

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **THE ALASKA COMMUNITY FOUNDATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3201 C STREET 110
 City or town, state or province, country, and ZIP or foreign postal code
ANCHORAGE, AK 99503

D Employer identification number: **92-0155067**

E Telephone number: **(907) 274-6703**

F Name and address of principal officer: **NINA KEMPEL**
3201 C STREET, SUITE 110, ANCHORAGE, AK 99503

G Gross receipts \$: **56,715,837.**

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

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

J Website: ▶ **WWW.ALASKACF.ORG**

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

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INSPIRING THE SPIRIT OF GIVING AND CONNECTING PEOPLE, ORGANIZATIONS, AND CAUSES TO STRENGTHEN ALASKA'S COMMUNITIES NOW AND FOREVER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	35.
	6 Total number of volunteers (estimate if necessary)	6	400.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-33,703.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-33,703.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,302,881.	35,001,233.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,506,886.	4,044,305.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,415,452.	3,690,353.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	751,323.	465,148.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,976,542.	43,201,039.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,001,009.	12,223,699.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,464,593.	1,555,982.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 459,645.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,368,318.	5,901,167.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,833,920.	19,680,848.	
19 Revenue less expenses. Subtract line 18 from line 12	12,142,622.	23,520,191.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	92,916,203.	127,597,913.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,557,523.	2,754,730.
		90,358,680.	124,843,183.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **NINA KEMPEL** Date: **PRESIDENT & CEO**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **NAYYIR RAWHANI CPA** Preparer's signature: *Nayyir Rawhani* Date: **11/07/2020** Check if self-employed PTIN: **P01772194**
 Firm's name ▶ **BDO USA, LLP** Firm's EIN ▶ **13-5381590**
 Firm's address ▶ **3601 C STREET, STE 600 ANCHORAGE, AK 99503** Phone no. **907-278-8878**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ 14,357,979. including grants of \$ 10,866,934.) (Revenue \$ 3,924,869.)

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 \$ 3,102,569. including grants of \$ 1,356,765.) (Revenue \$ 3,179,963.)

PICK.CLICK.GIVE - THIS PROGRAM ALLOWS ALASKANS TO DONATE A PORTION OF THEIR PERMANENT FUND DIVIDEND (PFD) TO CAUSES THEY CARE ABOUT STATEWIDE. ACF RUNS THIS PROGRAM WITH ITS PARTNERS TO SUPPORT NON-PROFITS TO WHICH PFD RECIPIENTS CAN DONATE. IN 2019, 46,689 PEOPLE GAVE \$2,932,375 TO 628 NON-PROFIT ORGANIZATIONS STATEWIDE.

4c (Code:) (Expenses \$ 759,603. including grants of \$ 0.) (Revenue \$ 822,739.)

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 ORGANIZATIONS, AND MAINTENANCE IS OFTEN DEFERRED. CODE AND CONDITION SURVEYS WERE CONDUCTED AT ALL 17 SHELTERS, AND A LIST OF REPAIRS AND IMPROVEMENTS WAS COMPILED BASED ON A PRIORITIZATION PROCESS IN WHICH LIFE, HEALTH AND SAFETY CONCERNS WERE ADDRESSED FIRST, WITH BUILDING INTEGRITY AND CLIENT COMFORT ITEMS FOLLOWING.

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

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

4e Total program service expenses ▶ 18,220,151.

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>		
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 donor-restricted endowments or in 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
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

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 []

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	X	
b	If "Yes," enter the name of the foreign country ▶ ATTACHMENT 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on 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 (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
19 Describe on 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

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

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

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

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. See instructions for the order in which to list the persons above.

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) NINA KEMPEL PRESIDENT & CEO	50.00 0.			X			200,862.	0.	9,130.	
(2) KEVIN GRAY CFO	45.00 0.			X			137,692.	0.	16,781.	
(3) KATHRYN ST. JOHN VP PROGRAM & GRANTS	45.00 0.			X			125,065.	0.	24,453.	
(4) PETER MICHALSKI CHAIR	2.00 0.	X		X			0.	0.	0.	
(5) ALEX SLIVKA PAST CHAIR	1.00 0.	X		X			0.	0.	0.	
(6) CAROL GORE VICE CHAIR	1.00 0.	X		X			0.	0.	0.	
(7) KATE SLYKER SECRETARY	1.00 0.	X		X			0.	0.	0.	
(8) DIANE KAPLAN TREASURER	1.00 0.	X		X			0.	0.	0.	
(9) BARBARA DONATELLI DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) GABRIEL KOMPKOFF DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) AARON KUSANO DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) KRIS NOROSZ DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) JIM PALMER DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) KIM REITMEIER 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) JOHN RUBINI ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(16) LANE TUCKER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(17) ANDY TUEBER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(18) DAVE SHAFTEL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(19) MONICA SHAH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(20) BILL SHEFFIELD ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							463,619.	0.	50,364.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							463,619.	0.	50,364.	

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

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 **▶** 0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	35,001,233.					
	g Noncash contributions included in lines 1a-1f.	1g	\$ 12,321,749.					
	h Total. Add lines 1a-1f ▶			35,001,233.				
	Program Service Revenue				Business Code			
2a PICK.CLICK.GIVE. PROGRAM REVENUE			522298	2,771,633.	2,771,633.			
b FUND ADMINISTRATION FEES			522299	1,272,672.	1,272,672.			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f ▶			4,044,305.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			2,061,798.	2,061,798.			
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶				0.			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b	13,298,346.	216,452.		
			c Gain or (loss)	7c	1,628,555.			
	d Net gain or (loss) ▶				1,628,555.	1,628,555.		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
			b Less: direct expenses	8b		0.		
			c Net income or (loss) from fundraising events. ▶				0.	
	9a Gross income from gaming activities. See Part IV, line 19	9a			0.			
b Less: direct expenses			9b		0.			
c Net income or (loss) from gaming activities. ▶						0.		
10a Gross sales of inventory, less returns and allowances	10a			0.				
		b Less: cost of goods sold	10b		0.			
		c Net income or (loss) from sales of inventory. ▶				0.		
Miscellaneous Revenue				Business Code				
	11a K-1 INCOME		523920	272,235.		-33,703.	305,938.	
	b OTHER REVENUE		900099	192,913.	192,913.			
	c							
	d All other revenue							
e Total. Add lines 11a-11d ▶				465,148.				
12 Total revenue. See instructions ▶				43,201,039.	7,927,571.	-33,703.	305,938.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,811,102.	11,811,102.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	412,597.	412,597.		
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	513,983.	186,439.	214,152.	113,392.
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	826,370.	299,753.	344,308.	182,309.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,240.	1,538.	1,767.	935.
9 Other employee benefits	102,006.	37,001.	42,501.	22,504.
10 Payroll taxes	109,383.	39,677.	45,574.	24,132.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	948.	874.	50.	24.
c Accounting	35,500.	32,736.	1,870.	894.
d Lobbying	9,590.	9,590.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	217,182.	200,271.	11,439.	5,472.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	879,452.	805,652.	51,401.	22,399.
12 Advertising and promotion	146,528.	115,222.	12,791.	18,515.
13 Office expenses	56,643.	12,000.	34,519.	10,124.
14 Information technology	82,532.	76,106.	4,347.	2,079.
15 Royalties	0.			
16 Occupancy	167,987.	26,952.	122,528.	18,507.
17 Travel	119,708.	71,759.	36,671.	11,278.
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	29,260.	9,825.	16,862.	2,573.
23 Insurance	6,944.	2,922.	2,469.	1,553.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PICK.CLICK.GIVE EXPENSE	2,771,633.	2,771,633.		
b FOUNDATION ADMIN. FEES	1,272,672.	1,268,237.	4,435.	
c SPECIAL EVENTS	71,868.	19,519.	33,998.	18,351.
d EQUIPMENT	21,496.	5,518.	13,296.	2,682.
e All other expenses _____	11,224.	3,228.	6,074.	1,922.
25 Total functional expenses. Add lines 1 through 24e	19,680,848.	18,220,151.	1,001,052.	459,645.
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	264,533.	1	731,990.
	2 Savings and temporary cash investments	5,371,726.	2	7,054,076.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	86,122.	4	81,219.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	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	67,127.	9	44,479.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 308,780.		
	b Less: accumulated depreciation	10b 237,096.		
		317,397.	10c	71,684.
	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.	86,809,298.	13	119,614,465.
	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 33)	92,916,203.	16	127,597,913.	
Liabilities	17 Accounts payable and accrued expenses	224,205.	17	201,180.
	18 Grants payable	634,850.	18	1,083,657.
	19 Deferred revenue	1,698,468.	19	1,469,893.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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.	2,557,523.	26	2,754,730.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	78,829,445.	27	110,436,624.
	28 Net assets with donor restrictions	11,529,235.	28	14,406,559.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	90,358,680.	32	124,843,183.
33 Total liabilities and net assets/fund balances	92,916,203.	33	127,597,913.	

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	43,201,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,680,848.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,520,191.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,358,680.
5	Net unrealized gains (losses) on investments	5	11,236,547.
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 on Schedule O)	9	-272,235.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,843,183.

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 on 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 on 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)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,607,240.	8,474,645.	9,720,838.	13,302,881.	35,001,233.	73,106,837.
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.	6,607,240.	8,474,645.	9,720,838.	13,302,881.	35,001,233.	73,106,837.
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).						11,868,934.
6 Public support. Subtract line 5 from line 4						61,237,903.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	6,607,240.	8,474,645.	9,720,838.	13,302,881.	35,001,233.	73,106,837.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,090,007.	1,107,873.	799,831.	8,415,452.	3,690,353.	16,103,516.
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.)	1,430,993.	462,423.	1,219,423.	159,924.	305,938.	3,578,701.
11 Total support. Add lines 7 through 10						92,605,833.
12 Gross receipts from related activities, etc. (see instructions)					12	11,752,037.
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 2019 (line 6, column (f) divided by line 11, column (f)).	14	66.13%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	54.77%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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 (as 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>		
9b	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>		
9c	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>		
10b	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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	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? <i>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.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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? <i>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.</i>	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? <i>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.</i>	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule of Contributors

2019

▶ 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
---	--

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).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **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.**

Department of the Treasury
Internal Revenue Service

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 (grassroots 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		9,590.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			9,590.
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 MADE A TRIP TO THE STATE CAPITOL TO EDUCATE SEVERAL 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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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 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 about monitoring and expenses.

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 about reporting art and historical treasures, including revenue and asset amounts.

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 make 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 program
 - 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	48,828,804.	46,761,922.	40,630,848.	35,995,263.	37,303,224.
b Contributions	23,929,283.	6,278,485.	2,491,964.	3,560,849.	3,104,308.
c Net investment earnings, gains, and losses	8,987,326.	-2,218,642.	5,690,270.	2,907,096.	-1,731,240.
d Grants or scholarships	4,180,425.	1,517,903.	1,484,993.	1,291,010.	2,204,113.
e Other expenditures for facilities and programs		12,455.		9,598.	
f Administrative expenses	742,803.	462,603.	566,167.	531,752.	476,916.
g End of year balance	76,822,185.	48,828,804.	46,761,922.	40,630,848.	35,995,263.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ 100.0000 %
 - c** Term endowment ▶ _____ %
- 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		308,780.	237,096.	71,684.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				71,684.

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	119,614,465.	
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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).

FORM 990, SCHEDULE D, PART VIII:

DESCRIPTION	BOOK VALUE	COST OR FMV
MONEY MARKET/CASH SWEEPS	14,472,364	FMV
CERTIFICATE OF DEPOSIT	159,151	FMV
U.S. TREASURIES	10,333,651	FMV
U.S. AGENCY FUNDS	5,214,781	FMV
MUNICIPAL OBLIGATIONS	24,220	FMV
CORPORATE OBLIGATIONS	13,881,801	FMV
ASSET BACK SECURITIES	400,587	FMV
COMMON EQUITY	51,640,550	FMV
DEBT BONDS	159,847	FMV
DIVERSIFIED HEDGED STRATEGIES	5,227,256	FMV
PRIVATE REAL ESTATE	3,100,308	FMV
PRIVATE EQUITY	1,289,669	FMV

Part XIII Supplemental Information (continued)

CLOSELY HELD STOCK	7,978,360	FMV
INVESTMENTS CARRIED AT NAV	5,731,920	COST
TOTAL:	119,614,465	

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, 2019 OR 2018.

THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2019 AND 2018, 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 DECEMBER 31, 2019, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2016, 2017 AND 2018.

Part XIII Supplemental Information *(continued)*

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

INCOME FROM K-1S:

PRINCIPAL REAL ESTATE DEBT FUND LP K1	17,084
RESOURCE LAND FUND V, LP K-1	19,549
WCP NEWCOLD K1	(58,283)
PRINCIPAL REAL ESTATE DEBT FUND III LP K-1	541
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	15,786
SECONDARY OPPORTUNITIES FUND III, LP	78,813
INDABA CAPITAL PARTNERS (CAYMAN), LP	198,745
TOTAL:	272,235

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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.

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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) ABUSED WOMEN'S AID IN CRISIS 100 W 13TH AVE ANCHORAGE, AK 99501	92-0061049	501(C)(3)	29,168.				OPERATIONAL SUPPORT
(2) ACCESS ALASKA, INC. 1217 E 10TH AVE ANCHORAGE, AK 99501	92-0089550	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(3) ACLU OF ALASKA FOUNDATION 1057 W FIREWEED LN ANCHORAGE, AK 99503	23-7113202	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(4) AFN EDUCATION FUND 3000 A STREET ANCHORAGE, AK 99503	26-1460192	501(C)(3)	29,000.				OPERATIONAL SUPPORT
(5) ALASKA ASSOCIATION FOR HISTORIC PRESERVATIO PO BOX 102205 ANCHORAGE, AK 99510	92-0085097	501(C)(3)	9,322.				OPERATIONAL SUPPORT
(6) ALASKA BOTANICAL GARDEN 4601 CAMPBEL AIRSTRIP RD ANCHORAGE AK 99507	92-0115504	501(C)(3)	17,250.				OPERATIONAL SUPPORT
(7) ALASKA CARDIOVASCULAR RESEARCH FOUNDATION 3841 PIPER STREET ANCHORAGE, AK 99508-4674	74-3076026	501(C)(3)	25,253.				OPERATIONAL SUPPORT
(8) ALASKA CHILDREN'S TRUST 3201 C STREET ANCHORAGE, AK 99503	91-1765129	501(C)(3)	504,750.				OPERATIONAL SUPPORT
(9) ALASKA COMMUNITY ACTION ON TOXICS 1225 E INTER AIRPORT RD ANCHORAGE, AK 99518	92-0177082	501(C)(3)	21,850.				OPERATIONAL SUPPORT
(10) ALASKA FAMILY SERVICES 1825 S CHUGACH STREET PALMER, AK 99645	92-0078235	501(C)(3)	400,000.				OPERATIONAL SUPPORT
(11) ALASKA KIDNEY PATIENTS ASSOCIATION 205 E DIMOND BLVD #820 ANCHORAGE, AK 99515	26-3251948	501(C)(3)	177,500.				OPERATIONAL SUPPORT
(12) ALASKA LEGAL SERVICES CORPORATION 1016 W 6TH AVE ANCHORAGE, AK 99501	92-0034754	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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

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Schedule I (Form 990) (2019)

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(1) ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DR ANCHORAGE, AK 99504	92-0127531	501(C)(3)	17,856.				OPERATIONAL SUPPORT
(2) ALASKA NETWORK ON DOMESTIC VIOLENCE AND SEX 130 SEWARD ST SUITE 214 JUNEAU, AK 99801	92-0087216	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(3) ALASKA PUBLIC INTEREST RESEARCH GROUP 311 W 222ND AVE UNIT C ANCHORAGE, AK 99503	92-0047627	501(C)(3)	35,000.				OPERATIONAL SUPPORT
(4) ALASKA PUBLIC MEDIA 3877 UNIVERSITY DR ANCHORAGE, AK 99508	23-7394629	501(C)(3)	24,710.				OPERATIONAL SUPPORT
(5) ALASKA SEALIFE CENTER 301 RAILWAY AVE SEWARD, AK 99664	92-0132479	501(C)(3)	27,067.				OPERATIONAL SUPPORT
(6) ALASKA SUDAN MEDICAL PROJECT PO BOX 230183 ANCHORAGE, AK 99523	26-2862955	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(7) ALASKA SUSTAINABLE FISHERIES TRUST PO BOX 2106 SITKA, AK 99835	27-0594449	501(C)(3)	35,200.				OPERATIONAL SUPPORT
(8) ALASKA VOCATIONAL TECHNICAL CENTER PO BOX 889 SEWARD, AK 99664	92-6001185	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(9) ALASKA WILDLIFE CONSERVATION CENTER, INC. PO BOX 949 GIRWOOD, AK 99587	92-0170600	501(C)(3)	10,237.				OPERATIONAL SUPPORT
(10) ALASKA YOUTH ORCHESTRAS 1689 C ST. SUITE 202 ANCHORAGE, AK 99501	92-0082750	501(C)(3)	19,500.				OPERATIONAL SUPPORT
(11) ALUTIIQ HERITAGE FOUNDATION 215 MISSION RD SUITE 101 KODIAK, AK 99615	92-0150422	501(C)(3)	26,238.				OPERATIONAL SUPPORT
(12) ALZHEIMER'S DISEASE RESOURCE AGENCY OF ALAS 1750 ABBOTT RD ANCHORAGE, AK 99507	92-0101736	501(C)(3)	15,250.				OPERATIONAL SUPPORT

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

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Schedule I (Form 990) (2019)

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(1) ANCHORAGE COMMUNITY LAND TRUST 3701 MOUNTAIN VIEW DR ANCHORAGE, AK 99508	20-0461014	501(C)(3)	35,643.				OPERATIONAL SUPPORT
(2) ANCHORAGE CONCERT CHORUS PO BOX 241447 ANCHORAGE, AK 99524-1447	23-7017298	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(3) ANCHORAGE FAITH & ACTION CONGREGATIONS TOGE PO BOX 143294 ANCHORAGE, AK 99514-3294	05-0591944	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(4) ANCHORAGE INTERFAITH AND INTERAGENCY DISAST PO BOX 240834 ANCHORAGE, AK 99524	71-0963557	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(5) ANCHORAGE LIBRARY FOUNDATION PO BOX 244714 ANCHORAGE, AK 99524	92-0081583	501(C)(3)	17,150.				OPERATIONAL SUPPORT
(6) ANCHORAGE PARK FOUNDATION 3201 C STREET SUITE 110 ANCHORAGE, AK 99503	41-2205907	501(C)(3)	28,875.				OPERATIONAL SUPPORT
(7) AQQALUK TRUST PO BOX 509 KOTZEBUE, AK 99752	94-3116762	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(8) ARCTIC SLOPE COMMUNITY FOUNDATION 3900 C STREET SUITE 701 ANCHORAGE, AK 99503	27-2247740	501(C)(3)	4,686,446.				OPERATIONAL SUPPORT
(9) ASSISTIVE TECHNOLOGY LIBRARY OF ALASKA 3330 ARCTIC BLVD ANCHORAGE, AK 99503	92-0150945	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) BEAN'S CAFE 1020 E 4TH AVE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	18,500.				OPERATIONAL SUPPORT
(11) BERING STRAIT SCHOOL DISTRICT PO BOX 225 UNALAKLEET, AK 99684	92-0058118	501(C)(3)	39,300.				OPERATIONAL SUPPORT
(12) BEST BEGINNINGS 3350 COMMERCIAL DR ANCHORAGE, AK 99501	45-5066055	501(C)(3)	21,300.				OPERATIONAL SUPPORT

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(1) BIRCHWOOD CAMP OF THE ALASKA MISSIONARY CON PO BOX 670049 CHUGIAK, AK 99567	23-7282833	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(2) CAMP FIRE ALASKA 161 KLEVIN STREET ANCHORAGE, AK 99508	92-0029613	501(C)(3)	27,299.				OPERATIONAL SUPPORT
(3) CATHOLIC SOCIAL SERVICES 3710 E 20TH AVE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	19,500.				OPERATIONAL SUPPORT
(4) CHALLENGE ALASKA 3350 COMMERCIAL DR ANCHORAGE, AK 99501	92-0080897	501(C)(3)	7,250.				OPERATIONAL SUPPORT
(5) CHILKAT INDIAN VILLAGE HC 601 BOX 2207 HAINES, AK 99827	92-0041889	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(6) CHOOSING OUR ROOTS 307 E NOTHERN LIGHT BLVD ANCHORAGE AK 99503	82-3583339	501(C)(3)	16,700.				OPERATIONAL SUPPORT
(7) CITY OF CORDOVA PO BOX 1210 CORDOVA, AK 99574	92-6000138	501(C)(3)	24,000.				OPERATIONAL SUPPORT
(8) CITY OF SEWARD PO BOX 167 SEWARD, AK 99664	92-6000086	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(9) CLIMATE JUSTICE INITIATIVE 1514 BELLEVUE AVE SEATTLE, WA 98122	83-2588707	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(10) CLOSE UP FOUNDATION 1330 BRADDOCK PLACE ALEXANDRIA, VA 22314	23-7122882	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(11) COLLEGE OF SAINT BENEDICT 37 COLLEGE AVE S SAINT JOSEPH, MN 56374	41-0969244	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(12) COMPASSIONATE HOPE FOUNDATION 111 GLORYLAND LN ANTIOCH, TN 37013	27-4431021	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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(1) CORDOVA HISTORICAL SOCIETY PO BOX 391 CORDOVA, AK 99574	92-6010338	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) DOWNTOWN SOUP KITCHEN HOPE CENTER 240 E 3RD AVE ANCHORAGE, AK 99515	92-0141715	501(C)(3)	15,546.				OPERATIONAL SUPPORT
(3) EXCEL ALASKA INC. 8045 HUCKLEBERRY ANCHORAGE, AK 99502	46-1486834	501(C)(3)	51,500.				OPERATIONAL SUPPORT
(4) FACING FOSTER CARE IN ALASKA PO BOX 92644 ANCHORAGE, AK 99509	74-3099527	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(5) FAIRBANKS CHILDREN'S MUSEUM 302 CUSHMAN STREET FAIRBANKS, AK 99701	26-4095584	501(C)(3)	5,900.				OPERATIONAL SUPPORT
(6) FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT 520 FIFTH AVE FAIRBANKS, AK 99701-4756	92-6000096	501(C)(3)	11,858.				OPERATIONAL SUPPORT
(7) FAIRBANKS RESCUE MISSION 723 27TH AVE FAIRBANKS, AK 99701	23-7326856	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(8) FAIRBANKS YOUTH ADVOCATES 122 10TH AVE FAIRBANKS, AK 99701	90-0434664	501(C)(3)	103,000.				OPERATIONAL SUPPORT
(9) FIRST AMERICAN BAPTIST CHURCH 1200 E 27TH AVE ANCHORAGE, AK 99508	92-0058119	501(C)(3)	28,000.				OPERATIONAL SUPPORT
(10) FIRST BAPTIST CHURCH PO BOX 3412 KENAI, AK 99611	92-0123348	501(C)(3)	7,900.				OPERATIONAL SUPPORT
(11) FOCUS INC. 11901 BUSINESS BLVD EAGLE RIVER, AK 99577	92-0121621	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(12) FOOD BANK OF ALASKA 2121 SPAR AVE ANCHORAGE, AK 99501	92-0073175	501(C)(3)	8,700.				OPERATIONAL SUPPORT

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(1) FRIENDS OF DICK PROENNEKE AND LAKE CLARK NA 66161 S MT WICKERSHAM DR SUTTON, AK 99674	47-2001921	501(C)(3)	7,933.				OPERATIONAL SUPPORT
(2) FRIENDS OF STATE PARKS, MAT-SU 1150 S COLONY WAY SUITE 3 PALMER, AK 99645	92-0172104	501(C)(3)	5,100.				OPERATIONAL SUPPORT
(3) GIRL SCOUTS OF ALASKA 2000 W INTER AIRPORT RD ANCHORAGE, AK 99502	92-6000179	501(C)(3)	9,325.				OPERATIONAL SUPPORT
(4) HOMER FOUNDATION PO BOX 2600 HOMER, AK 99603	92-0139183	501(C)(3)	8,580.				OPERATIONAL SUPPORT
(5) IDENTITY GAY & LESBIAN COMMUNITY CENTER OF 801 W FIREWEED LN ANCHORAGE, AK 99503	92-0091087	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(6) INSTITUTE OF THE NORTH 715 L STREET, SUITE 300 ANCHORAGE, AK 99501	75-3155877	501(C)(3)	40,989.				OPERATIONAL SUPPORT
(7) IONIA INC. 54932 BURDOCK RD KASILOF, AK 99610	92-0159153	501(C)(3)	111,556.				OPERATIONAL SUPPORT
(8) JUNEAU COMMUNITY FOUNDATION 350 N FRANKLIN STREET JUNEAU, AK 99801	52-2395867	501(C)(3)	8,848.				OPERATIONAL SUPPORT
(9) JUNIOR ACHIEVEMENT OF ALASKA, INC. 639 W INTER AIRPORT RD ANCHORAGE, AK 99518	92-0045091	501(C)(3)	5,550.				OPERATIONAL SUPPORT
(10) JUSTICE NOT POLITICS ALASKA CIVICS EDUATION PO BOX 231473 ANCHORAGE, AK 99523	82-2516720	501(C)(3)	8,300.				OPERATIONAL SUPPORT
(11) KACHEMAK BAY FAMILY PLANNING CLINIC 3959 BEN WALTERS LN HOMER, AK 99603	92-0106486	501(C)(3)	5,800.				OPERATIONAL SUPPORT
(12) KENAI ALIVE DBA RIVER CITY WELLNESS CENTER 220 DAISY LN SOLDOTNA, AK 99669	81-0983836	501(C)(3)	40,000.				OPERATIONAL SUPPORT

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- 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) KENAI PENINSULA BOROUGH SCHOOL DISTRICT 148 N BINKLEY STREET KENAI, AK 99669	92-0030923	501(C)(3)	11,627.				OPERATIONAL SUPPORT
(2) KENAI PENINSULA FOOD BANK 33955 COMUNITY COLLEGE DR SOLDOTNA AK 99669	94-3112445	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(3) KOAHNIC BROADCAST CORPORATION 3600 SAN JERONIMO DR ANCHORAGE, AK 99508	92-0139738	501(C)(3)	20,050.				OPERATIONAL SUPPORT
(4) KODIAK HISTORICAL SOCIETY 101 E MARINE WAY KODIAK, AK 99615	92-6002560	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(5) KOKHANOK VILLAGE COUNCIL PO BOX 1007 KOKHANOK, AK 99606	92-0071118	501(C)(3)	15,378.				OPERATIONAL SUPPORT
(6) KTOO PUBLIC MEDIA 360 EGAN DR JUNEAU, AK 99801	92-0058054	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(7) LITTLE CITY FOUNDATION 1610 COLONIAL PARKWAY INVERNESS, IL 60067	36-2434562	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) LUTHERAN SOCIAL SERVICES OF ALASKA, INC. 1313 W 33RD STREET ANCHORAGE, AK 99503	94-3055592	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(9) MANIILAQ ASSOCIATION PO BOX 256 KOTZEBUE, AK 99752	92-0041461	501(C)(3)	59,950.				OPERATIONAL SUPPORT
(10) MONROE FOUNDATION PO BOX 71620 FAIRBANKS, AK 99707	93-0747034	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(11) MOOSE PASS VOLUNTEER FIRE COMPANY PO BOX 104 MOOSE PASS, AK 99631	92-0073170	501(C)(3)	10,200.				OPERATIONAL SUPPORT
(12) NARROWS BROADCASTING CORPORATION KFSK PO BOX 149 PETERSBURG, AK 99833	92-0064145	501(C)(3)	14,000.				OPERATIONAL 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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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) NINE STAR EDUCATION & EMPLOYMENT SERVICES 730 I STREET ANCHORAGE, AK 99501	92-0069154	501(C)(3)	18,546.				OPERATIONAL SUPPORT
(2) NORDIC SKIING ASSOCIATION OF ANCHORAGE, INC 203 W 15TH AVE ANCHORAGE, AK 99501-5163	23-7232617	501(C)(3)	23,250.				OPERATIONAL SUPPORT
(3) NORTHWEST ARCTIC BOROUGH PO BOX 1110 KOTZEBUE, AK 99752	92-0116661	501(C)(3)	11,052.				OPERATIONAL SUPPORT
(4) PAWS FOR PURPLE HEARTS 3304 INTER STREET FAIRBANKS, AK 99701	45-3342634	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(5) PERSEVERANCE THEATRE 914 3RD STREET DOUGLAS, AK 99824	92-0071124	501(C)(3)	346,368.				OPERATIONAL SUPPORT
(6) PETERBURG LITTLE LEAGUE PO BOX 1577 PETERSBURG, AK 99833	23-1688231	501(C)(3)	5,290.				OPERATIONAL SUPPORT
(7) RIDE 4 US PO BOX 98138 LAKEWOOD, WA 98496	02-0732247	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(8) SCOTTY GOMEZ FOUNDATION PO BOX 111294 ANCHORAGE, AK 99511	20-8027404	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(9) SERVICE BEFORE SELF FOUNDATION 213 AYERS CIRCLE SUMMERVILLE, SC 29485	81-5263222	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) SEWARD AREA HOSPICE INC. PO BOX 1331 SEWARD, AK 99664	81-1372841	501(C)(3)	14,000.				OPERATIONAL SUPPORT
(11) SEWARD COMMUNITY LIBRARY PO BOX 2023 SEWARD, AK 99664	92-0018660	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(12) SEWARD NORDIC SKI CLUB PO BOX 2082 SEWARD, AK 99664	92-0114714	501(C)(3)	5,500.				OPERATIONAL 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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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) SEWARD PREVENTION COALITION PO BOX 482 SEWARD, AK 99664	47-5624328	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) SEWARD PTSA PO BOX 409 SEWARD, AK 99664	92-0134935	501(C)(3)	23,882.				OPERATIONAL SUPPORT
(3) SEWARD SENIOR CITIZENS, INC. PO BOX 1195 SEWARD, AK 99664	92-0072425	501(C)(3)	24,935.				OPERATIONAL SUPPORT
(4) SHELDON MUSEUM & CULTURAL CENTER PO BOX 269 HAINES, AK 99827	92-0134317	501(C)(3)	13,112.				OPERATIONAL SUPPORT
(5) SIMON PANEAK MEMORIAL MUSEUM PO BOX 21085 ANAKTUVUK PASS, AK 99721	20-2076516	501(C)(3)	6,099.				OPERATIONAL SUPPORT
(6) SKIKU PO BOX 231408 ANCHORAGE, AK 99523	46-3175050	501(C)(3)	11,500.				OPERATIONAL SUPPORT
(7) SOBERMIUT, REVIVING OUR SPIRIT INC 1420 CORDOVA STREET ANCHORAGE, AK 99501	20-2713587	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(8) SOROPTOMIST OF ANCHORAGE INC. 3705 ARCTIC BLVD. #777 ANCHORAGE, AK 99503	92-0093526	501(C)(3)	9,842.				OPERATIONAL SUPPORT
(9) SOUTHEAST ALASKA INDEPENDENT LIVING (SAIL) 3225 HOSPITAL DR JUNEAU, AK 99801	92-0144370	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) SOUTHEAST ALASKA INDIGENOUS TRANSBOUNDARY C PO BOX 373 WRANGELL, AK 99929	47-5389141	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(11) SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(12) SOUTHWEST ALASKA VOCATIONAL & EDUCATION CEN PO BOX 615 KING SALMON, AK 99613	92-0174741	501(C)(3)	50,000.				OPERATIONAL 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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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) STORY WORKS ALASKA 2316 DOUGLAS DR ANCHORAGE, AK 99517	47-4360248	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) TALKEETNA COMMUNITY RADIO, INC. PO BOX 300 TALKEETNA, AK 99676	94-3099330	501(C)(3)	5,380.				OPERATIONAL SUPPORT
(3) TANAINA CHILD DEVELOPMENT CENTER 1200 AIRPORT HEIGHTS DR ANCHORAGE, AK 99508	92-0069221	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(4) TANANA CHIEFS CONFERENCE INC. 122 1ST AVE, SUITE 600 FAIRBANKS, AK 99701	92-0040308	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(5) TATITLEK IRA COUNCIL PO BOX 171 TATITLEK, AK 99677	92-0046614	501(C)(3)	5,300.				OPERATIONAL SUPPORT
(6) THE ALASKA CENTER EDUCATION FUND 921 W 6TH AVE SUITE 200 ANCHORAGE, AK 99501	23-7380045	501(C)(3)	16,000.				OPERATIONAL SUPPORT
(7) THE FIREWEED400, INC. 2471 BELMONT DR ANCHORAGE, AK 99517	27-1713242	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(8) THE FORAKER GROUP 161 KLEVIN STREET ANCHORAGE, AK 99508	92-0177787	501(C)(3)	23,645.				OPERATIONAL SUPPORT
(9) THE GERARD MCDONNELL MEMORIAL FUND 3510 ALEXANDER AVE ANCHORAGE, AK 99508	81-5161008	501(C)(3)	11,368.				OPERATIONAL SUPPORT
(10) THE ROTARY FOUNDATION 14280 COLECTION CENTER DR CHICAGO, IL 60693	36-3245072	501(C)(3)	15,786.				OPERATIONAL SUPPORT
(11) THE SALVATION ARMY 143 E 9TH AVE ANCHORAGE, AK 99501	94-1156347	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(12) UA FOUNDATION - FAIRBANKS PO BOX 755080 FAIRBANKS, AK 99775	23-7394620	501(C)(3)	12,000.				OPERATIONAL 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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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) UNITED WAY OF ANCHORAGE 701 W 8TH AVE SUITE 230 ANCHORAGE, AK 99501	92-0027948	501(C)(3)	33,050.				OPERATIONAL SUPPORT
(2) UNIVERSITY OF ALASKA - ANCHORAGE PO BOX 141609 ANCHORAGE, AK 99514	92-6000147	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(3) UNIVERSITY OF ALASKA FOUNDATION PO BOX 755120 FAIRBANKS, AK 99775	23-7394620	501(C)(3)	65,938.				OPERATIONAL SUPPORT
(4) UPPER SUSITNA FOOD PANTRY PO BOX 277 TALKEETNA, AK 99676	45-4011416	501(C)(3)	18,378.				OPERATIONAL SUPPORT
(5) WASILLA AREA SENIORS, INC. 1301 CENTURY CIRCLE WASILLA, AK 99654	92-0082770	501(C)(3)	5,658.				OPERATIONAL SUPPORT
(6) WEST ANCHORAGE HIGH SCHOOL 1700 HILLCREST DR ANCHORAGE, AK 99517	92-6000078	501(C)(3)	5,250.				OPERATIONAL SUPPORT
(7) WHITEFISH COMMUNITY FOUNDATION PO BOX 1060 WHITEFISH, MT 59937	81-0533002	501(C)(3)	77,864.				OPERATIONAL SUPPORT
(8) WRANGELL MOUNTAINS CENTER PO BOX 142972 ANCHORAGE, AK 99514	92-0117864	501(C)(3)	9,920.				OPERATIONAL SUPPORT
(9) YOUTH ADVOCATES OF SITKA, INC 805 LINCOLN STREET SITKA, AK 99835	92-0064393	501(C)(3)	23,700.				OPERATIONAL SUPPORT
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 129.

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) (2019)

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 SCHOLARSHIPS	133.	412,597.			
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

2019

**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 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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				
1 NINA KEMPPPEL PRESIDENT & CEO	(i)	200,862.	0.	0.	6,435.	2,695.	209,992.	
	(ii)	0.	0.	0.				
2 KEVIN GRAY CFO	(i)	137,692.	0.	0.	4,708.	12,073.	154,473.	
	(ii)	0.	0.	0.				
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

2019

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.

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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	168,603.	SEE PART V		X
(2) RASMUSON FOUNDATION	LARGE FUNDER	168,603.	SEE PART V		X
(3)					
(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, COLUMN D:

ON OCTOBER 1, 2012, THE ALASKA COMMUNITY FOUNDATION ENTERED INTO AN OFFICE LEASE AGREEMENT WITH SJ/JL CALAIS OFFICE I, LLC. JOHNATHON 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 2019 TOTALED \$168,603.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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 instructions and 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	17.	12,321,749.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
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.		

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

2019

**Open to Public
Inspection**

Employer identification number

92-0155067

FORM 990, PART III, LINE 1:

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 500 FUNDS AND MANAGES APPROXIMATELY \$92 MILLION IN PHILANTHROPIC ASSETS. IN THE PAST TWO DECADES, ACF HAS AWARDED MORE THAN \$66 MILLION IN GRANTS TO IMPROVE THE LIVES OF ALASKANS.

FORM 990, PART VI, LINE 2:

- BOARD MEMBERS, DIANE KAPLAN AND JOHNATHON 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.

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

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

PRINCIPAL REAL ESTATE DEBT FUND LP K1	(17,084)
RESOURCE LAND FUND V, LP K-1	(19,549)
WCP NEWCOLD K1	58,283
PRINCIPAL REAL ESTATE DEBT FUND III LP K1	(541)
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	(15,786)
SECONDARY OPPORTUNITIES FUND III, LP	(78,813)
INDABA CAPITAL PARTNERS (CAYMAN), LP	(198,745)
TOTAL:	(272,235)

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BRITISH VIRGIN ISLANDS

CAYMAN ISLANDS

IRELAND

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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	306,591.	290,836.	AK COMM FOUN
(2)					
(3)					
(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) 2019

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.

2019

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 175

If you have attached continuation statements, check here [X] Number of continuation statements 5

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

3 Type of filer a [] Specified individual b [] Partnership c [X] 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

Table with 5 rows: 1 Number of Deposit Accounts (reported in Part V), 2 Maximum Value of All Deposit Accounts, 3 Number of Custodial Accounts (reported in Part V), 4 Maximum Value of All Custodial Accounts, 5 Were any foreign deposit or custodial accounts closed during the tax year?

Part II Other Foreign Assets Summary

Table with 3 rows: 1 Number of Foreign Assets (reported in Part VI), 2 Maximum Value of All Assets (reported in Part VI), 3 Were any foreign assets acquired or sold during the tax year?

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

Table with columns: (a) Asset Category, (b) Tax item, (c) Amount reported on form or schedule, (d) Form and line, (e) Schedule and line. Rows include Foreign Deposit and Custodial Accounts and Other Foreign Assets.

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).

Table with 6 rows: 1 Type of account, 2 Account number or other designation, 3 Check all that apply, 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?, 6 If you answered "Yes" to line 5, complete all that apply.

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 BRENNER WEST CAPITAL OFFSHORE FUND, LTD
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. 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)

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 \$ 1,231,421.
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 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 \$ 954,468
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 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 [] 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\$ 264,236 .
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 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 [] 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)

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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	\$ 279,032.	
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 KY1-1109 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)		

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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 type="checkbox"/> Custodial	2 Account number or other designation
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 type="checkbox"/> 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? <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 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 <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 \$ 2,736,778	
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 checked="" 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 INDABA CAPITAL PARTNERS (C b GIIN (Optional)	
c Type of foreign entity (1) <input checked="" 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. 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 <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)	

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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 type="checkbox"/> Custodial	2 Account number or other designation
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 type="checkbox"/> 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? <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 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 <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 \$ 1,160,410	
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 checked="" 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 SECONDARY OPPORTUNITIES FU	b GIIN (Optional) 98-1159459
c Type of foreign entity (1) <input checked="" 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. 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 <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)	