IN PRIOR-YEAR STATEMENTS OF SCHEDULE D, PART V. THE ORGANIZATION HAS CHOSEN TO UPDATE ALL YEARS REPORTED IN SCHEDULE D, PART V IN ITS 2017 FILING.

FORM 990, SCHEDULE D, PART VIII:

DESCRIPTION	BOOK VALUE	COST OR FMV
MONEY MARKET/CASH SWEEPS	1,167,784	FMV
CERTIFICATE OF DEPOSIT	156,638	FMV
U.S. TREASURIES	4,151,809	FMV
U.S. AGENCY FUNDS	624,807	FMV
MUNICIPAL OBLIGATIONS	249,051	FMV
CORPORATE OBLIGATIONS	6,065,481	FMV
ASSET BACK SECURITIES	2,543,139	FMV
COMMON EQUITY	37,290,716	FMV

Part XIII Supplemental Information *(continued)*

OTHER EQUITY	4,091,261	FMV
DEBT BONDS	6,534,851	FMV
DIVERSIFIED HEDGE STRATEGIES	5,868,703	FMV
PRIVATE REAL ESTATE	1,918,449	FMV
PRIVATE EQUITY	1,424,107	FMV
PRIVATE DEBT	1,137,148	FMV
CLOSELY HELD STOCK	6,489,240	FMV
INVESTMENTS CARRIED AT NAV	6,730,305	COST
TOTAL:	86,443,489	

FORM 990, SCHEDULE D, PART X, LINE 2:

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, 2017 OR 2016.

THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2017 AND 2016, THERE WERE NO ACCRUED INTEREST OR PENALTIES. THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF ALASKA. AS OF

Part XIII Supplemental Information *(continued)*

DECEMBER 31, 2017, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE
2014, 2015 AND 2016.

FORM 990, SCHEDULE D, PART XI, LINE 4B:

INCOME FROM K-1S:

ABERDEEN K1	256,038
ANDEAVOR LOGISTICS, K1	(16,254)
ANTERO MIDSTREAM PARTNERS K1	(2,542)
BP MIDSTREAM PARTNERS, K-1	(152)
BUCKEYE PARTNERS LP K1	(5,184)
DOMINION MIDSTREAM PARTNERS K1	(1,562)
ENERGY TRANSFER EQUITY LP K1	(13,830)
ENERGY TRANSFER PARTNERS LP K1	(8,040)
ENTERPRISE PRODUCTS PARTNERS LP K1	(28,647)
EQT GP HOLDINGS LP K1	(672)
EQT MIDSTREAM PARTNERS, LP K1	(6,127)
GENESIS ENERGY LP K1	(10,248)
MAGELLAN MIDSTREAM PARTNERS LP K1	(10,541)
MPLX ENERGY LOGISTICS K1	(24,386)
NOBLE MIDSTREAM PARTNERS LP K1	610
NUSTAR ENERGY, LP K-1	(1,868)
ONEOK PARTNERS LP K1	(6,577)
PHILLIPS 66 PARTNERS K1	(7,725)
PLAINS ALL AMERICAN PIPELINE LP K1	(26,056)
PRINCIPAL REAL ESTATE DEBT FUND LP K1	118,087
RESOURCE LAND FUND V, LP K-1	(18,888)
RYDER COURT INTERNATIONAL SELECT FUND K-1	80,735

Part XIII Supplemental Information *(continued)*

SHELL MIDSTREAM PARTNERS LP K1	(4,765)
SPECTRA ENERGY PARTNERS LP K1	(6,801)
SUNOCO LOGISTICS K1	4,556
TALLGRASS ENERGY PARTNERS K1	(4,766)
VALERO ENERGY PARTNERS LP K1	(1,382)
WCP NEWCOLD K1	(102,240)
WESTERN GAS EQUITY PARTNERS LP K1	(389)
WESTERN GAS PARTNERS LP K1	(5,633)
WILLIAMS PARTNERS LP K1	(14,215)
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	NONE
SECONDARY OPPORTUNITIES FUND III, LP	19,839
INDABA CAPITAL PARTNERS (CAYMAN), LP	139,108
TOTAL:	289,483

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) AABC FOUNDATION 3123 GOTTSCHALL RD PERKIOMENVILLE, PA 18074	23-2778441	501(C)(3)	20,000.				GEN/OPER SUPPORT
(2) ABUSED WOMEN'S AID IN CRISIS 100 WEST 13TH AVENUE ANCHORAGE, AK 99501	92-0061049	501(C)(3)	6,000.				GEN/OPER SUPPORT
(3) ALASKA ARTS AND CULTURE FOUNDATION 161 S. KLEVIN ST ANCHORAGE, AK 99508	92-0171993	501(C)(3)	43,039.				GEN/OPER SUPPORT
(4) ALASKA BOTANICAL GARDEN 4601 CAMPBELL AIRSTRIP RD ANCH, AK 99507	92-0115504	501(C)(3)	11,500.				GEN/OPER SUPPORT
(5) ALASKA CHILDREN'S TRUST 3201 C STREET ANCHORAGE, AK 99503	91-1765129	501(C)(3)	415,000.				GEN/OPER SUPPORT
(6) ALASKA DANCE THEATRE 550 EAST 33RD AVENUE ANCHORAGE, AK 99503	92-0082397	501(C)(3)	5,800.				GEN/OPER SUPPORT
(7) ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DR ANCHORAGE, AK 99504	92-0127531	501(C)(3)	18,849.				GEN/OPER SUPPORT
(8) ALASKA NATIVE MEDICAL CENTER AUXILIARY INC. 4315 DIPLOMACY DRIVE ANCHORAGE, AK 99508	92-0055126	501(C)(3)	10,000.				GEN/OPER SUPPORT
(9) ALASKA PRIMARY CARE ASSOCIATION 1231 GAMBELL STREET ANCHORAGE, AK 99501	92-0154822	501(C)(3)	6,217.				PROGRAM/PROGRAM SUP
(10) ALASKA PROCESS INDUSTRY CAREERS CONSORTIUM 2600 CORDOVA ST STE 105 ANCHORAGE, AK 99503	92-0170234	501(C)(3)	13,000.				PROGRAM/PROGRAM SUP
(11) ALASKA PUBLIC MEDIA 3877 UNIVERSITY DRIVE ANCHORAGE, AK 99508	23-7394629	501(C)(3)	47,250.				GEN/OPER SUPPORT
(12) ALASKA SEALIFE CENTER 301 RAILWAY AVENUE SEWARD, AK 99664	92-0132479	501(C)(3)	24,250.				PROGRAM/PROGRAM SUP

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 noncash assistance	(h) Purpose of grant or assistance
(1) ALASKA SUDAN MEDICAL PROJECT P.O. BOX 230183 ANCHORAGE, AK 99523	26-2862955	501(C)(3)	47,500.				CAPITAL/EQUIPMENT
(2) AMERICAN RED CROSS OF ALASKA 235 EAST 8TH AVENUE ANCHORAGE, AK 99501	53-0196605	501(C)(3)	10,000.				GEN/OPER SUPPORT
(3) ANCHORAGE CONCERT CHORUS PO BOX 100364 ANCHORAGE, AK 99510	23-7017298	501(C)(3)	20,000.				GEN/OPER SUPPORT
(4) ANCHORAGE HOCKEY ASSOCIATION PO BOX 202069 ANCHORAGE, AK 99520	92-0031799	501(C)(3)	7,400.				PROGRAM/PROGRAM SUP
(5) ANCHORAGE LIBRARY FOUNDATION P.O. BOX 244714 ANCHORAGE, AK 99524	92-0081583	501(C)(3)	15,000.				PROGRAM/PROGRAM SUP
(6) ARCTIC RESEARCH CONSORTIUM OF THE U.S. 3535 COLLEGE ROAD FAIRBANKS, AK 99709	92-0137088	501(C)(3)	6,900.				PROGRAM/PROGRAM SUP
(7) ARCTIC SLOPE COMMUNITY FOUNDATION 3900 C STREET ANCHORAGE, AK 99503	27-2247740	501(C)(3)	426,300.				PROGRAM/PROGRAM SUP
(8) ARCTIC WINDS HEALING WIND 11910 KRISTIE CIRCLE ANCHORAGE, AK 99516	30-0757566	501(C)(3)	10,000.				PROGRAM/PROGRAM SUP
(9) AWARE, INC. P.O. BOX 20809 JUNEAU, AK 99802	92-0064944	501(C)(3)	10,000.				PROGRAM/PROGRAM SUP
(10) BEAR CREEK VOLUNTEER FIRE DEPARTMENT P.O. BOX 1565 SEWARD, AK 99664	92-0064612	501(C)(3)	6,350.				CAPITAL/EQUIPMENT
(11) BOYS & GIRLS CLUB OF THE KENAI PENINSULA 705 FRONTAGE ROAD #B KENAI, AK 99611	94-3067142	501(C)(3)	8,391.				PROGRAM/PROGRAM SUP
(12) BRIDGES COMMUNITY RESOURCES NETWORK, INC. PO BOX 1612 SOLDOTNA, AK 99669	92-0151271	501(C)(3)	8,246.				PROGRAM/PROGRAM SUP

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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92-0155067

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC SOCIAL SERVICES 3710 EAST 20TH AVENUE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	18,000.				GEN/OPER SUPPORT
(2) CENTER FOR ALASKAN COASTAL STUDIES 708 SMOKEY BAY WAY HOMER, AK 99603	92-0086250	501(C)(3)	16,470.				PROGRAM/PROGRAM SUP
(3) CENTRAL ALASKA RETIRED TEACHERS ASSOCIATION PO BOX 93610 ANCHORAGE, AK 99508	26-0650015	501(C)(3)	11,000.				GEN/OPER SUPPORT
(4) CITY OF ANAKTUVUK PASS P.O. BOX 21030 ANAKTUVUK PASS, AK 99721	92-0042378	501(C)(3)	7,000.				PROGRAM/PROGRAM SUP
(5) CITY OF CORDOVA PO BOX 1210 CORDOVA, AK 99574	92-6000138	170(C)(1)	10,000.				CAPITAL/EQUIPMENT
(6) COOK INLETKEEPER 3734 BEN WALTERS LANE HOMER, AK 99603	92-0156450	501(C)(3)	12,470.				PROGRAM/PROGRAM
(7) COVENANT HOUSE ALASKA 755 A STREET ANCHORAGE, AK 99501	13-3419755	501(C)(3)	8,500.				GEN/OPER SUPPORT
(8) EXCEL ALASKA INC. 6309 LAUREL STREET ANCHORAGE, AK 99507	46-1486834	501(C)(3)	50,000.				PROGRAM/PROGRAM SUP
(9) FAIRBANKS ANIMAL SHELTER FUND PO BOX 72120 FAIRBANKS, AK 99707	73-1628436	501(C)(3)	7,000.				GEN/OPER SUPPORT
(10) FAIRBANKS COMMUNITY FOOD BANK 725 26TH AVENUE FAIRBANKS, AK 99701	92-0088266	501(C)(3)	13,500.				GEN/OPER SUPPORT
(11) FAIRBANKS SUMMER ARTS FESTIVAL PO BOX 82510 FAIRBANKS, AK 99708	92-0072423	501(C)(3)	6,000.				PROGRAM/PROGRAM SUP
(12) FAMILY PROMISE MAT-SU PO BOX 870587 WASILLA, AK 99687	68-0510566	501(C)(3)	6,000.				GEN/OPER SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 noncash assistance	(h) Purpose of grant or assistance
(1) FIRST ALASKANS INSTITUTE 606 E STREET SUITE 200 ANCHORAGE, AK 99501	92-0174854	501(C)(3)	25,000.				PROGRAM/PROGRAM SUP
(2) FRONTLINE MISSION 2001 PALMER-WASILLA HWY WASILLA, AK 99654	30-0450068	501(C)(3)	10,000.				GEN/OPER SUPPORT
(3) GIRL SCOUTS OF ALASKA 3911 TURNAGAIN BLVD. E. ANCHORAGE, AK 99517	92-6000179	501(C)(3)	26,550.				NATURAL RES. PATCH & SCIENCE/TECH DAY
(4) GIRLS ON THE RUN SOUTHCENTRAL AK PO BOX 101273 ANCHORAGE, AK 99520	46-4140781	501(C)(3)	7,000.				PROGRAM/PROGRAM SUP
(5) GIRLS ROCK CAMP ALASKA PO BOX 231232 ANCHORAGE, AK 99523	46-4520838	501(C)(3)	9,000.				GEN/OPER SUPPORT
(6) GREAT LAKES OUTREACH PO BOX 2379 MT. PLEASANT, SC 29465	61-1542335	501(C)(3)	10,000.				GEN/OPER SUPPORT
(7) HABITAT FOR HUMANITY-ANCHORAGE 1057 W. FIREWEED LN ANCHORAGE, AK 99503	92-0140434	501(C)(3)	100,000.				GEN/OPER SUPPORT
(8) HOMER FOUNDATION P.O. BOX 2600 HOMER, AK 99603	92-0139183	501(C)(3)	12,548.				PROGRAM/PROGRAM SUP
(9) ILISAGVIK COLLEGE PO BOX 749 UTQIAGVIK, AK 99723	92-0158414	501(C)(3)	50,500.				PROGRAM/PROGRAM SUP
(10) INDEPENDENT LIVING CENTER - SEWARD P.O. BOX 3523 SEWARD, AK 99664	92-0137389	501(C)(3)	6,945.				PROGRAM/PROGRAM SUP
(11) IONIA, INC. 54932 BURDOCK ROAD KASILOF, AK 99610	92-0159153	501(C)(3)	119,166.				CAPITAL/EQUIPMENT
(12) JUNEAU COMMUNITY FOUNDATION 350 NORTH FRANKLIN ST. JUNEAU, AK 99801	52-2395867	501(C)(3)	9,787.				GEN/OPER SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) JUNIOR ACHIEVEMENT OF ALASKA, INC. 639 W. INT'L AIRPORT RD ANCHORAGE, AK 99518	92-0045091	501(C)(3)	9,050.				PROGRAM/PROGRAM SUP
(2) KENAI ALIVE DBA RIVER CITY WELLNESS CENTER 220 DAISY LANE SOLDOTNA, AK 99669	81-0983836	501(C)(3)	5,800.				PROGRAM/PROGRAM SUP
(3) KENAI PENINSULA BOROUGH SCHOOL DISTRICT 148 NORTH BINKLEY STREET SOLDOTNA, AK 99669	92-0030923	501(C)(3)	25,500.				ALASKA PETROLUEUM ACADEMY TRAINING
(4) KEYS TO LIFE 200 W. 34TH AVE. #902 ANCHORAGE, AK 99503	47-5263304	501(C)(3)	15,000.				PROGRAM/PROGRAM SUP
(5) MAT-SU BOROUGH SCHOOL DISTRICT 501 N GULKANA ST PALMER, AK 99645	92-6000034	501(C)(3)	6,000.				PROGRAM/PROGRAM SUP
(6) MORRIS THOMPSON 101 DUNKEL STREET FAIRBANKS, AK 99701	20-1113317	501(C)(3)	12,000.				PROGRAM/PROGRAM SUP
(7) MUNICIPALITY OF ANCHORAGE PO BOX 196650 ANCHORAGE, AK 99519-6650	92-0059987	501(C)(3)	26,250.				PROGRAM/PROGRAM SUP
(8) NORDIC JOURNEYS PO BOX 231408 ANCHORAGE, AK 99523	46-3175050	501(C)(3)	10,000.				PROGRAM/PROGRAM SUP
(9) NORDIC SKIING ASSOCIATION OF ANCHORAGE, INC 203 WEST 15TH AVENUE SUITE 204	23-7232617	501(C)(3)	23,064.				GEN/OPER SUPPORT
(10) ONE VIBE AFRICA 7912 SE 37TH STREET MERCER ISLAND, WA 98040	47-3998591	501(C)(3)	9,328.				PROGRAM/PROGRAM SUP
(11) PARTNERSHIP INC. 350 WHITTIER ST. SUITE 101 JUNEAU, AK 99801	46-4451460	501(C)(3)	10,000.				CAPITAL TO BUILD ARTS & CULTURE CTR.
(12) PEACEHEALTH KETCHIKAN MEDICAL CENTER 3100 TONGASS AVENUE KETCHIKAN, AK 99901	91-0939479	501(C)(3)	42,515.				GEN/OPER SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 noncash assistance	(h) Purpose of grant or assistance
(1) PERSEVERANCE THEATRE 914 3RD STREET DOUGLAS, AK 99824	92-0071124	501(C)(3)	39,914.				GEN/OPER SUPPORT
(2) PETERSBURG PUBLIC LIBRARY PO BOX 549 PETERSBURG, AK 99833	92-6000142	501(C)(3)	36,876.				BUILDING/RENOVATION
(3) PROVIDENCE ALASKA FOUNDATION PO BOX 196604 ANCHORAGE, AK 99519	92-0093565	501(C)(3)	7,000.				CAPITAL/EQUIPMENT
(4) RIDE 4 US PO BOX 98138 LAKEWOOD, WA 98496	02-0732247	501(C)(3)	10,000.				MATCHING GIFTS
(5) RURAL ALASKA COMMUNITY ACTION PROGRAM, INC 731 EAST 8TH AVENUE ANCHORAGE, AK 99501	92-0033876	501(C)(3)	15,491.				PROGRAM/PROGRAM SUP
(6) RUSSIAN ORTHODOX SACRED SITES IN ALASKA P.O. BOX 212315 ANCHORAGE, AK 99521	71-0879791	501(C)(3)	10,000.				PROGRAM/PROGRAM SUP
(7) SAIL INC. 3225 HOSPITAL DRIVE JUNEAU, AK 99801	92-0144370	501(C)(3)	7,050.				GEN/OPER SUPPORT
(8) SALVATION ARMY - ALASKA DIVISION 143 E 9TH AVE ANCHORAGE, AK 99501	94-1156347	501(C)(3)	35,050.				PROGRAM/PROGRAM SUP
(9) SEAVIEW COMMUNITY SERVICES P.O. BOX 1045 SEWARD, AK 99664	92-0043803	501(C)(3)	6,210.				CAPITAL/EQUIPMENT
(10) SEQUIM FAMILY ADVOCATES 3890 LOST MOUNTAIN ROAD SEQUIM, WA 98382	27-2578841	501(C)(3)	9,834.				PUBLIC PICKELBALL COURTS IN CITY PARK
(11) SEWARD AREA HOSPICE INC PO BOX 1331 SEWARD, AK 99664	81-1372841	501(C)(3)	41,382.				PROGRAM/PROGRAM SUP
(12) SEWARD COMMUNITY LIBRARY ASSOCIATION, INC. PO BOX 2023 SEWARD, AK 99664	92-0018660	501(C)(3)	7,650.				PROGRAM/PROGRAM SUP

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

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 noncash assistance	(h) Purpose of grant or assistance
(1) SEWARD HIGH SCHOOL PO BOX 1049 SEWARD, AK 99664	92-0030923	501(C)(3)	6,150.				CAPITAL/EQUIPMENT
(2) SEWARD MIDDLE SCHOOL PO BOX 1149 SEWARD, AK 99664	92-0030923	501(C)(3)	5,495.				PROGRAM/PROGRAM SUP
(3) SEWARD PREVENTION COALITION PO BOX 1804 SEWARD, AK 99664	47-5624328	501(C)(3)	9,091.				PROGRAM/PROGRAM SUP
(4) SEWARD PTSA PO BOX 409 SEWARD, AK 99664	92-0134935	501(C)(3)	8,500.				PROGRAM/PROGRAM SUP
(5) SEWARD SENIOR CITIZENS, INC. PO BOX 1195 SEWARD, AK 99664	92-0072425	501(C)(3)	14,000.				PROGRAM/PROGRAM SUP
(6) SHARE A SMILE 11680 CANGE STREET ANCHORAGE, AK 99516	47-4212091	501(C)(3)	100,297.				GEN/OPER SUPPORT
(7) SHELDON MUSEUM & CULTURAL CENTER PO BOX 269 HAINES, AK 99827	92-0134317	501(C)(3)	11,886.				GEN/OPER SUPPORT
(8) SITKA SOUND SCIENCE CENTER 834 LINCOLN STREET SITKA, AK 99835	26-1253086	501(C)(3)	18,500.				BUILDING/RENOVATION
(9) TAKSHANUK WATERSHED COUNCIL PO BOX 1029 HAINES, AK 99827	33-1069246	501(C)(3)	6,760.				PROGRAM/PROGRAM SUP
(10) TANAINA CHILD DEVELOPMENT CENTER 1200 AIRPORT HTS DR. ANCHORAGE, AK 99508	92-0069221	501(C)(3)	11,685.				MATCHING GIFTS
(11) TANANA CHIEFS CONFERENCE, INC. 122 1ST AVENUE FAIRBANKS, AK 99701	92-0040308	501(C)(3)	15,000.				PROGRAM/PROGRAM SUP
(12) THE CHALLENGER LEARNING CENTER OF ALASKA 9711 KENAI SPUR HIGHWAY KENAI, AK 99611	92-1761906	501(C)(3)	121,000.				PROGRAM/PROGRAM SUP

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

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 noncash assistance	(h) Purpose of grant or assistance
(1) THE CONSERVATION FUND 2727 HILAND ROAD EAGLE RIVER, AK 99577	52-1388917	501(C)(3)	25,000.				PROGRAM/PROGRAM SUP
(2) THE FIREWEED400, INC. 2471 BELMONT DRIVE ANCHORAGE, AK 99517	27-1713242	501(C)(3)	22,500.				GEN/OPER SUPPORT
(3) THE LEESHORE CENTER 325 S. SPRUCE STREET KENAI, AK 99611	92-0069306	501(C)(3)	8,333.				PROGRAM/PROGRAM SUP
(4) UA FOUNDATION - ANCHORAGE 1815 BRAGAW ST SUITE 203	23-7394620	501(C)(3)	31,760.				R&R COMPLETION SCHOLARSHIP FOR UAA
(5) UNITED ANCHORAGE YOUTH SOCCER LEAGUE PO BOX 243565 ANCHORAGE, AK 99524	72-1621225	501(C)(3)	14,000.				CAPITAL/EQUIPMENT
(6) UNITED WAY OF ANCHORAGE 701 WEST 8TH AVENUE SUITE 230	92-0027948	501(C)(3)	111,050.				PROGRAM/PROGRAM SUP
(7) UNIVERSITY OF ALASKA - ANCHORAGE PO BOX 141609 ANCHORAGE, AK 99514	92-6000147	501(C)(3)	100,000.				CAPITAL/EQUIPMENT
(8) UPPER SUSITNA FOOD PANTRY PO BOX 277 TALKEETNA, AK 99676	45-4011416	501(C)(3)	10,384.				PROGRAM/PROGRAM SUP
(9) VOLUNTEERS OF AMERICA - ALASKA 509 W 3RD AVE, STE 103 ANCHORAGE, AK 99501	74-2240098	501(C)(3)	18,000.				CAMP HOPE
(10) WELLSRING REVIVAL MINISTRIES/JOEL'S PLACE P.O. BOX 83584 FAIRBANKS, AK 99708	92-0164483	501(C)(3)	8,500.				PROGRAM/PROGRAM SUP
(11) YWCA OF ALASKA 324 EAST FIFTH AVENUE ANCHORAGE, AK 99501	92-0130244	501(C)(3)	20,516.				PROGRAM/PROGRAM SUP
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 95.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

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 SCHOLARSHIPS	48.	153,926.			
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 2:

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,

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					
2					
3					
4					
5					
6					
7					

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

AND THAT THE RECOMMENDATION IS IN LINE WITH THE CHARITABLE PURPOSE OF THE

FUND FROM WHICH IT WILL BE AWARDED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NINA KEMPPPEL 1 PRESIDENT & CEO	(i)	184,865.	0.	0.	7,649.	2,168.	194,682.	
	(ii)	0.	0.	0.			0.	
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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) JONATHAN RUBINI	BOARD MEMBER	160,543.	SEE PART V		X
(2) RASMUSON FOUNDATION	LARGE FUNDER	160,543.	SEE PART V		X
(3) ALEX SLIVKA	BOARD MEMBER	218,325.	PURCHASE OF LAND HELD FOR SALE		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

FORM 990, SCHEDULE L, PART IV:

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 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. LEASE PAYMENTS IN 2017 TOTALED \$160,543.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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	14 .	922,561 .	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	X	1 .	220,271 .	FMV
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2017)

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.

FORM 990, SCHEDULE M, PART I, LINE 32:

THE FOUNDATION HIRES APPRAISERS FOR STOCK VALUATION.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

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.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

92-0155067

FORM 990, PART VI, LINE 2:

- BOARD MEMBERS, DIANE KAPLAN AND JOHN RUBINI, HAVE AN OUTSIDE PARTNERSHIP 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 INLET HOUSING AUTHORITY.
- BOARD MEMBERS, CAROL GORE AND KATE SLYKER ARE BOARD MEMBERS OF COVENANT HOUSE ALASKA.
- BOARD MEMBER KATE SLYKER IS THE CHIEF MARKETING OFFICER FOR GCI WHO PROVIDES TELEPHONE AND INTERNET SERVICES TO ACF.

FORM 990, PART VI, LINE 4:

- WHISTLE BLOWER AND FRAUD REPORTING POLICY
- MINOR EDITS TO ORDER OF INFORMATION FOR CLARIFICATION.
 - ADDITION OF LANGUAGE TO CONFIRM ROLE OF PRESIDENT & CEO IN HANDLING REPORTS UNLESS HE/SHE IS SUBJECT OF THE REPORT.
- RECORDS RETENTION POLICY
- UPDATED ELECTRONIC RECORDS RETENTION TO REFLECT CURRENT IT POLICY, REMOVED DUPLICATE INFORMATION AND TO BE HIGH LEVEL ENOUGH TO NOT NEED TO UPDATE SPECIFIC DETAILS AS THEY CHANGE.

Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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- REDUCED COMPLEXITY OF THE POLICY BY COLLAPSING THE THREE POSSIBLE RETENTION PERIODS (RETENTION PERIOD, LEGAL PURPOSES, BUSINESS PURPOSES) INTO A SINGLE RETENTION PERIOD WHICH DEFAULTED TO THE LONGEST TIME PERIOD FOR RETENTION.

- REVIEWED THE SINGLE RETENTION PERIOD THROUGH THE LENS OF MATERIALS/DATA MANAGEMENT AND THE ORGANIZATIONS LIFETIME (PERPETUITY) AND MADE ADDITIONAL EDITS BASED UPON CURRENT BEST PRACTICE AND LEGAL REQUIREMENTS.

FORM 990, PART VI, LINE 11B:

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

FORM 990, PART VI, LINE 12C:

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

FORM 990, PART VI, LINE 15A:

THE PROCESS TO HIRE 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

Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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THE BOARD OF DIRECTORS. A PERFORMANCE REVIEW IS BASED ON INPUT FROM ALL BOARD MEMBERS AND FROM SELECT STAFF, FUNDERS, DONORS, AND GRANTEES. INPUT IS ALSO RECEIVED FROM THE PRESIDENT/CEO HERSELF AND STATE AND NATIONAL COMPENSATION SURVEYS ARE CONSIDERED BY THE COMMITTEE IN ORDER TO DETERMINE FAIR AND REASONABLE COMPENSATION.

FORM 990, PART VI, LINE 15B:

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:

ACF MAKES ITS CONFLICT OF INTEREST POLICY, 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 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:

INCOME FROM K-1S:

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

ABERDEEN K1	(256,038)
ANDEAVOR LOGISTICS, K1	16,254
ANTERO MIDSTREAM PARTNERS K1	2,542
BP MIDSTREAM PARTNERS, K-1	152
BUCKEYE PARTNERS LP K1	5,184
DOMINION MIDSTREAM PARTNERS K1	1,562
ENERGY TRANSFER EQUITY LP K1	13,830
ENERGY TRANSFER PARTNERS LP K1	8,040
ENTERPRISE PRODUCTS PARTNERS LP K1	28,647
EQT GP HOLDINGS LP K1	672
EQT MIDSTREAM PARTNERS, LP K1	6,127
GENESIS ENERGY LP K1	10,248
MAGELLAN MIDSTREAM PARTNERS LP K1	10,541
MPLX ENERGY LOGISTICS K1	24,386
NOBLE MIDSTREAM PARTNERS LP K1	(610)
NUSTAR ENERGY, LP K-1	1,868
ONEOK PARTNERS LP K1	6,577
PHILLIPS 66 PARTNERS K1	7,725
PLAINS ALL AMERICAN PIPELINE LP K1	26,056
PRINCIPAL REAL ESTATE DEBT FUND LP K1	(118,087)
RESOURCE LAND FUND V, LP K-1	18,888
RYDER COURT INTERNATIONAL SELECT FUND K-1	(80,735)
SHELL MIDSTREAM PARTNERS LP K1	4,765
SPECTRA ENERGY PARTNERS LP K1	6,801
SUNOCO LOGISTICS K1	(4,556)

Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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TALLGRASS ENERGY PARTNERS K1	4,766
VALERO ENERGY PARTNERS LP K1	1,382
WCP NEWCOLD K1	102,240
WESTERN GAS EQUITY PARTNERS LP K1	389
WESTERN GAS PARTNERS LP K1	5,633
WILLIAMS PARTNERS LP K1	14,215
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	NONE
SECONDARY OPPORTUNITIES FUND III, LP	(19,839)
INDABA CAPITAL PARTNERS (CAYMAN), LP	(139,108)
TOTAL	(289,483)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TOGETHER WITH OUR TEN LOCAL COMMUNITY FOUNDATIONS, WE CONNECT PEOPLE WHO CARE WITH CAUSES THAT MATTER BY ENCOURAGING AND NURTURING PHILANTHROPY AND PROVIDING DONORS WITH GRANT OPTIONS THAT ARE STRATEGIC TO THEIR PHILANTHROPIC OBJECTIVES. ACF IS COMPRISED OF MORE THAN 475 FUNDS AND MANAGES APPROXIMATELY \$90 MILLION IN PHILANTHROPIC ASSETS. IN THE PAST TWO DECADES, ACF HAS AWARDED MORE THAN \$60 MILLION IN GRANTS TO IMPROVE THE LIVES OF ALASKANS.

Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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ATTACHMENT 2FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

UNITED KINGDOM

BERMUDA

BRITISH VIRGIN ISLANDS

CAYMAN ISLANDS

GUERNSEY

IRELAND

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JJC ENTERPRISES, INC. 2019 BLACK SPRUCE RD DILLINGHAM, AK 99576	CONSTRUCTION/REPAIR	418,758.
BLAZY CONSTRUCTION 36130 KENAI SPUR HWY SOLDOTNA, AK 99699	CONSTRUCTION/REPAIR	265,617.
MSI COMMUNICATIONS 3501 DENALI STREET, SUITE 202 ANCHORAGE, AK 99503	ADVERTISING/MEDIA	164,643.
BLAKE, LLC PO BOX 73278 FAIRBANKS, AK 99707	CONSTRUCTION/REPAIR	144,813.
UNITED WAY OF ALASKA 701 WEST 8TH AVENUE SUITE 230 ANCHORAGE, AK 99501	PROFESSIONAL SERVICE	108,185.

ATTACHMENT 4

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

ATTACHMENT 4 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A)</u> <u>TOTAL</u> <u>FEES</u>	<u>(B)</u> <u>PROGRAM</u> <u>SERVICE EXP.</u>	<u>(C)</u> <u>MANAGEMENT</u> <u>AND GENERAL</u>	<u>(D)</u> <u>FUNDRAISING</u> <u>EXPENSES</u>
PROGRAM SUPPORT	1,506,211.	1,405,310.	78,585.	22,316.
OTHER	10,737.	9,787.	734.	216.
TOTALS	<u>1,516,948.</u>	<u>1,415,097.</u>	<u>79,319.</u>	<u>22,532.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

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) ACF PROPERTIES, LLC 3201 C ST, SUITE 110 ANCHORAGE, AK 99503 81-3769333	RE HOLDING CO	AK	1,266,671.	1,088,263.	AK COMM FOUN
(2) ACF PROPERTIES - K, LLC 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	RE HOLDING CO	AK	45,826.	0.	AK COMM FOUN
(3) ACF PROPERTIES - T, LLC 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	RE HOLDING CO	AK	220,271.	0.	AK COMM FOUN
(4)					
(5)					
(6)					

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) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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)												
(4)												
(5)												
(6)												
(7)												

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) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	Yes	No
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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Statement of Specified Foreign Financial Assets

Go to www.irs.gov/Form8938 for instructions and the latest information.
 Attach to your tax return.

Department of the Treasury
 Internal Revenue Service

For calendar year 20 or tax year beginning , 20 and ending , 20

If you have attached continuation statements, check here Number of continuation statements 7

1 Name(s) shown on return **THE ALASKA COMMUNITY FOUNDATION** 2 TIN **92-0155067**

3 Type of filer
 a Specified individual b Partnership c Corporation d Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)
 a Name b TIN

Part I Foreign Deposit and Custodial Accounts Summary

1 Number of Deposit Accounts (reported in Part V) **3**
 2 Maximum Value of All Deposit Accounts \$
 3 Number of Custodial Accounts (reported in Part V) **6**
 4 Maximum Value of All Custodial Accounts \$ **14,945,228.**
 5 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

1 Number of Foreign Assets (reported in Part VI) **3**
 2 Maximum Value of All Assets (reported in Part VI) \$ **3,717,901.**
 3 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$		
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$ 5,213.990	PG 9, 11B	
	2b Dividends	\$ 38,585.990	PG 9, 11B	
	2c Royalties	\$		
	2d Other income	\$ 47,767.990	PG 9, 11B	
	2e Gains (losses)	\$ 113,293.990	PG 9, 11B	
	2f Deductions	\$ 45,911.990	PG 9, 11B	
	2g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 _____ 2. Number of Forms 3520-A _____ 3. Number of Forms 5471 _____
 4. Number of Forms 8621 _____ 5. Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).

1 Type of account Deposit Custodial 2 Account number or other designation **PN0920**
 3 Check all that apply a Account opened during tax year b Account closed during tax year
 c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset
 4 Maximum value of account during tax year \$ **4,614,809.**
 5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No
 6 If you answered "Yes" to line 5, complete all that apply.
 (a) Foreign currency in which account is maintained (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued)

7a Name of financial institution in which account is maintained
ABERDEEN EMERGING MARKET DEBT LOCAL CUR
b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
C/O ABERDEEN ASSET MANAGEMENT, INC., 1735 MARKET STREET - 32ND FLOOR
9 City or town, state or province, and country (including postal code)
PHILADELPHIA, PA 19103

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

1 Description of asset
COLLER INTERNATIONAL PARTNERS VII
2 Identifying number or other designation
LP # 7452
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable.
b Date asset disposed of during tax year, if applicable.
c Check if asset jointly owned with spouse
d Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)
a \$0 - \$50,000
b \$50,001 - \$100,000
c \$100,001 - \$150,000
d \$150,001 - \$200,000
e If more than \$200,000, list value \$ 443,022.

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity COLLER INTERNATIONAL PARTN b GIIN (Optional)
c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
P.O. BOX 255, TRAFALGAR COURT, LES BANQUES
e City or town, state or province, and country (including postal code)
SAINT PETER PORT GY1 3QL GK

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).
a Name of issuer or counterparty
Check if information is for Issuer Counterparty
b Type of issuer or counterparty
(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate
c Check if issuer or counterparty is a U.S. person Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

(Continuation Statement)

Name(s) shown on return THE ALASKA COMMUNITY FOUNDATION TIN 92-0155067

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

1 Type of account [] Deposit [X] Custodial 2 Account number or other designation I000074068
3 Check all that apply a [] Account opened during tax year b [] Account closed during tax year
c [] Account jointly owned with spouse d [X] No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year 2\$388,197.
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [] Yes [X] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which account is maintained (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained BRENNER WEST CAPITAL OFFSHORE FUND, LTD b GIIN (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. MORGAN STANLEY, THE OBSERVATORY 7-11, SIR JOHN ROGERSON'S QUAY
9 City or town, state or province, and country (including postal code) DUBLIN, 2 EI

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

1 Description of asset 2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)
a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000
e If more than \$200,000, list value \$
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of issuer or counterparty
Check if information is for [] Issuer [] Counterparty
b Type of issuer or counterparty
(1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate
c Check if issuer or counterparty is a [] U.S. person [] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

(Continuation Statement)

Name(s) shown on return THE ALASKA COMMUNITY FOUNDATION	TIN 92-0155067
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Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial	2 Account number or other designation NONE
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset	
4 Maximum value of account during tax year. 1\$055,304.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 If you answered "Yes" to line 5, complete all that apply.	
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars
	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained GRAHAM GLOBAL INVESTMENT FUND II SPC LTD	
b GIIN (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O BLENHEIM TRUST (BVI) LIMITED, 125 MAIN ST, P.O. BOX 144, ROAD TOWN	
9 City or town, state or province, and country (including postal code) TORTOLA VI	

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

1 Description of asset	2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable _____	
b Date asset disposed of during tax year, if applicable _____	
c <input type="checkbox"/> Check if asset jointly owned with spouse	
d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
4 Maximum value of asset during tax year (check box that applies)	
a <input type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000	
e If more than \$200,000, list value \$ _____	
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 If you answered "Yes" to line 5, complete all that apply.	
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity _____	
b GIIN (Optional) _____	
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate	
d Mailing address of foreign entity. Number, street, and room or suite no. _____	
e City or town, state or province, and country (including postal code) _____	
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of issuer or counterparty _____	
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____	
e City or town, state or province, and country (including postal code) _____	

(Continuation Statement)

Name(s) shown on return THE ALASKA COMMUNITY FOUNDATION TIN 92-0155067

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

1 Type of account [] Deposit [X] Custodial 2 Account number or other designation NONE
3 Check all that apply a [] Account opened during tax year b [] Account closed during tax year
c [] Account jointly owned with spouse d [X] No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year 2\$994,554.
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [] Yes [X] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which account is maintained (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained b GIIN (Optional) JO HAMBRO/FYDER COURT INT'L SELECT FUND
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O THE NORTHERN TRUST COMPANY, 801 S. CANAL STREET
9 City or town, state or province, and country (including postal code) CHICAGO, IL 60607

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

1 Description of asset 2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)
a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000
e If more than \$200,000, list value \$
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of issuer or counterparty
Check if information is for [] Issuer [] Counterparty
b Type of issuer or counterparty
(1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate
c Check if issuer or counterparty is a [] U.S. person [] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

(Continuation Statement)

Name(s) shown on return THE ALASKA COMMUNITY FOUNDATION TIN 92-0155067

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

1 Type of account [] Deposit [X] Custodial 2 Account number or other designation NONE
3 Check all that apply a [] Account opened during tax year b [] Account closed during tax year
c [] Account jointly owned with spouse d [X] No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year 2\$153,872.
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [] Yes [X] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which account is maintained (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained b GIIN (Optional) RIMROCK HIGH INC PLUS (CAYMAN) FUND, LTD
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O MOURANT OZANNES CORP SVC CAYMAN, 94 SOLARIS AVE, CAMANA BAY BOX 13
9 City or town, state or province, and country (including postal code) GRAND CAYMAN KYI-1108 CJ

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

1 Description of asset 2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)
a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000
e If more than \$200,000, list value \$
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of issuer or counterparty
Check if information is for [] Issuer [] Counterparty
b Type of issuer or counterparty
(1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate
c Check if issuer or counterparty is a [] U.S. person [] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

(Continuation Statement)

Name(s) shown on return THE ALASKA COMMUNITY FOUNDATION	TIN 92-0155067
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Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial	2 Account number or other designation 00016850
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset	
4 Maximum value of account during tax year. 1\$738,492.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 If you answered "Yes" to line 5, complete all that apply.	
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars
	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained PENNANT WINDWARD FUND, LTD	b GIIN (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O CITIGROUP FUND BOX 1748, CAYMAN, CORP CTR 27 HOSPITAL RD GEORGE TO	
9 City or town, state or province, and country (including postal code) GRAND CAYMAN KY1-1108 CJ	

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

1 Description of asset	2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable _____	
b Date asset disposed of during tax year, if applicable _____	
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
4 Maximum value of asset during tax year (check box that applies)	
a <input type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000	
e If more than \$200,000, list value \$ _____	
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 If you answered "Yes" to line 5, complete all that apply.	
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity _____	b GIIN (Optional) _____
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate	
d Mailing address of foreign entity. Number, street, and room or suite no. _____	
e City or town, state or province, and country (including postal code) _____	
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of issuer or counterparty _____	
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty	
(1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____	
e City or town, state or province, and country (including postal code) _____	

(Continuation Statement)

Name(s) shown on return THE ALASKA COMMUNITY FOUNDATION TIN 92-0155067

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

1 Type of account [] Deposit [] Custodial 2 Account number or other designation
3 Check all that apply a [] Account opened during tax year b [] Account closed during tax year
c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year \$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [] Yes [] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which account is maintained (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained b GIIN (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
9 City or town, state or province, and country (including postal code)

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

1 Description of asset INDABA CAPITAL PARTNERS (CAYMAN) 2 Identifying number or other designation 27-3363835
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)
a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000
e If more than \$200,000, list value \$ 2,257,514
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [X] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity INDABA CAPITAL PARTNERS (C) b GIIN (Optional)
c Type of foreign entity (1) [X] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate
d Mailing address of foreign entity. Number, street, and room or suite no. P.O. BOX 309, UGLAND HOUSE
e City or town, state or province, and country (including postal code) GRAND CAYMAN KY1-1104 CJ
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of issuer or counterparty
Check if information is for [] Issuer [] Counterparty
b Type of issuer or counterparty (1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate
c Check if issuer or counterparty is a [] U.S. person [] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

(Continuation Statement)

Name(s) shown on return THE ALASKA COMMUNITY FOUNDATION TIN 92-0155067

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

1 Type of account [] Deposit [] Custodial 2 Account number or other designation
3 Check all that apply a [] Account opened during tax year b [] Account closed during tax year
c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year \$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [] Yes [] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which account is maintained (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained b GIIN (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
9 City or town, state or province, and country (including postal code)

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

1 Description of asset SECONDARY OPPORTUNITIES FUND III 2 Identifying number or other designation 98-1159459
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)
a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000
e If more than \$200,000, list value \$1,017,365
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [X] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity SECONDARY OPPORTUNITIES FU b GIIN (Optional) 98-1159459
c Type of foreign entity (1) [X] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate
d Mailing address of foreign entity. Number, street, and room or suite no. WINCHESTER HOUSE, 1 GREAT WINCHESTER STREET
e City or town, state or province, and country (including postal code) LONDON EC2N 2DB UK
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of issuer or counterparty
Check if information is for [] Issuer [] Counterparty
b Type of issuer or counterparty (1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate
c Check if issuer or counterparty is a [] U.S. person [] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)



Tel: 907-278-8878
Fax: 907-278-5779
www.bdo.com

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form 990-T
990-T - Exempt Organization Business Income Tax Return
For the year ended December 31, 2017

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by November 15, 2018 with:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

No estimated tax payments for 2018 will be required, nor will you be subject to underpayment penalties because you have no 2017 tax liability.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2017

For calendar year 2017 or other tax year beginning _____, 2017, and ending _____, 20____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year</p> <p>92,142,299.</p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>THE ALASKA COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>3201 C STREET 110</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>ANCHORAGE, AK 99503</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>92-0155067</p> <p>E Unrelated business activity codes (See instructions.)</p> <p>900099</p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)								
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)								
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)								
<p>F Group exemption number (See instructions.) ▶</p>		<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>							

H Describe the organization's primary unrelated business activity. ▶ VARIOUS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ KEVIN GRAY, CFO Telephone number ▶ 907-334-6700

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	-315,297.	ATCH 1
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	-315,297.	-315,297.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-315,297.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-315,297.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-315,297.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
c Income tax on the amount on line 34. ▶	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). ▶	36
37 Proxy tax. See instructions ▶	37
38 Alternative minimum tax	38
39 Tax on Non-Compliant Facility Income. See instructions	39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.	40

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	41a	
b Other credits (see instructions).	41b	
c General business credit. Attach Form 3800 (see instructions)	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40.	42	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43.	44	0.
45 a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868.	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ▶ <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶	49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ UK, BM, VG, KY, GG, IE	Yes	No
	X	
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	▶ NINA KEMPEL Signature of officer	Date	▶ PRESIDENT & CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name	Preparer's signature	Date	
Paid Preparer Use Only	NAYYIR RAWHANI CPA	<i>Nayyir Rawhani</i>	10/19/2018	Check <input type="checkbox"/> if self-employed
	Firm's name ▶ BDO USA, LLP			PTIN P01772194
	Firm's address ▶ 3601 C STREET, STE 600, ANCHORAGE, AK 99503			Firm's EIN ▶ 13-5381590 Phone no. 907-278-8878

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

- (1) _____
- (2) _____
- (3) _____
- (4) _____

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ORDINARY INCOME (LOSS) FROM K-1S

-315,297.

INCOME (LOSS) FROM PARTNERSHIPS

-315,297.

FEDERAL ELECTIONS

DESCRIPTION: ELECTION TO WAIVE NOL CARRYBACK

FORM & LINE/INSTRUCTION REFERENCE: FORM 990T, PART II, LINE 34

ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK: PURSUANT TO IRC SECTION 172(B)(3), THE ORGANIZATION HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 12/31/2017.



Tel: 907-278-8878
Fax: 907-278-5779
www.bdo.com

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form 0405-6000
Alaska Corporation Net Income Tax Return
for the year ended December 31, 2017

There is no tax due for the current year.

DO NOT separately file Form 0405-6000 with the state of Alaska. Doing so will delay the processing of your return.

The state of Alaska will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2017 or the taxable year beginning _____, 2017, ending _____, 20____

2017

EIN 92-0155067		NAICS Code 900099	Contact Person NINA KEMPPPEL	
Name THE ALASKA COMMUNITY FOUNDATION		<input type="checkbox"/> Check if new address		Title PRESIDENT & CEO
Mailing Address 3201 C STREET, SUITE 110			Contact Email Address	
City ANCHORAGE	State AK	Zip Code 99503	Contact Telephone Number 907-274-6703	Contact Fax Number

Return Information (check applicable boxes)

<input type="checkbox"/> Final Alaska return	<input checked="" type="checkbox"/> Carryback is waived for net operating loss	<input checked="" type="checkbox"/> Exempt organization with UBTI
<input type="checkbox"/> Consolidated Alaska return	<input type="checkbox"/> Public Law 86-272 applies	<input type="checkbox"/> S Corporation (attach Form 1120S)
<input type="checkbox"/> Amended return	<input type="checkbox"/> HOA filing Form 1120-H	<input type="checkbox"/> Personal Holding Company
<input checked="" type="checkbox"/> Federal extension is in effect	<input type="checkbox"/> Small corporation exemption (see instructions)	<input type="checkbox"/> Cooperative Association

If amended return box above is checked, then check the following boxes, if applicable:

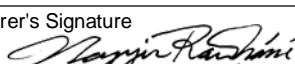
<input type="checkbox"/> Amended return to report IRS audit or Form 1120X	<input type="checkbox"/> This is a protective claim
---	---

SCHEDULE A - NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule H, line 12	1	-315,297.
2. Alaska net operating loss utilized: carryover (_____) carryback (_____). Total STMT	2	(_____)
3. Alaska taxable income. Add lines 1-2	3	
4. Alaska income tax from Schedule D, line 7	4	
5. Other taxes from Schedule E, line 7	5	NONE
6. Total tax. Add lines 4-5	6	NONE
7. Alaska incentive credits applied against tax from Form 6300, line 49	7	
8. Federal-based credits from Form 6390, line 33	8	
9. Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220	9	NONE
10. Payments from page 3, Schedule C	10	
11. Alaska credit for prior year minimum tax (see instructions)	11	
12. Alaska incentive credits claimed as refund from Form 6300, line 38	12	
13. Tax due (overpaid). Subtract the sum of lines 10-12 from line 9	13	NONE
14. Penalty for underpayment of estimated tax (see instructions)	14	
15. Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP	15	NONE
16. Overpayment credited to 2018 estimated tax (enter as positive number)	16	
17. Refund. Add lines 15-16	17	NONE

I declare, under penalty of perjury, 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 taxpayer) is based on all information of which preparer has any knowledge.

Check if the DOR may discuss this return with the preparer (see instructions)

Officer's Signature	Date	Title PRESIDENT & CEO	
Preparer's Signature 	Date 10/19/2018	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN P01772194
Preparer firm's name (or yours if self-employed) and address BDO USA, LLP 3601 C STREET, STE 600		EIN 13-5381590	Phone 907-278-8878
City ANCHORAGE	State AK	Zip Code 99503	

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE C - TAX PAYMENT RECORD

Estimated Payments	Date	Amount	Summary	Date	Amount
First			Payment with extension		
Second			Total estimated tax payments		
Third			Overpayment from prior year		
Fourth			Less: Quick Refund from Form 6230	()	
Total estimated tax payments			Amended return only:		
			Tax paid with original return and additional tax paid		
			Less: Overpayment previously credited to 2018	()	
			Less: Refund from original return and additional refunds	()	
			Total net payments to Schedule A, line 10		

SCHEDULE D - ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

	A	B
1. Alaska taxable income from Schedule A, line 3.	1	
2. Net capital gain from Schedule J, line 18, not to exceed line 1 above	2	
3. Ordinary income. Subtract line 2 from line 1	3	
4. Tax on ordinary income. Use Tax Rate Table to compute tax on line 3	4	
5. Tax on net capital gain. Multiply line 2 by 4.5%.	5	
6. Alaska income tax. Add lines 4-5.	6	
7. Enter the lesser of line 6, column A or B here and on Schedule A, line 4.	7	

SCHEDULE E - OTHER TAXES

	A	B
1. Alternative minimum tax from federal Form 4626.	1	NONE
2. Apportionment factor, from Schedule I, line 14		2 1.000000
3. Multiply line 1 by line 2		3 NONE
4. Personal Holding Company tax (see instructions)		4
5. Tax on early cessation of operations - LNG storage facility		5
6. Other taxes (see instructions)		6
7. Add lines 3-6. Enter here and on Schedule A, line 5.		7 NONE

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE H - COMPUTATION OF ALASKA INCOME

	1. Federal taxable income (loss) (see instructions)	1	-315,297.
Combined Reporting	2a. Federal taxable income (loss) of corporations not included in line 1	2a	
	2b. Foreign corporations with 20% or greater U.S. factors	2b	
	2c. Income from tax haven corporations and any FSC profit	2c	
	2d. Federal taxable (income) loss of non-unitary corporations	2d	
	2e. Federal taxable (income) loss of corporations with U.S. factors of less than 20%	2e	
	2f. Intercompany eliminations (see instructions)	2f	
	2g. Total adjustments for combined reporting. Add lines 2a-2f	2g	
	3. Net income before state modifications and adjustments. Add lines 1 and 2g	3	-315,297.
Additions	4a. Taxes based on or measured by net income	4a	
	4b. Expenses incurred to produce non-business income	4b	
	4c. Federal charitable contributions from federal Form 1120, line 19	4c	
	4d. Net Section 1231 losses from federal Form 4797, line 11	4d	
	4e. Oil and gas service industry expenditures. Enter amount from Form 6327, line 2	4e	
	4f. Adjustment for in-state oil refinery expenditures under AS 43.20.053	4f	
	4g. Other (attach schedule)	4g	
	4h. Total additions. Add lines 4a-4g	4h	
	5. Total. Add lines 3 and 4h	5	-315,297.
Subtractions	6a. Interest from obligations of the United States	6a	
	6b. Intercompany dividends	6b	
	6c. Section 78 gross-up dividends	6c	
	6d. 80% of dividends received from foreign corporations	6d	
	6e. 80% of royalties accrued or received from foreign corporations	6e	
	6f. Non-business income (attach schedule)	6f	
	6g. Federal Form 1120, line 8 capital gain income	6g	
	6h. Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12	6h	
	6i. Other (attach schedule)	6i	
	6j. Total subtractions. Add lines 6a-6i	6j	
	7. Apportionable income (loss). Subtract line 6j from line 5	7	-315,297.
8. Apportionment factor from Schedule I, line 14	8	1.000000	
9. Income (loss) apportioned to Alaska. Multiply line 7 by line 8	9	-315,297.	
10. Non-business income (loss) net of expenses allocable to Alaska (attach schedule)	10		
Alaska Items	11a. Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	11a	
	11b. Alaska charitable contribution deduction from Schedule K, line 10	11b	()
	11c. Alaska dividends-received deduction (see instructions)	11c	()
	11d. Total Alaska items (add lines 11a-11c)	11d	
	12. Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1	12	-315,297.

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE I - APPORTIONMENT FACTOR

Property	1. Property within Alaska			
		A EIN	B Name	C Property within Alaska
	1a			
	1b			
	1c			
	1d			
	1e			
	2. Total of line 1 column C	2		
	3. Property everywhere	3		
	4. Property factor. Divide line 2 by line 3	4		
Payroll	5. Payroll within Alaska			
		A EIN	B Name	C Payroll within Alaska
	5a			
	5b			
	5c			
	5d			
	5e			
	6. Total of line 5 column C	6		
	7. Payroll everywhere	7		
	8. Payroll factor. Divide line 6 by line 7	8		
Sales	9. Sales within Alaska			
		A EIN	B Name	C Sales within Alaska
	9a			
	9b			
	9c			
	9d			
	9e			
	10. Total of line 9 column C	10		
	11. Sales everywhere	11		
	12. Sales factor. Divide line 10 by line 11	12		
	13. Add lines 4, 8, and 12	13		
	14. Apportionment factor. Divide line 13 by 3 (if less than 3 factors are used, see instructions)	14	1.000000	

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE J - ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES

Section 1231 Gains and Losses

	A Combined	B AK factor	C Alaska Gain or (loss)
1. Current Section 1231 gains and (losses). If a loss enter the result on line 19.	1	1.000000	
2. Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number			2
3. If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15			3
4. If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero			4

Short-Term Capital Gains and Losses -- STCG/(L)

5. Total current STCG/(L)	5		
6. Non-business STCG/(L)	6		
7. Apportionable STCG/(L). Subtract line 6 from line 5	7	1.000000	
8. Non-business STCG/(L) allocable to Alaska			8
9. Alaska capital loss carryover utilized () carryback utilized (). Total			9 ()
10. Net STCG/(L), add lines 7C, 8, and 9			10

Long-term Capital Gains and Losses -- LTCG/(L)

11. Total current LTCG/(L).	11		
12. Non-business LTCG/(L)	12		
13. Apportionable LTCG/(L). Subtract line 12 from line 11	13	1.000000	
14. Non-business LTCG/(L) allocable to Alaska			14
15. Enter amount from line 3			15
16. Net LTCG/(L). Add lines 13C, 14, and 15			16

Summary

17. Excess net short-term capital gain, line 10, over net long-term capital loss, line 16	17	
18. Alaska net capital gain. Excess net long-term capital gain, line 16, over net short-term capital loss, line 10. Enter here and on Schedule D, line 2.	18	
19. If line 1C is a loss, enter here, otherwise enter the amount from line 4	19	
20. Add lines 17-19. Enter here and on Schedule H, line 11a.	20	

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SCHEDULE K - CHARITABLE CONTRIBUTION DEDUCTION

1. Current charitable contributions	1	
2. Education credit contributions from Form 6310, line 5	2	
3. Subtract line 2 from line 1	3	
4. Apportionment factor from Schedule I, line 14	4	1.000000
5. Current Alaska charitable contributions. Multiply line 3 by line 4	5	
6. Alaska charitable contribution carryover from Form 6385, line 18	6	
7. Add lines 5 - 6	7	
8. Taxable income for deduction limitation purposes (see instructions)	8	
9. Multiply line 8 by 10%	9	
10. Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 here and on Schedule H, line 11 b	10	

SCHEDULE L - ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)

1. Dividend income included in Schedule H, line 3	1	
2a. Intercompany dividends from Schedule H, line 6b 2b. Section 78 gross-up dividends from Schedule H, line 6c 2c. 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80% 2d. Dividends subtracted on Schedule H, line 6f as non-business income 2e. Total dividends not eligible for DRD. Add lines 2a-2d	2a	
	2b	
	2c	
	2d	
	2e	
3. Total dividends eligible for DRD. Subtract line 2e from line 1	3	
4. Apportionment factor from Schedule I, line 14	4	1.000000
5. Apportioned dividends. Multiply line 3 by line 4	5	
6. Dividends allocable to Alaska included on Schedule H, line 10	6	
7. Total dividends included in taxable income. Add lines 5-6	7	

Not Eligible

	A Apportioned Dividends	B Percentage	C DRD (A x B)
8a. Dividends qualifying for 100% deduction	8a	100%	
8b. Dividends qualifying for 80% deduction	8b	80%	
8c. Dividends qualifying for 70% deduction	8c	70%	
8d. Dividends qualifying for 48% deduction	8d	48%	
8e. Dividends qualifying for 42% deduction	8e	42%	
8f. Other, if applicable (enter % in column B)	8f		

DRD

9. Tentative dividends-received deduction. Add lines 8a-8f, column C (see instructions)	9	
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Appendix A

Worksheet for Charitable Contribution Deduction Taxable income for deduction limitation (Schedule K, line 8)

1.	Enter sum of Schedule H, lines 9-11a, Schedule H (taxable income before charitable contribution), but not less than zero	
2.	Enter amount of capital loss carryback utilized included in Schedule J, line 9	
3.	Taxable income before charitable contribution, capital loss carryback, and net operating loss. Add lines 1-2	
4.	Is there a Net Operating Loss carryforward available to reduce taxable income in the current year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered "no" STOP. Enter amount from line 3 on Schedule K, line 8	
	If you answered "yes" then complete the remainder of this worksheet to determine if any charitable contributions are converted to net operating loss	
5.	NOL carryforward available (exclude carryback) Enter as a positive number	
6.	Taxable income before charitable contribution, capital loss carryback, after NOL carryforward. Subtract line 5 from line 3, but not less than 0	
7.	Multiply line 3 by 10%	
8.	Multiply line 6 by 10%	
9.	Enter amount from Schedule K, line 7	
	If line 9 is less than line 8, STOP. Charitable contributions are fully deductible, and there is no charitable contribution carryover. Enter the amount from line 6 on Schedule K, line 8. If line 9 is more than line 8, complete remainder of worksheet	
10.	Enter lesser of line 9 or line 8	
11.	Subtract line 10 from line 9. If less than zero, enter 0	
12.	Subtract line 8 from line 7	
13.	Enter lesser of line 11 or 12. This is the amount of charitable contributions converted to NOL	
14.	Subtract line 13 from line 11. This is the portion of the unallowed charitable contributions that is carried over as charitable contributions	

Appendix B

Worksheet for Dividends-Received Deduction (DRD)

		A	B
1.	Enter sum of lines 9-11b from Schedule H		
2.	Add back capital loss carryback amount included in Schedule J, line 9		
3.	Add lines 1--2. If < 0, STOP. Enter amount from Schedule L, line 9 on Schedule H, line 11c		
4.	Enter in worksheet columns A and B, the amount from Schedule L, line 8a, column C (attributable to dividends qualifying for 100% DRD)		
5.	Subtract line 4 from line 3, but not less than zero		
6.	Multiply line 5 by 80%		
7.	Enter amount from Schedule L, line 8b column C, plus the amount from Schedule L, line 8d column C, plus the amount from Schedule L, line 8f column C that is attributable to dividends from 20%-or-more owned corporations		
8.	Enter in worksheet columns A and B, the smaller of line 6 or line 7. If line 7 is greater than line 6, stop here		
9.	Enter amount from Schedule L, line 8b column A, plus the amount from Schedule L, line 8d column A, plus the part of the dividends on Schedule L, line 8f column A from 20%-or-more-owned corporations which are eligible for a DRD		
10.	Subtract line 9 from line 6, but not less than zero		
11.	Multiply line 10 by 70%		
12.	Subtract Schedule L, line 8a column C from Schedule L line 9		
13.	Subtract line 7 from line 12		
14.	Enter in columns A and B, the smaller of line 11 or line 13		
15.	Dividends-received deduction after limitation. Add amounts in column B. Enter the result here and on Schedule H, line 11c		

Tax Attribute Carryovers

Form **6385**

2017

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Name and EIN of Alaska taxpayer generating attributes, if different from taxpayer(s) filing this return (attach additional forms if necessary):	
EIN	Name

Enter all numbers as positive numbers

1. Net operating loss (NOL) carryover

Tax Year-End of NOL mm/dd/yyyy A	NOL Generated B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B + C - D = E
12/31/2015	183,221.			183,221.
12/31/2016	280,573.			280,573.

2. Total NOL carryover available. Sum of line 1, column E. 2 463,794.

3. Alaska income from Schedule A, line 1. 3 -315,297.

4. NOL carryover to be utilized. Enter the lesser of line 2 or line 3. Enter here and on Schedule A, line 2. . . 4

5. Net operating loss (NOL) for carryback

Tax Year-end of NOL mm/dd/yyyy A	NOL Generated B	Previously Utilized C	Available B - C = D

6. Total NOL carryback available. Sum of line 5, column D 6

7. Subtract line 4 from line 3 7 -315,297.

8. NOL carryback to be utilized. Enter the lesser of line 6 or line 7. Enter here and on Schedule A, line 2. . . 8

9. Unused capital loss carryover

Tax Year-End of Loss mm/dd/yyyy A	Loss Generated B	Previously Utilized C	Available B - C = D

10. Total capital loss carryover available. Sum of line 9, column D 10

Tax Attribute Carryovers

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11. Net Alaska capital and section 1231 gains (see instructions) 11

12. Capital loss carryover to be utilized. Enter the lesser of line 10 or line 11 and on Schedule J line 9 12

13. Unused capital loss for carryback

Tax Year-End of Loss mm/dd/yyyy A	Loss Generated B	Previously Utilized C	Available B - C = D

14. Total capital loss carryback available. Sum of line 13, column D 14

15. Net Alaska capital and section 1231 gains limited for carryback purposes (see instructions) 15

16. Capital loss carryback to be utilized. Enter the lesser of line 14 or line 15 and on Schedule J line 9 16

17. Excess charitable contributions

Tax Year-End of Excess Contributions mm/dd/yyyy A	Excess Contributions B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B - C - D = E

18. Total charitable contribution carryover. Sum of line 17, column E. Enter here and on Schedule K, line 6 18

19. Alaska net alternative minimum tax (AMT) previously paid

Tax Year-End mm/dd/yyyy A	AK AMT Paid B	AK AMT Credit Claimed C	Net AMT Paid B - C = D

20. Total Alaska AMT previously paid. Sum of line 19 column D. Enter here and on Schedule A line 11) 20

LINE 2 - NOL CARRYOVER

CARRYOVER GENERATED IN TAX YEAR 2015	183,221.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2018		183,221.
CARRYOVER GENERATED IN TAX YEAR 2016	280,573.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2018		280,573.
CARRYOVER GENERATED IN TAX YEAR 2017		315,297.
TOTAL NOL CARRIED FORWARD TO 2018		779,091.