



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

3601 C Street, Suite 600  
Anchorage, AK 99503

October 14, 2021

Nina Kempel, President & CEO  
The Alaska Community Foundation  
3201 C Street, Suite 110  
Anchorage, AK 99503

Dear Nina,

Enclosed are the following income tax returns prepared on behalf of The Alaska Community Foundation for the year ended December 31, 2020.

- 2020 990-T - Exempt Organization Business Income Tax Return
- 2020 990 - Return of Organization Exempt from Income Tax
- 2020 8879-EO - IRS E-file Signature Authorization Form
- 2020 8879-EO - IRS E-file Signature Authorization Form
- 2020 Schedule A - Public Charity Status and Public Support
- 2020 Schedule B - Schedule of Contributors
- 2020 Schedule D - Supplemental Financial Statements
- 2020 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
- 2020 Schedule J - Compensation Information
- 2020 Schedule L - Transactions with Interested Persons
- 2020 Schedule M - Noncash Contributions
- 2020 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2020 Schedule R - Related Organizations and Unrelated Partnerships

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Nayyir Rawhani, CPA  
BDO USA, LLP



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

3601 C Street, Suite 600  
Anchorage, AK 99503

The Alaska Community Foundation  
Instructions for Filing  
Form 8879-EO  
IRS e-file Signature Authorization for Form 990  
For the year ended December 31, 2020

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BDO USA, LLP  
3601 C STREET, STE 600  
ANCHORAGE AK 99503

or Fax to: 907-278-5779  
Attn: e-file Administrator

or Email to: [jshivers@bdo.com](mailto:jshivers@bdo.com)

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

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2021. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2020

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

THE ALASKA COMMUNITY FOUNDATION

Taxpayer identification number

92-0155067

Name and title of officer or person subject to tax

NINA KEMPEL, PRESIDENT & CEO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>93626867.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	_____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	_____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	_____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 9 4 2 2 1 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_


### Part III Certification and Authentication

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

9 2 0 8 5 3 1 3 5 3 8

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ 

Date ▶ 10/14/2021

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

For Paperwork Reduction Act Notice, see back of form.

# Return of Organization Exempt From Income Tax

# 2020

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning , **2020**, and ending , **20**

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	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, SUITE 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 \$ **112,328,411.**

**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

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>INSPIRING THE SPIRIT OF GIVING AND CONNECTING PEOPLE, ORGANIZATIONS, AND CAUSES TO STRENGTHEN ALASKA'S COMMUNITIES NOW AND FOREVER.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>17.</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>16.</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>5</b> <b>38.</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>400.</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>-2,004.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>35,001,233.</b> <b>Prior Year</b> <b>82,136,664.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>4,044,305.</b> <b>4,044,305.</b> <b>6,332,938.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>3,690,353.</b> <b>3,690,353.</b> <b>3,382,836.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>465,148.</b> <b>465,148.</b> <b>1,774,429.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>43,201,039.</b> <b>43,201,039.</b> <b>93,626,867.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>12,223,699.</b> <b>12,223,699.</b> <b>57,264,621.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,555,982.</b> <b>1,555,982.</b> <b>1,922,099.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>474,353.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>5,901,167.</b> <b>5,901,167.</b> <b>5,932,130.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19,680,848.</b> <b>19,680,848.</b> <b>65,118,850.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>23,520,191.</b> <b>23,520,191.</b> <b>28,508,017.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>127,597,913.</b> <b>Beginning of Current Year</b> <b>168,147,953.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>2,754,730.</b> <b>2,754,730.</b> <b>3,403,107.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20. <b>124,843,183.</b> <b>124,843,183.</b> <b>164,744,846.</b>

## 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: **10/14/2021** 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.

**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 \$ 49,700,000. including grants of \$ 47,788,462. ) (Revenue \$ )

CARES ACT DISTRIBUTIONS - IN CONJUNCTION WITH THE STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES, THE ALASKA COMMUNITY FOUNDATION DISTRIBUTED GRANTS TO \$47.8 MILLION IN SUPPORT TO 254 ORGANIZATIONS ACROSS THE STATE. IN THE MIDST OF A PANDEMIC, ALASKANS WERE ASKED TO FIND NEW WAYS OF CONFRONTING THE HEALTH AND ECONOMIC CRISES THAT THREATENED OUR COMMUNITIES. THE CORONAVIRUS NONPROFIT RELIEF FUND WAS CREATED TO DEDICATE MILLIONS OF DOLLARS OF CARES ACT FUNDING TO SUPPORT THOSE PROVIDING CRITICAL FRONTLINE SERVICES, PANDEMIC-RELATED COMMUNITY SERVICES, AND TO PROVIDE SAFE PROGRAM DELIVERY.

**4b** (Code: ) (Expenses \$ 8,946,725. including grants of \$ 5,031,325. ) (Revenue \$ 4,781,670. )

PHILANTHROPIC FUNDS - DONATIONS AND/OR GRANTS 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.

**4c** (Code: ) (Expenses \$ 3,059,482. including grants of \$ 2,569,377. ) (Revenue \$ 3,059,482. )

PICK.CLICK.GIVE - THIS PROGRAM ALLOWS ALASKANS TO DONATE A PORTION OF THEIR PERMANENT FUND DIVIDEND (PFD) TO CAUSES THEY CARE ABOUT STATEWIDE. ALASKA COMMUNITY FOUNDATION (ACF) RUNS THIS PROGRAM TOGETHER WITH THE STATE OF ALASKA TO SUPPORT NON-PROFITS TO WHICH PFD RECIPIENTS CAN DONATE. IN 2020, 47,513 PEOPLE GAVE \$2,934,200 TO 623 NON-PROFIT ORGANIZATIONS STATEWIDE.

**4d** Other program services (Describe on Schedule O.) ATTACHMENT 1  
(Expenses \$ 1,884,327. including grants of \$ 1,875,457. ) (Revenue \$ 2,030,752. )

**4e** Total program service expenses ▶ 63,590,534.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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	
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a</span> <span style="float:right">38</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</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	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	X	
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶ ATTACHMENT 2</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
<b>15</b>	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
<b>16</b>	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 (17), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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 KEMPPPEL PRESIDENT & CEO	50.00 0.			X			230,491.	0.	12,126.	
(2) KEVIN GRAY CFO	45.00 0.			X			164,112.	0.	19,023.	
(3) KATHRYN KAVANAUGH VP PROGRAM & GRANTS	40.00 0.					X	136,169.	0.	22,190.	
(4) ELIZABETH MILLER VP DEVELOPMENT & COMMUNICATION	40.00 0.					X	139,381.	0.	15,186.	
(5) GABE KOMPKOFF ACTING CEO	40.00 0.			X			30,769.	0.	0.	
(6) JIM PALMER CHAIR	2.00 0.	X		X			0.	0.	0.	
(7) PETER MICHALSKI PAST CHAIR	1.00 0.	X		X			0.	0.	0.	
(8) GABE KOMPKOFF VICE CHAIR	1.00 0.	X		X			0.	0.	0.	
(9) AARON KUSANO SECRETARY	1.00 0.	X		X			0.	0.	0.	
(10) DIANE KAPLAN TREASURER	1.00 0.	X		X			0.	0.	0.	
(11) BARBARA DONATELLI DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) CAROL GORE DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) KATE SLYKER DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) KRIS NOROSZ 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) ALEX SLIVKA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 16) KIM REITMEIER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 17) JONATHAN RUBINI ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 18) LANE TUCKER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 19) ANDY TUEBER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 20) DAVE SHAFTEL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 21) MONICA SHAH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 22) BILL SHEFFIELD ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 23) ANTHONY MALLOTT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							700,922.	0.	68,525.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							700,922.	0.	68,525.	

**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 **▶** 4

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	49,700,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	32,436,664.					
	<b>g</b> Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 14,504,728.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			82,136,664.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b> PICK.CLICK.GIVE. PROGRAM REVENUE			522298	2,724,877.	2,724,877.			
<b>b</b> FUND ADMINISTRATION FEES			561000	3,608,061.	3,608,061.			
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				6,332,938.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			2,367,574.	2,367,574.			
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . . ▶				0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less: cost or other basis and sales expenses . .	<b>7b</b>	19,716,806.			
			<b>c</b> Gain or (loss) . . . .	<b>7c</b>	18,701,544.			
	<b>d</b> Net gain or (loss) . . . . . ▶				1,015,262.	1,015,262.		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0.			
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>		0.		
			<b>c</b> Net income or (loss) from fundraising events. . . . . ▶			0.		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
<b>b</b> Less: direct expenses . . . . .			<b>9b</b>		0.			
<b>c</b> Net income or (loss) from gaming activities. . . . . ▶					0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0.				
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>		0.			
		<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.			
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b> K-1 INCOME		523920	1,618,299.		-2,004.	1,620,303.	
	<b>b</b> OTHER REVENUE		900099	156,130.	156,130.			
	<b>c</b> _____							
	<b>e Total.</b> Add lines 11a-11d . . . . . ▶			1,774,429.				
<b>12 Total revenue.</b> See instructions . . . . . ▶			93,626,867.	9,871,904.	-2,004.	1,620,303.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	56,862,458.	56,862,458.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	402,163.	402,163.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	456,520.	194,660.	175,161.	86,699.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	1,169,873.	514,181.	438,599.	217,093.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	18,586.	5,986.	8,428.	4,172.
<b>9</b> Other employee benefits . . . . .	154,627.	51,346.	69,086.	34,195.
<b>10</b> Payroll taxes . . . . .	122,493.	54,279.	45,629.	22,585.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	50,379.	40,371.	6,955.	3,053.
<b>c</b> Accounting . . . . .	37,500.	30,051.	5,177.	2,272.
<b>d</b> Lobbying . . . . .	9,590.	9,590.		
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0.			
<b>f</b> Investment management fees . . . . .	246,945.	246,945.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	305,182.	235,652.	50,456.	19,074.
<b>12</b> Advertising and promotion . . . . .	244,526.	182,027.	25,973.	36,526.
<b>13</b> Office expenses . . . . .	72,435.	25,581.	40,631.	6,223.
<b>14</b> Information technology . . . . .	90,181.	72,266.	12,450.	5,465.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	222,111.	83,606.	120,820.	17,685.
<b>17</b> Travel . . . . .	17,187.	10,167.	6,179.	841.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	0.			
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	132,414.	110,408.	18,362.	3,644.
<b>23</b> Insurance . . . . .	16,977.	13,998.	1,926.	1,053.
<b>24</b> 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.)				
<b>a</b> PICK.CLICK.GIVE EXPENSE	2,724,877.	2,724,877.		
<b>b</b> FOUNDATION ADMIN. FEES	1,676,740.	1,676,702.	38.	
<b>c</b> SPECIAL EVENTS	20,336.	7,776.	6,080.	6,480.
<b>d</b> EQUIPMENT	19,672.	5,771.	10,953.	2,948.
<b>e</b> All other expenses _____	45,078.	29,673.	11,060.	4,345.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	65,118,850.	63,590,534.	1,053,963.	474,353.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	731,990.	<b>1</b>	1,942,496.
	<b>2</b> Savings and temporary cash investments . . . . .	7,054,076.	<b>2</b>	10,937,148.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net. . . . .	81,219.	<b>4</b>	358,105.
	<b>5</b> 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.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	44,479.	<b>9</b>	83,206.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 13,933,410.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 369,510.		
	<b>11</b> Investments - publicly traded securities. . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	119,614,465.	<b>13</b>	141,263,098.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	127,597,913.	<b>16</b>	168,147,953.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	201,180.	<b>17</b>	665,450.
	<b>18</b> Grants payable . . . . .	1,083,657.	<b>18</b>	621,080.
	<b>19</b> Deferred revenue. . . . .	1,469,893.	<b>19</b>	2,116,577.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	2,754,730.	<b>26</b>	3,403,107.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	110,436,624.	<b>27</b>	139,648,961.
	<b>28</b> Net assets with donor restrictions. . . . .	14,406,559.	<b>28</b>	25,095,885.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	124,843,183.	<b>32</b>	164,744,846.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	127,597,913.	<b>33</b>	168,147,953.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	93,626,867.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	65,118,850.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	28,508,017.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	124,843,183.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	13,011,945.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-1,618,299.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	164,744,846.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**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](http://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)						
<b>Total</b>						



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	8,474,645.	9,720,838.	13,302,881.	35,001,233.	82,136,664.	148,636,261.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	8,474,645.	9,720,838.	13,302,881.	35,001,233.	82,136,664.	148,636,261.
<b>5</b> 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). . . . .						21,380,973.
<b>6 Public support.</b> Subtract line 5 from line 4						127,255,288.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	8,474,645.	9,720,838.	13,302,881.	35,001,233.	82,136,664.	148,636,261.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,107,873.	799,831.	8,415,452.	3,690,353.	3,382,836.	17,396,345.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	462,423.	1,219,423.	159,924.	305,938.	1,620,303.	3,768,011.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						169,800,617.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	17,084,216.
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	74.94%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	66.13%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2019.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 line 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in line 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in line 2, above, 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>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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>		
<b>b</b>	Did the activities described in line 2a, above, 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>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	1e	
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b>	Distributable amount for 2020 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2020			
<b>a</b>	From 2015 . . . . .			
<b>b</b>	From 2016 . . . . .			
<b>c</b>	From 2017 . . . . .			
<b>d</b>	From 2018 . . . . .			
<b>e</b>	From 2019 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2020 distributable amount			
<b>i</b>	Carryover from 2015 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2020 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2020 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2016 . . . .			
<b>b</b>	Excess from 2017 . . . .			
<b>c</b>	Excess from 2018 . . . .			
<b>d</b>	Excess from 2019 . . . .			
<b>e</b>	Excess from 2020 . . . .			

**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Filers of:**

**Section:**

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

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

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

**General Rule**

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

**Special Rules**

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

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

Name of organization THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	REAL ESTATE- COMMERCIAL	\$ 13,610,000.	06/17/2020



Name of organization THE ALASKA COMMUNITY FOUNDATION

Employer identification number  
92-0155067

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .	76,822,185.	48,828,804.	46,761,922.	40,630,848.	35,995,263.
<b>b</b> Contributions . . . . .	17,264,502.	23,929,283.	6,278,485.	2,491,964.	3,560,849.
<b>c</b> Net investment earnings, gains, and losses . . . . .	11,503,199.	8,987,326.	-2,218,642.	5,690,270.	2,907,096.
<b>d</b> Grants or scholarships . . . . .	2,650,149.	4,180,425.	1,517,903.	1,484,993.	1,291,010.
<b>e</b> Other expenditures for facilities and programs . . . . .			12,455.		9,598.
<b>f</b> Administrative expenses . . . . .	872,761.	742,803.	462,603.	566,167.	531,752.
<b>g</b> End of year balance . . . . .	102,066,976.	76,822,185.	48,828,804.	46,761,922.	40,630,848.

- 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 |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .  | <b>3a(i)</b>  | X  |
| <b>(ii)</b> Related organizations . . . . .   | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**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
<b>1a</b> Land . . . . .		8,490,000.		8,490,000.
<b>b</b> Buildings . . . . .		5,120,000.	99,556.	5,020,444.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		323,410.	269,954.	53,456.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				13,563,900.

**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)		
<b>Total.</b> (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	141,263,098.	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	104,780,423.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b> 13,011,945.		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b> 6,855.		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	13,018,800.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	91,761,623.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 246,945.		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b> 1,618,299.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	1,865,244.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) . . . . .		<b>5</b>	93,626,867.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	64,878,760.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b> 6,855.		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	6,855.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	64,871,905.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 246,945.		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	246,945.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) . . . . .		<b>5</b>	65,118,850.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

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**Part XIII** Supplemental Information *(continued)*

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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-ENDOWDED 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).

**Part XIII** Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART VIII:

DESCRIPTION	BOOK VALUE	COST OR FMV
MONEY MARKET/CASH SWEEPS	11,716,192	FMV
CERTIFICATE OF DEPOSIT	160,587	FMV
U.S. TREASURIES	12,551,634	FMV
SHORT TERM BONDS	6,214,481	FMV
MUNICIPAL OBLIGATIONS	47,500	FMV
CORPORATE OBLIGATIONS	7,239,175	FMV
ASSET BACK SECURITIES	1,731,313	FMV
COMMON EQUITY	69,348,151	FMV
DIVERSIFIED HEDGED STRATEGIES	7,261,161	FMV
PRIVATE REAL ESTATE	3,902,722	FMV
PRIVATE EQUITY	1,309,557	FMV
PRIVATE DEBT	2,163,148	FMV
CLOSELY HELD STOCK	9,310,664	FMV
INVESTMENTS CARRIED AT NAV	8,306,813	COST
TOTAL:	141,263,098	

**Part XIII** Supplemental Information *(continued)*

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, 2020 OR 2019.

THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2020 AND 2019, 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, 2020, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2017, 2018 AND 2019.



**Part XIII** Supplemental Information (continued)

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

INCOME FROM K-1S:

PRINCIPAL REAL ESTATE DEBT FUND LP K1	3,822
RESOURCE LAND FUND V, LP K-1	51,450
WCP NEWCOLD K1	1,262,818
WCP NEWCOLD II K1	(1,796)
PRINCIPAL REAL ESTATE DEBT FUND III LP K-1	27,129
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	35,377
SECONDARY OPPORTUNITIES FUND III, LP	23,176
INDABA CAPITAL PARTNERS (CAYMAN), LP	216,323
50 SOUTH CAPITAL ADVISORS, LLC	NONE
TOTAL:	1,618,299

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

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Internal Revenue Service

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF ANCHORAGE PO BOX 200108 ANCHORAGE, AK 99520	92-0027948	501(C)(3)	1,587,485.				OPERATIONAL SUPPORT
(2) CATHOLIC SOCIAL SERVICES 3710 EAST 20TH AVENUE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	1,122,045.				OPERATIONAL SUPPORT
(3) COVENANT HOUSE ALASKA PO BOX 100620 ANCHORAGE, AK 99510	13-3419755	501(C)(3)	1,066,020.				OPERATIONAL SUPPORT
(4) BEAN'S CAFE 1020 E. 4TH AVE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	1,049,361.				OPERATIONAL SUPPORT
(5) BARTLETT REGIONAL HOSPITAL 3260 HOSPITAL DRIVE JUNEAU, AK 99801	92-0118538	501(C)(3)	1,040,141.				OPERATIONAL SUPPORT
(6) COPPER RIVER NATIVE ASSOCIATION MILE 111.5 RICHARDSON HWY	92-0041638	501(C)(3)	1,023,711.				OPERATIONAL SUPPORT
(7) THREAD 3350 COMMERCIAL DR STE 203	92-0113419	501(C)(3)	1,010,000.				OPERATIONAL SUPPORT
(8) FOUNDATION HEALTH LLC 1650 COWLES ST FAIRBANKS, AK 99701	81-3021580	501(C)(3)	1,001,000.				OPERATIONAL SUPPORT
(9) BETHEL WINTERHOUSE PO BOX 1969 BETHEL, AK 99559	46-4382634	501(C)(3)	1,000,000.				OPERATIONAL SUPPORT
(10) CENTRAL PENINSULA GENERAL HOSPITAL 250 HOSPITAL PLACE SOLDOTNA, AK 99669	92-0077523	501(C)(3)	1,000,000.				OPERATIONAL SUPPORT
(11) PEACEHEALTH KETCHIKAN MEDICAL CENTER 3100 TONGASS AVENUE KETCHIKAN, AK 99901	91-0939479	501(C)(3)	1,000,000.				OPERATIONAL SUPPORT
(12) PROVIDENCE HEALTH & SERVICES PO BOX 196501 ANCHORAGE, AK 99519	51-0216586	501(C)(3)	1,000,000.				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 ▶

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Schedule I (Form 990) 2020

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**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
<b>(1)</b> ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	92-0162721	501(C)(3)	907,217.				OPERATIONAL SUPPORT
<b>(2)</b> EASTERN ALEUTIAN TRIBES, INC. 3380 C ST STE 100 ANCHORAGE, AK 99503	92-0139107	501(C)(3)	875,400.				OPERATIONAL SUPPORT
<b>(3)</b> PETERSBURG MEDICAL CENTER PO BOX 589 PETERSBURG, AK 99833	92-6001607	501(C)(3)	824,360.				OPERATIONAL SUPPORT
<b>(4)</b> MYHOUSE 300 NORTH WILLOW ST WASILLA, AK 99654	45-3954205	501(C)(3)	823,916.				OPERATIONAL SUPPORT
<b>(5)</b> UNITED WAY OF SOUTHEAST ALASKA 3225 HOSPITAL DRIVE #106 JUNEAU, AK 99801	92-0103202	501(C)(3)	800,000.				OPERATIONAL SUPPORT
<b>(6)</b> ALASKA CHILDREN'S TRUST 3201 C STREET SUITE 110 ANCHORAGE, AK 99503	91-1765129	501(C)(3)	751,500.				OPERATIONAL SUPPORT
<b>(7)</b> CITY OF KETCHIKAN 334 FRONT STREET KETCHIKAN, AK 99901	00-0000000	501(C)(3)	683,499.				OPERATIONAL SUPPORT
<b>(8)</b> ALASKA SEALIFE CENTER PO BOX 1329 SEWARD, AK 99664	92-0132479	501(C)(3)	673,756.				OPERATIONAL SUPPORT
<b>(9)</b> CAMP FIRE ALASKA 161 KLEVIN ST, STE 100 ANCHORAGE, AK 99508	92-0029613	501(C)(3)	665,860.				OPERATIONAL SUPPORT
<b>(10)</b> ALASKA PACIFIC UNIVERSITY 4101 UNIVERSITY DRIVE ANCHORAGE, AK 99508	92-0023588	501(C)(3)	586,857.				OPERATIONAL SUPPORT
<b>(11)</b> CHRISTIAN HEALTH ASSOCIATES 1825 ACADEMY DRIVE ANCHORAGE, AK 99507	92-0152088	501(C)(3)	586,228.				OPERATIONAL SUPPORT
<b>(12)</b> FAIRBANKS COMMUNITY FOOD BANK 725 26TH AVENUE SUITE 1 FAIRBANKS, AK 99701	92-0088266	501(C)(3)	547,526.				OPERATIONAL SUPPORT

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<b>(1)</b> BOYS AND GIRLS CLUBS OF THE KENAI PENINSULA 705 FRONTAGE RD, STE B KENAI, AK 99611	94-3067142	501(C)(3)	527,200.				OPERATIONAL SUPPORT
<b>(2)</b> HOPE COMMUNITY RESOURCES, INC. 540 W INTL AIRPORT RD ANCHORAGE, AK 99518	92-0036594	501(C)(3)	520,500.				OPERATIONAL SUPPORT
<b>(3)</b> NATIVE VILLAGE OF SHISHMAREF PO BOX 72110 SHISHMAREF, AK 99772	92-0055867	VILLAGE GOV	510,000.				OPERATIONAL SUPPORT
<b>(4)</b> ADULT LEARNING CENTER 912 E 15TH AVE SUITE 102	26-3718392	501(C)(3)	500,000.				OPERATIONAL SUPPORT
<b>(5)</b> SOUTHWEST REGION SCHOOL DISTRICT PO BOX 90 DILLINGHAM, AK 99576	92-0058287	501(C)(3)	500,000.				OPERATIONAL SUPPORT
<b>(6)</b> ALASKA LONGLINE FISHERMEN'S ASSOCIATION P.O. BOX 1229 SITKA, AK 99835	01-0951115	501(C)(3)	493,271.				OPERATIONAL SUPPORT
<b>(7)</b> FAIRBANKS RESOURCE AGENCY 805 AIRPORT WAY FAIRBANKS, AK 99701	92-0035250	501(C)(3)	481,000.				OPERATIONAL SUPPORT
<b>(8)</b> KAWERAK, INC PO BOX 948 NOME, AK 99762	92-0047009	501(C)(3)	455,375.				OPERATIONAL SUPPORT
<b>(9)</b> FOOD BANK OF ALASKA 2121 SPAR AVENUE ANCHORAGE, AK 99501	92-0073175	501(C)(3)	436,977.				OPERATIONAL SUPPORT
<b>(10)</b> RURAL ALASKA COMMUNITY ACTION PROGRAM, INC. 731 EAST 8TH AVENUE ANCHORAGE, AK 99501	92-0033876	501(C)(3)	417,250.				OPERATIONAL SUPPORT
<b>(11)</b> IONIA INC. 54932 BURDOCK ROAD KASILOF, AK 99610	92-0159153	501(C)(3)	413,739.				OPERATIONAL SUPPORT
<b>(12)</b> ALASKA HOUSING INITIATIVES INC 405 W 27TH AVE ANCHORAGE, AK 99503	45-2634394	501(C)(3)	410,782.				OPERATIONAL SUPPORT

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<b>(1)</b> SHILOH COMMUNITY HOUSING INC. 1677 JUNEAU DR ANCHORAGE, AK 99501	92-0177924	501(C)(3)	410,000.				OPERATIONAL SUPPORT
<b>(2)</b> ANCHORAGE NEIGHBORHOOD HEALTH CENTER PO BOX 201849 ANCHORAGE, AK 99520	92-0047965	501(C)(3)	400,000.				OPERATIONAL SUPPORT
<b>(3)</b> JUNEAU HOUSING FIRST COLLABORATIVE 1944 ALLEN COURT JUNEAU, AK 99801	47-4157731	501(C)(3)	400,000.				OPERATIONAL SUPPORT
<b>(4)</b> VOLUNTEERS OF AMERICA - ALASKA 2600 CORDOVA ST STE 110 ANCHORAGE, AK 99503	74-2240098	501(C)(3)	400,000.				OPERATIONAL SUPPORT
<b>(5)</b> ALASKA BEHAVIORAL HEALTH 4020 FOLKER AVE ANCHORAGE, AK 99508	51-0152394	501(C)(3)	392,470.				OPERATIONAL SUPPORT
<b>(6)</b> SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM 3100 CHANNEL DRIVE, SUITE 300	92-0056274	501(C)(3)	391,339.				OPERATIONAL SUPPORT
<b>(7)</b> BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA 2300 W 36TH AVENUE ANCHORAGE, AK 99517	92-0036082	501(C)(3)	380,155.				OPERATIONAL SUPPORT
<b>(8)</b> BRISTOL BAY NATIVE ASSOCIATION PO BOX 310 DILLINGHAM, AK 99576	00-0000000	501(C)(3)	375,000.				OPERATIONAL SUPPORT
<b>(9)</b> TLLINGIT HAIDA REGIONAL HOUSING AUTHORITY 5446 JENKINS DRIVE JUNEAU, AK 99801	92-0044273	501(C)(3)	360,000.				OPERATIONAL SUPPORT
<b>(10)</b> BARANOF ISLAND HOUSING AUTHORITY 245 KATLIAN STREET SITKA, AK 99835	92-0116560	501(C)(3)	350,000.				OPERATIONAL SUPPORT
<b>(11)</b> KENAI PENINSULA FOOD BANK 33955 COMMUNITY COLLEGE DR	94-3112445	501(C)(3)	345,167.				OPERATIONAL SUPPORT
<b>(12)</b> JUNEAU SCHOOL DISTRICT 10014 CRAZY HORSE DRIVE JUNEAU, AK 99801	92-6000101	501(C)(3)	335,156.				OPERATIONAL SUPPORT

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<b>(1)</b> ALASKA CHRISTIAN COLLEGE 35109 ROYAL PLACE SOLDOTNA, AK 99669	92-0174205	501(C)(3)	325,750.				OPERATIONAL SUPPORT
<b>(2)</b> CAMAI CHC PO BOX 211 NAKNEK, AK 99633	11-3813698	501(C)(3)	325,491.				OPERATIONAL SUPPORT
<b>(3)</b> COOK INLET TRIBAL COUNCIL 3600 SAN JERONIMO DR 410 ANCH, AK 99508	92-0094184	501(C)(3)	316,250.				OPERATIONAL SUPPORT
<b>(4)</b> BETHEL BROADCASTING, INC. KYUK PO BOX 468 BETHEL, AK 99559	92-0039676	501(C)(3)	306,070.				OPERATIONAL SUPPORT
<b>(5)</b> CITY OF EMMONAK PO BOX 9 09 KWIGUK STREET EMMONAK, AK 99581	92-0042949	501(C)(3)	304,836.				OPERATIONAL SUPPORT
<b>(6)</b> DILLINGHAM CITY SCHOOL DISTRICT PO BOX 170 DILLINGHAM, AK 99576	92-0031132	501(C)(3)	300,000.				OPERATIONAL SUPPORT
<b>(7)</b> VALDEZ NATIVE TRIBE P.O. BOX 1108 VALDEZ, AK 99686	92-0084385	501(C)(3)	295,000.				OPERATIONAL SUPPORT
<b>(8)</b> THE NATIVE VILLAGE OF UNALAKLEET PO BOX 270 UNALAKLEET, AK 99684	92-0039457	VILLAGE GOV	290,064.				OPERATIONAL SUPPORT
<b>(9)</b> RESIDENTIAL YOUTH CARE, INC. PO BOX 7475 KETCHIKAN, AK 99901	92-0146378	501(C)(3)	278,500.				OPERATIONAL SUPPORT
<b>(10)</b> ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DR ANCHORAGE, AK 99504	92-0127531	501(C)(3)	277,393.				OPERATIONAL SUPPORT
<b>(11)</b> THE ALASKA CENTER EDUCATION FUND 921 W 6TH AVE STE 200 ANCHORAGE, AK 99501	23-7380045	501(C)(3)	272,000.				OPERATIONAL SUPPORT
<b>(12)</b> BECKY'S PLACE HAVEN OF HOPE PO BOX 1506 HAINES, AK 99827	46-0958252	501(C)(3)	269,900.				OPERATIONAL SUPPORT

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<b>(1)</b> CITY OF KODIAK 410 CEDAR STREET KODIAK, AK 99615	92-6000083	501(C)(3)	263,900.				OPERATIONAL SUPPORT
<b>(2)</b> NENANA VOLUNTEER FIRE/EMS DEPARTMENT PO BOX 88 NENANA, AK 99760	81-3628424	501(C)(3)	260,000.				OPERATIONAL SUPPORT
<b>(3)</b> ANCHORAGE COALITION TO END HOMELESSNESS 825 L STREET, STE 209 ANCHORAGE, AK 99501	46-1156688	501(C)(3)	256,500.				OPERATIONAL SUPPORT
<b>(4)</b> FAMILY CENTERED SERVICES OF ALASKA, INC. 1825 MARIKA RD FAIRBANKS, AK 99709	92-0129771	501(C)(3)	250,000.				OPERATIONAL SUPPORT
<b>(5)</b> YUKON DELTA FISHERIES DEVELOPMENT ASSOC 2909 ARCTIC BLVD ANCHORAGE, AK 99503	92-0143180	501(C)(3)	250,000.				OPERATIONAL SUPPORT
<b>(6)</b> INTERIOR COMMUNITY HEALTH CENTER 1606 23RD AVENUE FAIRBANKS, AK 99701	92-0147354	501(C)(3)	245,000.				OPERATIONAL SUPPORT
<b>(7)</b> COOPER LANDING EMERGENCY SERVICES 38748 SNUG HARBOR RD	92-0170016	501(C)(3)	235,000.				OPERATIONAL SUPPORT
<b>(8)</b> YUKON KOYUKUK ELDER ASSISTED LIVING CONS 189 2.25 MILE CAMPION ROAD GALENA, AK 99741	35-2363357	501(C)(3)	225,000.				OPERATIONAL SUPPORT
<b>(9)</b> BIRCHWOOD BEHAVIORAL HEALTH 1600 O'MALLEY RD ANCHORAGE, AK 99507	92-0069229	501(C)(3)	209,000.				OPERATIONAL SUPPORT
<b>(10)</b> PETERSVILLE COMMUNITY NON-PROFIT CORP. PO BOX 13392 TRAPPER CREEK, AK 99683	47-3996136	501(C)(3)	205,500.				OPERATIONAL SUPPORT
<b>(11)</b> SENIOR CITIZENS OF KODIAK, INC. 302 ERSKINE AVE. KODIAK, AK 99615	23-7348249	501(C)(3)	205,000.				OPERATIONAL SUPPORT
<b>(12)</b> SPECIAL OLYMPICS ALASKA 3200 MT VIEW DR ANCHORAGE, AK 99501	92-0057197	501(C)(3)	201,833.				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) 2020

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> YWCA ALASKA 3400 SPENARD RD STE 200 ANCH, AK 99503	92-0130244	501(C)(3)	201,700.				OPERATIONAL SUPPORT
<b>(2)</b> ALASKA STATE FAIR 2057 GLENN HWY PALMER, AK 99645	92-0027358	501(C)(3)	200,000.				OPERATIONAL SUPPORT
<b>(3)</b> BIRCHWOOD CAMP OF THE AK MISSIONARY CONF. PO BOX 670049 CHUGIAK, AK 99567	23-7282833	501(C)(3)	200,000.				OPERATIONAL SUPPORT
<b>(4)</b> OLD HARBOR ALLIANCE PO BOX 71 OLD HARBOR, AK 99643	47-1510062	501(C)(3)	200,000.				OPERATIONAL SUPPORT
<b>(5)</b> THE GLORY HALL PO BOX 21997 JUNEAU, AK 99802	92-0085663	501(C)(3)	200,000.				OPERATIONAL SUPPORT
<b>(6)</b> MAT-SU SERVICES FOR CHILDREN & ADULTS, INC. 1225 W. SPRUCE AVENUE WASILLA, AK 99654	92-0107450	501(C)(3)	196,000.				OPERATIONAL SUPPORT
<b>(7)</b> ALASKA WILDLIFE CONSERVATION CENTER, INC PO BOX 949 GIRDWOOD, AK 99587	92-0170600	501(C)(3)	191,100.				OPERATIONAL SUPPORT
<b>(8)</b> CORDOVA COMMUNITY MEDICAL CENTER PO BOX 160 CORDOVA, AK 99574	92-0139171	501(C)(3)	170,661.				OPERATIONAL SUPPORT
<b>(9)</b> NENANA TORTELLA COUNCIL ON AGING, INC PO BOX 205 NENANA, AK 99760	92-0076823	501(C)(3)	167,300.				OPERATIONAL SUPPORT
<b>(10)</b> HOMER SENIOR CITIZENS, INC. 3935 SVEDLUND STREET HOMER, AK 99603	92-0077789	501(C)(3)	166,578.				OPERATIONAL SUPPORT
<b>(11)</b> FIRST ALASKANS INSTITUTE 606 E STREET SUITE 200 ANCHORAGE, AK 99501	92-0174854	501(C)(3)	163,750.				OPERATIONAL SUPPORT
<b>(12)</b> CHRIST THE KING PRESBYTERIAN CHURCH 1201 SILBER ROAD HOUSTON, TX 77055	76-0505513	501(C)(3)	163,496.				OPERATIONAL SUPPORT

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<b>(1)</b> BRISTOL BAY BOROUGH - PARKS AND RECREATION PO BOX 189 NAKNEK, AK 99633	92-0029832	501(C)(3)	162,400.				OPERATIONAL SUPPORT
<b>(2)</b> ALASKA JEWISH CAMPUS 1117 E 35TH AVENUE ANCHORAGE, AK 99508	92-0139949	501(C)(3)	160,000.				OPERATIONAL SUPPORT
<b>(3)</b> THE BREAD LINE, INC. PO BOX 73715 FAIRBANKS, AK 99707	92-0111082	501(C)(3)	155,763.				OPERATIONAL SUPPORT
<b>(4)</b> MAT-SU SENIOR SERVICES 1132 S. CHUGACH STREET PALMER, AK 99645	92-0078503	501(C)(3)	155,500.				OPERATIONAL SUPPORT
<b>(5)</b> NATIVE VILLAGE OF PORT HEIDEN 2200 JAMES STREET PORT HEIDEN, AK 99549	92-0059922	VILLAGE GOV	152,900.				OPERATIONAL SUPPORT
<b>(6)</b> SHILOH COMMUNITY DEVELOPMENT, INC 1677 JUNEAU STREET ANCHORAGE, AK 99501	92-0177924	501(C)(3)	151,400.				OPERATIONAL SUPPORT
<b>(7)</b> FAIRBANKS YOUTH ADVOCATES 122 10TH AVENUE FAIRBANKS, AK 99701	90-0434664	501(C)(3)	151,028.				OPERATIONAL SUPPORT
<b>(8)</b> IDITAROD TRAIL COMMITTEE 2100 S KNIK GOOSEBAY RD WASILLA, AK 99654	92-0043991	501(C)(3)	150,000.				OPERATIONAL SUPPORT
<b>(9)</b> SOUTHCENTRAL FOUNDATION 4501 DIPLOMACY DRIVE ANCHORAGE, AK 99508	92-0086076	501(C)(3)	150,000.				OPERATIONAL SUPPORT
<b>(10)</b> UNITED WAY OF THE TANANA VALLEY PO BOX 74396 FAIRBANKS, AK 99707	92-6003642	501(C)(3)	150,000.				OPERATIONAL SUPPORT
<b>(11)</b> BETHEL COMMUNITY SERVICES FOUNDATION, INC PO BOX 2189 BETHEL, AK 99559	92-0146538	501(C)(3)	149,150.				OPERATIONAL SUPPORT
<b>(12)</b> AKIAK NATIVE COMMUNITY PO BOX 52127 AKIAK, AK 99552	92-0068348	501(C)(3)	147,000.				OPERATIONAL SUPPORT

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<b>(1)</b> NORTH SLOPE BOROUGH PO BOX 69 BARROW, AK 99723	92-0042378	501(C)(3)	145,000.				OPERATIONAL SUPPORT
<b>(2)</b> ALASKA KIDNEY PATIENTS ASSOCIATION 3201 C ST SUITE 110 ANCHORAGE, AK 99503	26-3251948	501(C)(3)	142,600.				OPERATIONAL SUPPORT
<b>(3)</b> MANILLAQ ASSOCIATION PO BOX 256 KOTZEBUE, AK 99752	92-0041461	501(C)(3)	140,400.				OPERATIONAL SUPPORT
<b>(4)</b> NORTH STAR COUNCIL ON AGING 1424 MOORE ST FAIRBANKS, AK 99701	92-0037749	501(C)(3)	138,225.				OPERATIONAL SUPPORT
<b>(5)</b> ALASKA INSTITUTE FOR JUSTICE 431 W 7TH AVE STE 208 ANCHORAGE, AK 99501	56-2533062	501(C)(3)	132,849.				OPERATIONAL SUPPORT
<b>(6)</b> HAINES ASSISTED LIVING, INC. P.O. BOX 916 HAINES, AK 99827	20-5805082	501(C)(3)	132,500.				OPERATIONAL SUPPORT
<b>(7)</b> THE SALVATION ARMY 143 E 9TH AVE ANCHORAGE, AK 99501	94-1156347	501(C)(3)	131,147.				OPERATIONAL SUPPORT
<b>(8)</b> ALL ALASKA PEDIATRIC PARTNERSHIP 4141 B STREET SUITE 409 ANCHORAGE, AK 99503	47-3428822	501(C)(3)	127,536.				OPERATIONAL SUPPORT
<b>(9)</b> CENTER FOR ALASKAN COASTAL STUDIES 708 SMOKEY BAY WAY HOMER, AK 99603	92-0086250	501(C)(3)	125,000.				OPERATIONAL SUPPORT
<b>(10)</b> MONROE FOUNDATION PO BOX 71620 FAIRBANKS, AK 99707	93-0747034	501(C)(3)	120,000.				OPERATIONAL SUPPORT
<b>(11)</b> CREATIVE PLAY AND PRESCHOOL, LTD 125 E REDOUBT AVENUE SOLDOTNA, AK 99669	92-0147746	501(C)(3)	115,590.				OPERATIONAL SUPPORT
<b>(12)</b> ARMED SERVICES YMCA OF ALASKA PO BOX 6272 JBER, AK 99506	92-0016680	501(C)(3)	115,500.				OPERATIONAL SUPPORT

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<b>(1)</b> AMERICAN CANCER SOCIETY 3851 PIPER ST STE U240 ANCH, AK 99508	13-1788491	501(C)(3)	114,550.				OPERATIONAL SUPPORT
<b>(2)</b> UPPER SUSITNA FOOD PANTRY PO BOX 277 TALKEETNA, AK 99676	45-4011416	501(C)(3)	113,992.				OPERATIONAL SUPPORT
<b>(3)</b> KONGIGANAK TRADITIONAL COUNCIL PO BOX 5069 KONGIGANAK, AK 99545	92-0073274	VILLAGE GOV	111,886.				OPERATIONAL SUPPORT
<b>(4)</b> SOUTHEAST ALASKA INDEPENDENT LIVING (SAIL) 3225 HOSPITAL DRIVE SUITE 300	92-0144370	501(C)(3)	111,584.				OPERATIONAL SUPPORT
<b>(5)</b> BETHEL FAMILY CLINIC PO BOX 1908 BETHEL, AK 99559	92-0089260	501(C)(3)	111,000.				OPERATIONAL SUPPORT
<b>(6)</b> THE CHILDREN'S PLACE PO BOX 871788 WASILLA, AK 99687	91-1817911	501(C)(3)	109,910.				OPERATIONAL SUPPORT
<b>(7)</b> LOVE IN THE NAME OF CHRIST 609 3RD STREET FAIRBANKS, AK 99701	94-3047380	501(C)(3)	109,300.				OPERATIONAL SUPPORT
<b>(8)</b> GIRL SCOUTS OF ALASKA 2000 W INTL AIRPORT RD ANCH, AK 99502	92-6000179	501(C)(3)	108,849.				OPERATIONAL SUPPORT
<b>(9)</b> AWARE, INC PO BOX 20809 JUNEAU, AK 99802	92-0064944	501(C)(3)	107,225.				OPERATIONAL SUPPORT
<b>(10)</b> ALASKA TRAILS PO BOX 100627 ANCHORAGE, AK 99510	73-1677483	501(C)(3)	104,218.				OPERATIONAL SUPPORT
<b>(11)</b> HILLCREST CHILDREN'S CENTER 900 HOLLYWOOD DR ANCHORAGE, AK 99501	92-0040360	501(C)(3)	103,000.				OPERATIONAL SUPPORT
<b>(12)</b> CITY OF BETHEL PO BOX 1388 BETHEL, AK 99559	92-6001644	501(C)(3)	102,999.				OPERATIONAL SUPPORT

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<b>(1)</b> ILISAGVIK COLLEGE PO BOX 749 UTQIAGVIK, AK 99723	92-0158414	501(C)(3)	101,316.				OPERATIONAL SUPPORT
<b>(2)</b> SEWARD COMMUNITY HEALTH CENTER PO BOX 2895 SEWARD, AK 99664	27-3912808	501(C)(3)	101,000.				OPERATIONAL SUPPORT
<b>(3)</b> ALASKA CENTER FOR THE PERFORMING ARTS 621 W 6TH AVE ANCHORAGE, AK 99501	92-0120733	501(C)(3)	100,415.				OPERATIONAL SUPPORT
<b>(4)</b> ANCHORAGE SPORTSPLEX INC 6501 CHANGEPOINT DR ANCHORAGE, AK 99518	30-0274501	501(C)(3)	100,000.				OPERATIONAL SUPPORT
<b>(5)</b> KENAI RIVER SPORTFISHING ASSOCIATION 224 KENAI AVE STE 102 SOLDOTNA, AK 99669	92-0142688	501(C)(3)	100,000.				OPERATIONAL SUPPORT
<b>(6)</b> NEW HOPE ON THE LAST FRONTIER 1220 E STREET ANCHORAGE, AK 99501	71-0903105	501(C)(3)	100,000.				OPERATIONAL SUPPORT
<b>(7)</b> ANCHORAGE COMMUNITY LAND TRUST 3701 MOUNT VIEW DE STE 100 ANCH, AK 99508	20-0461014	501(C)(3)	98,777.				OPERATIONAL SUPPORT
<b>(8)</b> RAVEN RADIO FOUNDATION KCAW 2 LINCOLN ST, SUITE B SITKA, AK 99835	92-0073406	501(C)(3)	97,051.				OPERATIONAL SUPPORT
<b>(9)</b> DOWNTOWN SOUP KITCHEN HOPE CENTER PO BOX 202684 ANCHORAGE, AK 99520	92-0141715	501(C)(3)	96,950.				OPERATIONAL SUPPORT
<b>(10)</b> MATSU FOOD BANK 501 EAST BOGARD RD WASILLA, AK 99654	92-0150918	501(C)(3)	95,216.				OPERATIONAL SUPPORT
<b>(11)</b> ANCHORAGE PARK FOUNDATION 3201 C STREET SUITE 110 ANCHORAGE, AK 99503	41-2205907	501(C)(3)	94,427.				OPERATIONAL SUPPORT
<b>(12)</b> COASTALASKA 360 EGAN DRIVE JUNEAU, AK 99801	92-0162579	501(C)(3)	94,000.				OPERATIONAL SUPPORT

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(1) UNIVERSITY OF ALASKA MUSEUM OF THE NORTH 1962 YUKON DR FAIRBANKS, AK 99775	23-7394620	501(C)(3)	92,524.				OPERATIONAL SUPPORT
(2) ALASKA NATIVE JUSTICE CENTER 3600 SAN JERONIMO ANCHORAGE, AK 99508	92-0145727	501(C)(3)	92,500.				OPERATIONAL SUPPORT
(3) BUNNELL STREET ARTS CENTER 106 W BUNNELL AVE SUITE A HOMER, AK 99603	94-3220880	501(C)(3)	91,890.				OPERATIONAL SUPPORT
(4) NURSE-FAMILY PARTNERSHIP 1900 GRANT ST 4TH FL DENVER, CO 80203	20-0234163	501(C)(3)	90,408.				OPERATIONAL SUPPORT
(5) GASTINEAU HUMAN SERVICES CORPORATION 5597 AISEK STREET JUNEAU, AK 99801	92-0065232	501(C)(3)	90,000.				OPERATIONAL SUPPORT
(6) HOMER COUNCIL ON THE ARTS 355 W PIONEER AVE HOMER, AK 99603	51-0152554	501(C)(3)	89,058.				OPERATIONAL SUPPORT
(7) KETCHIKAN INDIAN COMMUNITY 2960 TONGASS AVENUE KETCHIKAN, AK 99901	92-6002696	501(C)(3)	88,720.				OPERATIONAL SUPPORT
(8) NORTHERN HOPE CENTER PO BOX 73189 FAIRBANKS, AK 99707	47-2366390	501(C)(3)	86,500.				OPERATIONAL SUPPORT
(9) ALASKA FAMILY SERVICES 1825 SOUTH CHUGACH STREET PALMER, AK 99645	92-0078235	501(C)(3)	86,048.				OPERATIONAL SUPPORT
(10) ALASKA RESOURCE EDUCATION 601 E 57TH PL STE 104 ANCH, AK 99518	92-0117527	501(C)(3)	86,000.				OPERATIONAL SUPPORT
(11) GUSTAVUS COMMUNITY CENTER PO BOX 147 GUSTAVUS, AK 99826	27-1710606	501(C)(3)	85,000.				OPERATIONAL SUPPORT
(12) ABUSED WOMEN'S AID IN CRISIS 100 W 13TH AVE ANCHORAGE, AK 99501	92-0061049	501(C)(3)	84,525.				OPERATIONAL SUPPORT

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<b>(1)</b> FAMILY PROMISE OF JUNEAU PO BOX 32775 JUNEAU, AK 99803	47-5613303	501(C)(3)	82,000.				OPERATIONAL SUPPORT
<b>(2)</b> SHEPHERD OF THE VALLEY LUTHERAN CHURCH PO BOX 34859 JUNEAU, AK 99803	92-0102479	501(C)(3)	80,000.				OPERATIONAL SUPPORT
<b>(3)</b> YUKON-KUSKOKWIM HEALTH CORPORATION PO BOX 528 BETHEL, AK 99559	92-0041414	501(C)(3)	80,000.				OPERATIONAL SUPPORT
<b>(4)</b> EARLY LEARNING COALITION PO BOX 295 3 SULFIDE WAY HEALY, AK 99743	83-0510765	501(C)(3)	79,600.				OPERATIONAL SUPPORT
<b>(5)</b> WASILLA AREA SENIORS, INC. 1301 CENTURY CIRCLE WASILLA, AK 99654	92-0082770	501(C)(3)	79,316.				OPERATIONAL SUPPORT
<b>(6)</b> ALPINE ALTERNATIVES, INC. 750 E FIREWEED LN STE 101 ANCH, AK 99503	92-0080102	501(C)(3)	78,000.				OPERATIONAL SUPPORT
<b>(7)</b> FAIRBANKS CHILDREN'S MUSEUM 302 CUSHMAN ST STE 101 FAIRBANKS, AK 99701	26-4095584	501(C)(3)	77,587.				OPERATIONAL SUPPORT
<b>(8)</b> SELDOVIA VILLAGE TRIBE PO DRAWER L SELDOVIA, AK 99663	92-0134463	VILLAGE GOV	77,000.				OPERATIONAL SUPPORT
<b>(9)</b> MAT-SU HEALTH FOUNDATION 777 N CRUSEY ST STE A201 WASILLA, AK 99654	92-0019395	501(C)(3)	76,700.				OPERATIONAL SUPPORT
<b>(10)</b> EMERGENCY ASSISTANCE & FOOD BANK OF VALDEZ PO BOX 848 VALDEZ, AK 99686	34-1986012	501(C)(3)	75,000.				OPERATIONAL SUPPORT
<b>(11)</b> ST. VINCENT DE PAUL DIOCESAN COUNCIL OF SE 8617 TEAL STREET JUNEAU, AK 99801	92-0125695	501(C)(3)	75,000.				OPERATIONAL SUPPORT
<b>(12)</b> YOUTH EXPLORING ADVENTURE, INC. 7015 ABBOTT ROAD ANCHORAGE, AK 99507	92-6002989	501(C)(3)	75,000.				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 ▶

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
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Department of the Treasury  
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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
<b>(1)</b> COMMUNITY CONNECTIONS 721 STEDMAN STREET KETCHIKAN, AK 99901	92-0112719	501(C)(3)	74,900.				OPERATIONAL SUPPORT
<b>(2)</b> ALASKA HEALTH FAIR, INC. 720 W 58TH AVE STE J ANCH, AK 99518	92-0118421	501(C)(3)	73,451.				OPERATIONAL SUPPORT
<b>(3)</b> ALASKA CHURCH OF THE NAZARENE - CAMP MARANA PO BOX 520999 BIG LAKE, AK 99652	92-6009644	501(C)(3)	73,000.				OPERATIONAL SUPPORT
<b>(4)</b> ALASKA TRIBAL ADMINISTRATORS ASSOCIATION 900 W 5TH AVE STE 101 ANCHORAGE, AK 99501	81-0818782	501(C)(3)	72,750.				OPERATIONAL SUPPORT
<b>(5)</b> STERLING SENIOR CITIZENS, INC. 34453 STERLING HWY STERLING, AK 99672	94-3100045	501(C)(3)	71,500.				OPERATIONAL SUPPORT
<b>(6)</b> ANCHORAGE DOWNTOWN PARTNERSHIP LTD. 750 W 2ND AVE STE 100 ANCH, AK 99501	92-0157658	501(C)(3)	70,000.				OPERATIONAL SUPPORT
<b>(7)</b> RETIREMENT COMMUNITY OF FAIRBANKS 949 MCGOWN STREET FAIRBANKS, AK 99701	20-1253962	501(C)(3)	70,000.				OPERATIONAL SUPPORT
<b>(8)</b> ALASKA SPCA 3710 WOODLAND DR ANCHORAGE, AK 99517	92-0068910	501(C)(3)	69,352.				OPERATIONAL SUPPORT
<b>(9)</b> ANCHORAGE SCHOOL DISTRICT 5530 E NORTHERN LIGHTS BLVD ANCH, AK 99504	92-6000078	501(C)(3)	68,926.				OPERATIONAL SUPPORT
<b>(10)</b> ALASKA NATIVE VILLAGE CORPORATION ASSOC 745 W 4TH AVE STE 302 ANCH, AK 99501	26-1698277	501(C)(3)	68,000.				OPERATIONAL SUPPORT
<b>(11)</b> BETTY ELIASON CHILD CARE CENTER 607 LINCOLN STREET SITKA, AK 99835	92-0065572	501(C)(3)	68,000.				OPERATIONAL SUPPORT
<b>(12)</b> CITY OF HUGHES 110 FRONT STREETUSA HUGHES, AK 99745	92-0088114	501(C)(3)	67,500.				OPERATIONAL SUPPORT

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<b>(1)</b> SEAVIEW COMMUNITY SERVICES PO BOX 1045 SEWARD, AK 99664	92-0043803	501(C)(3)	67,500.				OPERATIONAL SUPPORT
<b>(2)</b> ANCHORAGE RE:MADE 13500 OLD SEWARD HWY ANCHORAGE, AK 99515	47-4390451	501(C)(3)	66,907.				OPERATIONAL SUPPORT
<b>(3)</b> GIRLS ROCK CAMP ALASKA 7736 STANLEY DR ANCHORAGE, AK 99518	46-4520838	501(C)(3)	66,523.				OPERATIONAL SUPPORT
<b>(4)</b> PETERSBURG MENTAL HEALTH SERVICES PO BOX 1309 PETERSBURG, AK 99833	92-0151413	501(C)(3)	65,856.				OPERATIONAL SUPPORT
<b>(5)</b> ALASKA VOCATIONAL TECHNICAL CENTER 809 2ND AVENUE PO BOX 889 SEWARD, AK 99664	92-6001185	501(C)(3)	65,495.				OPERATIONAL SUPPORT
<b>(6)</b> HOPE AND HEALTH INTERNATIONAL INC PO BOX 230183 ANCHORAGE, AK 99523	26-2862955	501(C)(3)	65,000.				OPERATIONAL SUPPORT
<b>(7)</b> KUAC FRIENDS GROUP 1718 TANANA LP STE 202 FAIRBANKS, AK 99775	47-4121401	501(C)(3)	65,000.				OPERATIONAL SUPPORT
<b>(8)</b> ALASKA COMMUNITY ACTION ON TOXICS 1225 E INTL AIRPORT RD 220 ANCH, AK 99518	92-0177082	501(C)(3)	64,075.				OPERATIONAL SUPPORT
<b>(9)</b> FAIRBANKS NATIVE ASSOCIATION 3830 S CUSHMAN ST FAIRBANKS, AK 99701	92-0037488	501(C)(3)	63,391.				OPERATIONAL SUPPORT
<b>(10)</b> TUNDRA WOMEN'S COALITION PO BOX 2029 BETHEL, AK 99559	92-0068684	501(C)(3)	63,368.				OPERATIONAL SUPPORT
<b>(11)</b> ALASKA ARTS AND CULTURE FOUNDATION 161 S KLEVIN ST 102 ANCHORAGE, AK 99508	92-0171993	501(C)(3)	60,700.				OPERATIONAL SUPPORT
<b>(12)</b> HATCHER ALPINE XPERIENCE PO BOX 924 PALMER, AK 99645	81-1056780	501(C)(3)	60,400.				OPERATIONAL SUPPORT

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(1) MOUNT PLEASANT BAPTIST CHURCH 3030 PEGER ROAD FAIRBANKS, AK 99709	33-1112393	501(C)(3)	60,000.				OPERATIONAL SUPPORT
(2) ST. MARY'S EPISCOPAL CHURCH 2222 EAST TUDOR ROAD ANCHORAGE, AK 99507	92-0035604	501(C)(3)	60,000.				OPERATIONAL SUPPORT
(3) KTOO PUBLIC MEDIA 360 EGAN DRIVE JUNEAU, AK 99801	92-0058054	501(C)(3)	59,863.				OPERATIONAL SUPPORT
(4) NARROWS BROADCASTING CORPORATION KFSK PO BOX 149 PETERSBURG, AK 99833	92-0064145	501(C)(3)	57,805.				OPERATIONAL SUPPORT
(5) WOMEN IN SAFE HOMES PO BOX 6552 KETCHIKAN, AK 99901	92-0069501	501(C)(3)	57,680.				OPERATIONAL SUPPORT
(6) PROVIDENCE SEWARD MEDICAL AND CARE CENTER 3760 PIPER STREET, SUITE 2021	61-1442487	501(C)(3)	57,500.				OPERATIONAL SUPPORT
(7) ALASKA AVIATION MUSEUM 4721 AIRCRAFT DRIVE ANCHORAGE, AK 99502	92-0071852	501(C)(3)	56,350.				OPERATIONAL SUPPORT
(8) ALASKA BOTANICAL GARDEN 4601 CAMPBELL AIRSTRIP RD ANCH, AK 99507	92-0115504	501(C)(3)	54,106.				OPERATIONAL SUPPORT
(9) MCKINLEY VOLUNTEER FIRE DEPARTMENT PO BOX 71 DENALI PARK, AK 99755	35-2404474	501(C)(3)	54,000.				OPERATIONAL SUPPORT
(10) FRIENDS OF CHUGACH NATIONAL FOREST AVALANCH PO BOX 242482 ANCHORAGE, AK 99524	68-0578518	501(C)(3)	52,550.				OPERATIONAL SUPPORT
(11) ALASKA YOUTH ORCHESTRAS 1689 C ST. SUITE 202 ANCHORAGE, AK 99501	92-0082750	501(C)(3)	52,330.				OPERATIONAL SUPPORT
(12) ALASKA ASSOC ON DEVELOPMENTAL DISABILITIES PO BOX 241742 ANCHORAGE, AK 99524	61-1440261	501(C)(3)	51,500.				OPERATIONAL SUPPORT

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<b>(1)</b> BREAST CANCER DETECTION CENTER OF ALASKA 1905 COWLES STREET FAIRBANKS, AK 99701	92-0055382	501(C)(3)	50,500.				OPERATIONAL SUPPORT
<b>(2)</b> AB PATTERSON COMMUNITY MINISTRY 3727 WILLIAMS STREET ANCHORAGE, AK 99508	85-1399010	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(3)</b> BRISTOL BAY AREA HEALTH CORPORATION PO BOX 130 DILLINGHAM, AK 99576	92-0044965	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(4)</b> BRISTOL BAY REGIONAL CAREER & TECHNICAL ED PO BOX 90 DILLINGHAM, AK 99576	00-0000000	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(5)</b> CLOVER PASS CHRISTIAN PRESCHOOL & DAYCARE 105 N. POINT HIGGINS RD KETCHIKAN, AK 99901	92-0078495	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(6)</b> EKWOK VILLAGE COUNCIL PO BOX 70 EKWOK, AK 99580	00-0000000	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(7)</b> GET OUT THE NATIVE VOTE 3600 SAN JERONIMO DRIVE ANCHORAGE, AK 99508	37-1762207	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(8)</b> GREATER FRIENDSHIP BAPTIST CHURCH PO BOX 203088 ANCHORAGE, AK 99520	92-0059186	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(9)</b> JUNEAU YOUTH SERVICES, INC. PO BOX 32839 JUNEAU, AK 99803	92-0038549	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(10)</b> KENAITZE INDIAN TRIBE 150 NORTH WILLOW STREET KENAI, AK 99611	92-0069243	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(11)</b> MAT SU JEWISH CENTER 9530 E HORSE PLAY CIRCLE PALMER, AK 99645	47-4726932	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(12)</b> NATIVE VILLAGE OF EYAK ILANKA COMMUNITY 705 2ND ST PO BOX 2290 CORDOVA, AK 99574	92-0061041	VILLAGE GOV	50,000.				OPERATIONAL SUPPORT

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Name of the organization <b>THE ALASKA COMMUNITY FOUNDATION</b>	Employer identification number <b>92-0155067</b>
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<b>(1)</b> NENANA PUBLIC LIBRARY PO BOX 40 NENANA, AK 99760	20-1905431	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(2)</b> OLA PO BOX 240488 ANCHORAGE, AK 99524	20-8897404	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(3)</b> SOUTH PENINSULA HOSPITAL 4300 BARTLETT ST HOMER, AK 99603	92-0037099	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(4)</b> SPACE FARMING INSTITUTE 1843 PARKSIDE DRIVE ANCHORAGE, AK 99501	84-3787811	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(5)</b> UNITED SERVICE ORGANIZATIONS, INC. 8001 CHENNAULT AVENUE JBER, AK 99506	13-1610451	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(6)</b> UNITED WAY OF MATANUSKA-SUSITNA BOROUGH PO BOX 872485 WASILLA, AK 99687	92-0126154	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(7)</b> BERING STRAIT SCHOOL DISTRICT PO BOX 225 UNALAKLEET, AK 99684	92-0058118	501(C)(3)	49,359.				OPERATIONAL SUPPORT
<b>(8)</b> PRINCE OF WALES VOCATIONAL & TECHNICAL ED PO BOX 29 KLAWOCK, AK 99925	46-4019097	501(C)(3)	48,750.				OPERATIONAL SUPPORT
<b>(9)</b> ENLACES PO BOX 93466 ANCHORAGE, AK 99509	82-3715412	501(C)(3)	48,000.				OPERATIONAL SUPPORT
<b>(10)</b> MAT-SU HEALTH SERVICES, INC. 1363 WEST SPRUCE AVENUE WASILLA, AK 99654	92-0089779	501(C)(3)	47,670.				OPERATIONAL SUPPORT
<b>(11)</b> THE GREATER FAIRBANKS COMMUNITY HOSPITAL PO BOX 71396 FAIRBANKS, AK 99707	92-0035784	501(C)(3)	47,500.				OPERATIONAL SUPPORT
<b>(12)</b> ANCHORAGE SPORTS ASSOCIATION 2464 E TUDOR ROAD ANCHORAGE, AK 99507	92-0069328	501(C)(3)	47,000.				OPERATIONAL SUPPORT

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<b>(1)</b> SEE STORIES 205 E DIMOND BLVD PMB 137 ANCH, AK 99515	82-5084384	501(C)(3)	47,000.				OPERATIONAL SUPPORT
<b>(2)</b> SITKA CONSERVATION SOCIETY 201 LINCOLN STREET SUITE 4 SITKA, AK 99835	92-0096633	501(C)(3)	46,473.				OPERATIONAL SUPPORT
<b>(3)</b> SOUTHEAST ALASKA FOOD BANK PO BOX 33681 JUNEAU, AK 99801	92-0165056	501(C)(3)	46,000.				OPERATIONAL SUPPORT
<b>(4)</b> HOSPICE OF HOMER 265 E PIONEER AVE SUITE 3 HOMER, AK 99603	92-0115943	501(C)(3)	45,287.				OPERATIONAL SUPPORT
<b>(5)</b> SEWARD SENIOR CENTER PO BOX 1195 SEWARD, AK 99664	92-0072425	501(C)(3)	45,116.				OPERATIONAL SUPPORT
<b>(6)</b> NORTHERN LIGHTS SWIM CLUB 16349 SEVILLE PARK CIR ANCH, AK 99516	92-0132684	501(C)(3)	45,080.				OPERATIONAL SUPPORT
<b>(7)</b> ANCHOR-AGE SENIOR CENTER 1300 EAST 19TH AVENUE ANCHORAGE, AK 99501	92-0086821	501(C)(3)	44,871.				OPERATIONAL SUPPORT
<b>(8)</b> ANCHORAGE YOUTH COURT 838 WEST 4TH AVE ANCHORAGE, AK 99501	92-0129615	501(C)(3)	44,336.				OPERATIONAL SUPPORT
<b>(9)</b> HOSPICE OF ANCHORAGE 2612 E NORTHERN LIGHTS BLVD ANCH, AK 99508	92-0018009	501(C)(3)	43,006.				OPERATIONAL SUPPORT
<b>(10)</b> ALEUTIAN PRIBILOF ISLANDS ASSOCIATION, INC. 1131 E INTL AIRPORT RD ANCHORAGE, AK 99518	92-0073013	501(C)(3)	43,000.				OPERATIONAL SUPPORT
<b>(11)</b> ANCHOR POINT SENIOR CITIZENS INC PO BOX 438 ANCHOR POINT, AK 99556	92-0094773	501(C)(3)	43,000.				OPERATIONAL SUPPORT
<b>(12)</b> SKAGWAY DEVELOPMENT CORPORATION PO BOX 1236 SKAGWAY, AK 99840	92-0178115	501(C)(3)	42,621.				OPERATIONAL SUPPORT

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<b>(1)</b> ALASKA NETWORK ON DOMESTIC VIOLENCE 130 SEWARD ST SUITE 214 JUNEAU, AK 99801	92-0087216	501(C)(3)	42,099.				OPERATIONAL SUPPORT
<b>(2)</b> AURORA EQUINE THERAPY PO BOX 874944 WASILLA, AK 99687	27-0781322	501(C)(3)	42,000.				OPERATIONAL SUPPORT
<b>(3)</b> CHILKAT VALLEY PRESCHOOL PO BOX 1165 HAINES, AK 99827	92-0043505	501(C)(3)	42,000.				OPERATIONAL SUPPORT
<b>(4)</b> THE ARETE PROJECT PO BOX 225 GUSTAVUS, AK 99826	83-0952003	501(C)(3)	41,925.				OPERATIONAL SUPPORT
<b>(5)</b> KENAI LOCAL FOOD CONNECTION 54932 BURDOCK ROAD KASILOF, AK 99610	92-0151271	501(C)(3)	41,830.				OPERATIONAL SUPPORT
<b>(6)</b> INSTITUTE OF THE NORTH 715 L STREET, SUITE 300 ANCHORAGE, AK 99501	75-3155877	501(C)(3)	41,826.				OPERATIONAL SUPPORT
<b>(7)</b> ALZHEIMER'S DISEASE RESOURCE AGENCY OF AK 1750 ABBOTT ROAD ANCHORAGE, AK 99507	92-0101736	501(C)(3)	41,250.				OPERATIONAL SUPPORT
<b>(8)</b> VILLAGE OF SOLOMON PO BOX 2053 NOME, AK 99762	92-0147770	VILLAGE GOV	41,050.				OPERATIONAL SUPPORT
<b>(9)</b> ALASKA LEGAL SERVICES CORPORATION 1016 W 6TH AVE STE 200 ANCH, AK 99501	92-0034754	501(C)(3)	41,000.				OPERATIONAL SUPPORT
<b>(10)</b> GRACE CHRISTIAN SCHOOL 12407 PINTAIL ST ANCHORAGE, AK 99516	91-1812025	501(C)(3)	40,834.				OPERATIONAL SUPPORT
<b>(11)</b> ALYESKA SKI CLUB INC PO BOX 1070 GIRDWOOD, AK 99587	92-0065318	501(C)(3)	40,286.				OPERATIONAL SUPPORT
<b>(12)</b> SITKANS AGAINST FAMILY VIOLENCE PO BOX 6136 SITKA, AK 99835	92-0077632	501(C)(3)	40,200.				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 ▶ \_\_\_\_\_

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**Schedule I (Form 990) 2020**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

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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
<b>(1)</b> HEALTHY FUTURES 11901 INDUSTRY WAY STE A9 ANCH, AK 99515	81-0649085	501(C)(3)	40,000.				OPERATIONAL SUPPORT
<b>(2)</b> KODIAK COMMUNITY HEALTH CENTER 1911 E REZANOF DRIVE KODIAK, AK 99615	92-0146203	501(C)(3)	40,000.				OPERATIONAL SUPPORT
<b>(3)</b> CALYPSO FARM & ECOLOGY CENTER PO BOX 106 ESTER, AK 99725	92-0169368	501(C)(3)	39,000.				OPERATIONAL SUPPORT
<b>(4)</b> ATHABASCAN FIDDLERS ASSOCIATION 701 BIDWELL AVE FAIRBANKS, AK 99701	31-1776563	501(C)(3)	38,267.				OPERATIONAL SUPPORT
<b>(5)</b> ALASKA PUBLIC INTEREST RESEARCH GROUP PO BOX 201416 ANCHORAGE, AK 99520	92-0047627	501(C)(3)	38,150.				OPERATIONAL SUPPORT
<b>(6)</b> GREAT LAND CHRISTIAN CHURCH PO BOX 1221 TALKEETNA, AK 99676	31-1439054	501(C)(3)	37,800.				OPERATIONAL SUPPORT
<b>(7)</b> THE CHURCH OF THE NATIONS 810 E 9TH AVE ANCHORAGE, AK 99501	26-1753174	501(C)(3)	37,500.				OPERATIONAL SUPPORT
<b>(8)</b> UAF FINANCIAL AID OFFICE 107 EIELSON BUILDING FAIRBANKS, AK 99775	92-6000147	501(C)(3)	37,500.				OPERATIONAL SUPPORT
<b>(9)</b> NEW KOLIGANEK VILLAGE COUNCIL PO BOX 5057 KOLIGANEK, AK 99576	92-0046963	VILLAGE GOV	36,903.				OPERATIONAL SUPPORT
<b>(10)</b> CHICHAGOF CONSERVATION COUNCIL BOX 621 TENAKEE SPRINGS, AK 99841	92-0148945	501(C)(3)	35,758.				OPERATIONAL SUPPORT
<b>(11)</b> SITKA SUMMER MUSIC FESTIVAL 124 JEFF DAVIS STREET SITKA, AK 99835	92-0075160	501(C)(3)	35,500.				OPERATIONAL SUPPORT
<b>(12)</b> NATIVE VISION PO BOX 210914 ANCHORAGE, AK 99521	83-2072085	VILLAGE GOV	34,500.				OPERATIONAL SUPPORT

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<b>(1)</b> DISABILITY LAW CENTER OF ALASKA 3330 ARCTIC BLVD STE 103 ANCH, AK 99503	92-0063532	501(C)(3)	34,200.				OPERATIONAL SUPPORT
<b>(2)</b> NORDIC SKIING ASSOCIATION OF ANCHORAGE, INC 203 W 15TH AVE STE 204 ANCH, AK 99501	23-7232617	501(C)(3)	33,859.				OPERATIONAL SUPPORT
<b>(3)</b> NATIVE VILLAGE OF DIOMEDE PO BOX 197 UNALAKLEET, AK 99684	92-0066244	VILLAGE GOV	33,500.				OPERATIONAL SUPPORT
<b>(4)</b> KOAHNIC BROADCAST CORPORATION 3600 SAN JERONIMO DR STE 480 ANCH, AK 99508	92-0139738	501(C)(3)	33,292.				OPERATIONAL SUPPORT
<b>(5)</b> KOREAN AMERICAN COMMUNITY OF ANCHORAGE 3630 JEWEL LAKE ROAD ANCHORAGE, AK 99502	27-2590854	501(C)(3)	32,125.				OPERATIONAL SUPPORT
<b>(6)</b> RIDE 4 US PO BOX 98138 LAKEWOOD, WA 98496	02-0732247	501(C)(3)	32,000.				OPERATIONAL SUPPORT
<b>(7)</b> ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105	62-0646012	501(C)(3)	30,200.				OPERATIONAL SUPPORT
<b>(8)</b> H.O.P. E. (HELPING OURSELVES PREVENT EMERG) PO BOX 145 CRAIG, AK 99921	73-1668460	501(C)(3)	30,042.				OPERATIONAL SUPPORT
<b>(9)</b> ALASKA CARDIOVASCULAR RESEARCH FOUNDATION 3841 PIPER ST STE T100 ANCH, AK 99508	74-3076026	501(C)(3)	30,000.				OPERATIONAL SUPPORT
<b>(10)</b> KACHEMAK BAY BROADCASTING, INC. 3913 KACHEMAK WAY HOMER, AK 99603	92-0060366	501(C)(3)	30,000.				OPERATIONAL SUPPORT
<b>(11)</b> KLAWOCK COOPERATIVE ASSOCIATION PO BOX 430 KLAWOCK, AK 99925	92-0072227	501(C)(3)	30,000.				OPERATIONAL SUPPORT
<b>(12)</b> KRBD RAINBIRD COMMUNITY BROADCASTING 1101 COPPER RIDGE LANE KETCHIKAN, AK 99901	23-7444805	501(C)(3)	30,000.				OPERATIONAL SUPPORT

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<b>(1)</b> INDEPENDENT LIVING CENTER PO BOX 2474 HOMER, AK 99603	92-0137389	501(C)(3)	29,577.				OPERATIONAL SUPPORT
<b>(2)</b> MUSK OX DEVELOPMENT CORPORATION PO BOX 587 PALMER, AK 99645	92-0104683	501(C)(3)	28,200.				OPERATIONAL SUPPORT
<b>(3)</b> PENINSULA COMMUNITY HEALTH SERVICES 230 E MARYDALE AVE SOLDOTNA, AK 99669	92-0177803	501(C)(3)	27,870.				OPERATIONAL SUPPORT
<b>(4)</b> BEST BEGINNINGS 3350 COMMERCIAL DR 104 ANCH, AK 99501	45-5066055	501(C)(3)	27,500.				OPERATIONAL SUPPORT
<b>(5)</b> WORKING AGAINST VIOLENCE FOR EVERYONE (WAVE) PO BOX 415 PETERSBURG, AK 99833	14-2003379	501(C)(3)	27,325.				OPERATIONAL SUPPORT
<b>(6)</b> PICKLE HILL PUBLIC BROADCASTING INC (KDLL) PO BOX 2111 KENAI, AK 99611	92-0100717	501(C)(3)	27,186.				OPERATIONAL SUPPORT
<b>(7)</b> MOMENTUM DANCE COLLECTIVE PO BOX 230291 ANCHORAGE, AK 99523	26-3369467	501(C)(3)	27,000.				OPERATIONAL SUPPORT
<b>(8)</b> UNIVERSITY OF ALASKA ANCHORAGE PO BOX 141609 ANCHORAGE, AK 99514	92-6000147	501(C)(3)	27,000.				OPERATIONAL SUPPORT
<b>(9)</b> STORY WORKS ALASKA 2316 DOUGLAS DRIVE ANCHORAGE, AK 99517	47-4360248	501(C)(3)	26,800.				OPERATIONAL SUPPORT
<b>(10)</b> THE NOME NUGGET PO BOX 610 NOME, AK 99762	92-0084371	501(C)(3)	26,548.				OPERATIONAL SUPPORT
<b>(11)</b> GIRDWOOD HEALTH CLINIC PO BOX 1130 GIRDWOOD, AK 99587	90-0622646	501(C)(3)	26,316.				OPERATIONAL SUPPORT
<b>(12)</b> MAT-SU TRAILS AND PARKS FOUNDATION PO BOX 652 PALMER, AK 99645	90-0699180	501(C)(3)	26,289.				OPERATIONAL SUPPORT

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<b>(1)</b> SKIKU PO BOX 231408 ANCHORAGE, AK 99523	46-3175050	501(C)(3)	26,000.				OPERATIONAL SUPPORT
<b>(2)</b> CONGREGATION BETH SHOLOM 7525 E NORTHERN LIGHTS BLVD ANCH, AK 99504	26-1182493	501(C)(3)	25,455.				OPERATIONAL SUPPORT
<b>(3)</b> FACING FOSTER CARE IN ALASKA PO BOX 92644 ANCHORAGE, AK 99509	74-3099527	501(C)(3)	25,400.				OPERATIONAL SUPPORT
<b>(4)</b> FAIRBANKS CONVENTION AND VISITORS BUREAU 101 DUNKEL ST STE 111 FAIRBANKS, AK 99701	92-0063463	501(C)(3)	25,300.				OPERATIONAL SUPPORT
<b>(5)</b> FRIENDS OF EAGLE RIVER NATURE CENTER, INC. 32750 EAGLE RIVER RD ER, AK 99577	92-0156981	501(C)(3)	25,270.				OPERATIONAL SUPPORT
<b>(6)</b> ALASKA CONSERVATION FOUNDATION 1227 W 9TH AVE STE 300 ANCHORAGE, AK 99501	92-0061466	501(C)(3)	25,053.				OPERATIONAL SUPPORT
<b>(7)</b> ALASKA PRESS CLUB PO BOX 143426 ANCHORAGE, AK 99514	92-0098754	501(C)(3)	25,000.				OPERATIONAL SUPPORT
<b>(8)</b> ARCTIC SLOPE NATIVE ASSOCIATION PO BOX 1232 UTQIAGVIK, AK 99723	91-0873623	501(C)(3)	25,000.				OPERATIONAL SUPPORT
<b>(9)</b> FIVE LOAVES PANTRY PO BOX 1758 DELTA JUNCTION, AK 99737	85-0857640	501(C)(3)	25,000.				OPERATIONAL SUPPORT
<b>(10)</b> LIFE ALASKA DONOR SERVICES 235 EAST 8TH AVE STE 100 ANCH, AK 99501	92-0140815	501(C)(3)	25,000.				OPERATIONAL SUPPORT
<b>(11)</b> SOUL HARVEST MINISTRIES 4971 N. TONGASS HWY KETCHIKAN, AK 99901	82-0640186	501(C)(3)	25,000.				OPERATIONAL SUPPORT
<b>(12)</b> HABITAT FOR HUMANITY ANCHORAGE 900 E. BENSON BLVD ANCHORAGE, AK 99508	92-0140434	501(C)(3)	24,803.				OPERATIONAL SUPPORT

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<b>(1)</b> ALASKA WORLD AFFAIRS COUNCIL 737 W 5TH AVE STE 210 ANCHORAGE, AK 99501	92-6002686	501(C)(3)	24,500.				OPERATIONAL SUPPORT
<b>(2)</b> ALASKA CHILDREN'S INSTITUTE FOR THE PERFORM PO BOX 322 KENAI, AK 99611	92-0168259	501(C)(3)	24,450.				OPERATIONAL SUPPORT
<b>(3)</b> GREATER HOUSTON COMMUNITY FOUNDATION PO BOX 734918 DALLAS, TX 75373	23-7160400	501(C)(3)	23,594.				OPERATIONAL SUPPORT
<b>(4)</b> FOUR VALLEYS COMMUNITY SCHOOL PO BOX 790 GIRDWOOD, AK 99587	20-1259568	501(C)(3)	23,461.				OPERATIONAL SUPPORT
<b>(5)</b> BIG BROTHERS BIG SISTERS 1057 W FIREWEED LN STE 202 ANCH, AK 99503	80-0064172	501(C)(3)	23,220.				OPERATIONAL SUPPORT
<b>(6)</b> ALASKA FOOD POLICY COUNCIL 3734 BEN WALTERS LANE HOMER, AK 99603	46-5017514	501(C)(3)	22,995.				OPERATIONAL SUPPORT
<b>(7)</b> SOL DE MEDIANOCHE PO BOX 93466 ANCHORAGE, AK 99509	81-1746525	501(C)(3)	22,932.				OPERATIONAL SUPPORT
<b>(8)</b> CHOOSING OUR ROOTS P.O. BOX 141831 ANCHORAGE, AK 99514	82-3583339	501(C)(3)	22,000.				OPERATIONAL SUPPORT
<b>(9)</b> LUTHERAN SOCIAL SERVICES OF ALASKA, INC. 1313 WEST 33RD STREET ANCHORAGE, AK 99503	94-3055592	501(C)(3)	22,000.				OPERATIONAL SUPPORT
<b>(10)</b> PERSEVERANCE THEATRE 914 3RD STREET DOUGLAS, AK 99824	92-0071124	501(C)(3)	21,500.				OPERATIONAL SUPPORT
<b>(11)</b> ALASKA JUNIOR THEATER 430 W. 7TH AVE STE 30 ANCHORAGE, AK 99501	92-0081984	501(C)(3)	20,500.				OPERATIONAL SUPPORT
<b>(12)</b> BROTHER FRANCIS SHELTER KODIAK PO BOX 670 KODIAK, AK 99615	20-8594266	501(C)(3)	20,500.				OPERATIONAL SUPPORT

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<b>(1)</b> ALASKA AVALANCHE SCHOOL PO BOX 100145 ANCHORAGE, AK 99501	72-1580840	501(C)(3)	20,380.				OPERATIONAL SUPPORT
<b>(2)</b> ANCHORAGE SYMPHONY ORCHESTRA 400 D SREET SUITE 230 ANCHORAGE, AK 99501	92-6002867	501(C)(3)	20,350.				OPERATIONAL SUPPORT
<b>(3)</b> BIRCH CREEK TRIBE PO BOX 73505 FAIRBANKS, AK 99707	92-0071449	501(C)(3)	20,200.				OPERATIONAL SUPPORT
<b>(4)</b> ALLIANCE FOR SUPPORT OF AMERICAN LEGION 1120 E HUFFMAN RD, #571 ANCHORAGE, AK 99515	31-1583077	501(C)(3)	20,000.				OPERATIONAL SUPPORT
<b>(5)</b> ANCHORAGE OPERA 1507 SPAR AVENUE ANCHORAGE, AK 99501	51-0175124	501(C)(3)	20,000.				OPERATIONAL SUPPORT
<b>(6)</b> GONORTH ADVENTURE LEARNING PO BOX 515 WILLOW, AK 99688	27-2962984	501(C)(3)	20,000.				OPERATIONAL SUPPORT
<b>(7)</b> KUSPUK SCHOOL DISTRICT PO BOX 49 ANIAK, AK 99557	92-0057610	501(C)(3)	20,000.				OPERATIONAL SUPPORT
<b>(8)</b> NO LIMIT INC 253 ROMANS WAY FAIRBANKS, AK 99701	46-4889885	501(C)(3)	19,500.				OPERATIONAL SUPPORT
<b>(9)</b> KENAI PENINSULA BOROUGH SCHOOL DISTRICT 148 NORTH BINKLEY ST SOLDOTNA, AK 99669	92-0030923	501(C)(3)	19,000.				OPERATIONAL SUPPORT
<b>(10)</b> JUNEAU COMMUNITY FOUNDATION 350 N FRANKLIN ST STE 4 JUNEAU, AK 99801	52-2395867	501(C)(3)	18,823.				OPERATIONAL SUPPORT
<b>(11)</b> CKT AVIATION 2211 SUNRISE DRIVE ANCHORAGE, AK 99508	00-0000000	501(C)(3)	18,800.				OPERATIONAL SUPPORT
<b>(12)</b> CORDOVA FAMILY RESOURCE CENTER PO BOX 863 CORDOVA, AK 99574	92-0146388	501(C)(3)	18,668.				OPERATIONAL SUPPORT

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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
<b>(1)</b> HOMER FOUNDATION PO BOX 2600 HOMER, AK 99603	92-0139183	501(C)(3)	18,544.				OPERATIONAL SUPPORT
<b>(2)</b> THE ROTARY FOUNDATION 14280 COLLECTIONS CTR DR CHICAGO, IL 60693	36-3245072	501(C)(3)	18,468.				OPERATIONAL SUPPORT
<b>(3)</b> MULDOON COMMUNITY ASSEMBLY OF GOD 7041 DEBARR ROAD ANCHORAGE, AK 99504	92-0089371	501(C)(3)	18,033.				OPERATIONAL SUPPORT
<b>(4)</b> NEIGHBORWORKS ALASKA 2515 A STREET ANCHORAGE, AK 99503	92-0082642	501(C)(3)	18,000.				OPERATIONAL SUPPORT
<b>(5)</b> ANDERSON VOLUNTEER FIRE DEPARTMENT 260 W 1ST ST BOX 3100 ANDERSON, AK 99744	92-6007597	501(C)(3)	17,836.				OPERATIONAL SUPPORT
<b>(6)</b> DEBEQUE SCHOOL DISTRICT PO BOX 70 DEBEQUE, CO 81630	84-6001231	501(C)(3)	17,777.				OPERATIONAL SUPPORT
<b>(7)</b> THE CHILDREN'S LUNCHBOX 1020 E. 4TH AVE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	17,740.				OPERATIONAL SUPPORT
<b>(8)</b> AK CHILD & FAMILY 4600 ABBOTT ROAD ANCHORAGE, AK 99507	92-0038588	501(C)(3)	17,580.				OPERATIONAL SUPPORT
<b>(9)</b> SEWARD AREA HOSPICE INC. PO BOX 1331 SEWARD, AK 99664	81-1372841	501(C)(3)	17,500.				OPERATIONAL SUPPORT
<b>(10)</b> ALASKA PUBLIC BROADCASTING, INC 135 CORDOVA STREET ANCHORAGE, AK 99501	16-1616595	501(C)(3)	17,028.				OPERATIONAL SUPPORT
<b>(11)</b> GROW KETCHIKAN 11011 VICTORSON COURT KETCHIKAN, AK 99901	82-1576258	501(C)(3)	17,000.				OPERATIONAL SUPPORT
<b>(12)</b> SHELDON MUSEUM & CULTURAL CENTER PO BOX 269 HAINES, AK 99827	92-0134317	501(C)(3)	16,665.				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) 2020

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

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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**

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<b>(1)</b> NOME PRESCHOOL ASSOCIATION INC PO BOX 353 NOME, AK 99762	92-0039573	501(C)(3)	16,650.				OPERATIONAL SUPPORT
<b>(2)</b> AMERICAN DIABETES ASSOCIATION - ANCHORAGE 1570 W ARMORY WAY STE 101 SEATTLE, WA 98119	13-1623888	501(C)(3)	16,418.				OPERATIONAL SUPPORT
<b>(3)</b> VALDEZ FISHERIES DEVELOPMENT ASSOC, INC. PO BOX 125 VALDEZ, AK 99686	92-0074473	501(C)(3)	16,365.				OPERATIONAL SUPPORT
<b>(4)</b> FAMILY PROMISE MAT-SU PO BOX 870587 WASILLA, AK 99687	68-0510566	501(C)(3)	16,000.				OPERATIONAL SUPPORT
<b>(5)</b> PETERSBURG INDIAN ASSOCIATION PO BOX 1418 PETERSBURG, AK 99833	00-0000000	501(C)(3)	16,000.				OPERATIONAL SUPPORT
<b>(6)</b> SOCCER ASSOCIATION OF HOMER PO BOX 698 HOMER, AK 99603	46-2829828	501(C)(3)	16,000.				OPERATIONAL SUPPORT
<b>(7)</b> UNIVERSITY OF ALASKA FOUNDATION PO BOX 755120 FAIRBANKS, AK 99775	23-7394620	501(C)(3)	15,267.				OPERATIONAL SUPPORT
<b>(8)</b> ANCHORAGE PROJECT ACCESS 1805 ACADEMY DR STE 102 ANCH, AK 99508	92-0152088	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(9)</b> APU NORDIC SKI CENTER 4101 UNIVERSITY DRIVE ANCHORAGE, AK 99508	92-0023588	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(10)</b> CONNECTING TIES INC. 128 CHENEGA VALDEZ, AK 99686	92-0150429	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(11)</b> CONNECT VETS PO BOX 171 PALMER, AK 99645	82-4002340	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(12)</b> COPPER RIVER BASIN REGIONAL HOUSING AUTH. PO BOX 89 GLENNALLEN, AK 99588	92-0074159	501(C)(3)	15,000.				OPERATIONAL SUPPORT

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(1) HOUSE OF TRANSFORMATION 500 E TUDOR RD STE 200 ANCHORAGE, AK 99503	84-2378331	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) KENAI BIBLE CHURCH PO BOX 176 KENAI, AK 99611	92-0097566	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(3) KEYS TO LIFE 200 W 34TH AVE SUITE 902	47-5263304	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(4) LITTLE CITY FOUNDATION 1610 COLONIAL PARKWAY INVERNESS, IL 60067	36-2434562	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(5) NINE STAR EDUCATION & EMPLOYMENT SERVICES 730 I ST. ANCHORAGE, AK 99501	92-0069154	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(6) TOK SCHOOL SPANISH CLUB PO BOX 226 TOK, AK 99780	92-0058369	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(7) YUUT ELITNAURVIAT THE PEOPLE'S LEARNING CTR PO BOX 869 BETHEL, AK 99559	46-0476816	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(8) KODIAK WOMEN'S RESOURCE AND CRISIS CENTER 422 HILLSIDE DRIVE KODIAK, AK 99615	92-0070130	501(C)(3)	13,750.				OPERATIONAL SUPPORT
(9) ALASKA FARMLAND TRUST 248 E. DAHLIA AVE PALMER, AK 99645	20-2860877	501(C)(3)	13,300.				OPERATIONAL SUPPORT
(10) ABC PREGNANCY CARE CENTER 501 FRONTAGE ROAD KENAI, AK 99611	92-0113488	501(C)(3)	13,062.				OPERATIONAL SUPPORT
(11) COMMUNITY COVENANT CHURCH 16123 ARTILLERY ROAD EAGLE RIVER, AK 99577	92-0147842	501(C)(3)	13,000.				OPERATIONAL SUPPORT
(12) KNOM RADIO MISSION PO BOX 190649 ANCHORAGE, AK 99519	27-0518406	501(C)(3)	13,000.				OPERATIONAL SUPPORT

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<b>(1)</b> HOMER HOCKEY ASSOCIATION PO BOX 2703 HOMER, AK 99603	92-0143117	501(C)(3)	12,500.				OPERATIONAL SUPPORT
<b>(2)</b> LYNN CANAL BROADCASTING, INC. KHNS PO BOX 1109 HAINES, AK 99827	92-0068956	501(C)(3)	12,500.				OPERATIONAL SUPPORT
<b>(3)</b> PETERSBURG CHILDREN'S CENTER PO BOX 138 PETERSBURG, AK 99833	92-0047233	501(C)(3)	12,250.				OPERATIONAL SUPPORT
<b>(4)</b> SOLDOTNA AREA SENIOR CITIZENS, INC 197 W PARK AVE SOLDOTNA, AK 99669	92-0116416	501(C)(3)	12,100.				OPERATIONAL SUPPORT
<b>(5)</b> R.E.A.C.H. 907 777 N CRUSEY ST STE B109 WASILLA, AK 99654	83-2233177	501(C)(3)	12,000.				OPERATIONAL SUPPORT
<b>(6)</b> THRIVALASKA 1949 GILLAM WAY, STE F FAIRBANKS, AK 99701	92-0047999	501(C)(3)	12,000.				OPERATIONAL SUPPORT
<b>(7)</b> FIRST UNITED METHODIST CHURCH OF ANCHORAGE 725 W. 9TH AVE ANCHORAGE, AK 99501	92-0021055	501(C)(3)	11,500.				OPERATIONAL SUPPORT
<b>(8)</b> NATIONAL MULTIPLE SCLEROSIS SOCIETY - TEXAS 1050 N POST OAK RD STE 240	13-5661935	501(C)(3)	11,400.				OPERATIONAL SUPPORT
<b>(9)</b> LOVE INC OF THE KENAI PENINSULA PO BOX 3052 KENAI, AK 99611	92-0123380	501(C)(3)	11,330.				OPERATIONAL SUPPORT
<b>(10)</b> HOSPICE OF THE CENTRAL PENINSULA PO BOX 2584 SOLDOTNA, AK 99669	92-0118643	501(C)(3)	11,300.				OPERATIONAL SUPPORT
<b>(11)</b> ANCHORAGE CONCERT CHORUS PO BOX 241447 ANCHORAGE, AK 99524	23-7017298	501(C)(3)	11,000.				OPERATIONAL SUPPORT
<b>(12)</b> NATIVE VILLAGE OF BUCKLAND PO BOX 67 BUCKLAND, AK 99727	92-0073693	VILLAGE GOV	11,000.				OPERATIONAL SUPPORT

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<b>(1)</b> TAKSHANUK WATERSHED COUNCIL HC60 BOX 2008 HAINES, AK 99827	33-1069246	501(C)(3)	11,000.				OPERATIONAL SUPPORT
<b>(2)</b> YMCA ANCHORAGE 5353 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-0034878	501(C)(3)	11,000.				OPERATIONAL SUPPORT
<b>(3)</b> ALASKA ZOO 4731 O'MALLEY ROAD ANCHORAGE, AK 99507	92-0039344	501(C)(3)	10,645.				OPERATIONAL SUPPORT
<b>(4)</b> SEWARD PREVENTION COALITION 601 3RD AVE SEWARD, AK 99664	47-5624328	501(C)(3)	10,600.				OPERATIONAL SUPPORT
<b>(5)</b> KODIAK HISTORICAL SOCIETY 101 E MARINE WAY KODIAK, AK 99615	92-6002560	501(C)(3)	10,595.				OPERATIONAL SUPPORT
<b>(6)</b> NIKISKI FIREFIGHTERS ASSOCIATION, INC. PO BOX 8508 NIKISKI, AK 99635	94-3098100	501(C)(3)	10,400.				OPERATIONAL SUPPORT
<b>(7)</b> COMMUNITY PREGNANCY CENTER 4231 LAKE OTIS PARKWAY ANCHORAGE, AK 99508	92-0100206	501(C)(3)	10,250.				OPERATIONAL SUPPORT
<b>(8)</b> ALASKA MARINE CONSERVATION COUNCIL PO BOX 101145 ANCHORAGE, AK 99510	92-0155875	501(C)(3)	10,128.				OPERATIONAL SUPPORT
<b>(9)</b> HOMER COMMUNITY FOOD PANTRY 770 EAST END ROAD HOMER, AK 99603	92-0153030	501(C)(3)	10,114.				OPERATIONAL SUPPORT
<b>(10)</b> AMERICAN ASSOCIATION OF BIRTH CENTERS 3123 GOTTSCHALL RD PERKIOMENVILLE, PA 18074	23-2778441	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(11)</b> ANCHORAGE FAITH & ACTION-CONG. TOGETHER PO BOX 143294 ANCHORAGE, AK 99514	05-0591944	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(12)</b> AVERETT UNIVERSITY 420 W MAIN ST DANVILLE, VA 24541	54-0129860	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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<b>(1)</b> CORDOVA CHURCH OF THE NAZARENE PO BOX 1066 CORDOVA, AK 99574	92-6000090	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(2)</b> DENALI FAMILY SERVICES 1251 MULDOON RD STE 116 ANCH, AK 99504	92-0155751	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(3)</b> FRENCH LANGUAGE ADVOCATES ANCHORAGE 5251 E 41ST AVENUE ANCHORAGE, AK 99508	83-0739705	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(4)</b> KENAI PENINSULA COMMUNITY CARE CENTER 320 SOUTH SPRUCE STREET KENAI, AK 99611	92-0045619	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(5)</b> METLAKATLA INDIAN COMMUNITY PO BOX 8 METLAKATLA, AK 99926	92-0014579	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(6)</b> NATIVE CONSERVANCY PO BOX 90715 ANCHORAGE, AK 99509	30-0131766	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(7)</b> NATIVE MOVEMENT PO BOX 83467 FAIRBANKS, AK 99708	68-0535413	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(8)</b> NATIVE VILLAGE OF TANACROSS PO BOX 76009 TANACROSS, AK 99776	92-0067251	VILLAGE GOV	10,000.				OPERATIONAL SUPPORT
<b>(9)</b> OPT-IN KIANA PO BOX 136, TAYLOR ROAD KIANA, AK 99749	82-4711825	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(10)</b> PORTLAND STATE UNIVERSITY PO BOX 851 PORTLAND, OR 97207	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(11)</b> SOBERMIUT, REVIVING OUR SPIRIT INC 1420 CORDOVA ST. ANCHORAGE, AK 99501	20-2713587	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(12)</b> ST MICHAEL PARISH 432 E FIREWEED AVE PALMER, AK 99645	92-0122486	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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<b>(1)</b> TEAM RED, WHITE & BLUE 198 14TH ST. NW ATLANTA, GA 30318	27-2196347	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(2)</b> VICTIMS FOR JUSTICE 1057 W FIREWEED LN STE 101 ANCH, AK 99503	92-0110889	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(3)</b> ACTS 247 SOLDOTNA 373 W VINE AVE SOLDOTNA, AK 99611	84-4373737	501(C)(3)	9,909.				OPERATIONAL SUPPORT
<b>(4)</b> USAFV PO BOX 36 UNALASKA, AK 99685	92-0097890	501(C)(3)	9,625.				OPERATIONAL SUPPORT
<b>(5)</b> KIDS KUPBOARD 2850 S SKY RANCH LOOP PALMER, AK 99645	81-0989262	501(C)(3)	9,600.				OPERATIONAL SUPPORT
<b>(6)</b> BEACON HILL 2807 ARCTIC BLVD ANCHORAGE, AK 99503	27-1779531	501(C)(3)	9,500.				OPERATIONAL SUPPORT
<b>(7)</b> ALASKA PUBLIC MEDIA 3877 UNIVERSITY DRIVE ANCHORAGE, AK 99508	23-7394629	501(C)(3)	9,160.				OPERATIONAL SUPPORT
<b>(8)</b> THE MISSION CHURCH PO BOX 1971 HAMMOND, LA 70404	84-3992064	501(C)(3)	9,000.				OPERATIONAL SUPPORT
<b>(9)</b> FREEDOM HOUSE 185 SHADY LANE SOLDOTNA, AK 99669	81-3604382	501(C)(3)	8,800.				OPERATIONAL SUPPORT
<b>(10)</b> CENTRAL ALASKA RETIRED TEACHERS' ASSOC PO BOX 93610 ANCHORAGE, AK 99508	26-0650015	501(C)(3)	8,750.				OPERATIONAL SUPPORT
<b>(11)</b> AK ASSOCIATION FOR HISTORIC PRESERVATION PO BOX 102205 ANCHORAGE, AK 99510	92-0085097	501(C)(3)	8,681.				OPERATIONAL SUPPORT
<b>(12)</b> KING'S CATHEDRAL AND CHAPELS ALASKA 1701 N LUCILE ST WASILLA, AK 99654	45-4146336	501(C)(3)	8,602.				OPERATIONAL SUPPORT

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THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANCHORAGE MONTESSORI SCHOOL 5001 NORTHWOOD DRIVE ANCHORAGE, AK 99517	92-0063628	501(C)(3)	8,599.				OPERATIONAL SUPPORT
(2) LEAKE TEMPLE AME ZION PO BOX 211763 ANCHORAGE, AK 99508	92-0108558	501(C)(3)	8,400.				OPERATIONAL SUPPORT
(3) AMERICAN RED CROSS OF ALASKA 235 EAST 8TH AVE STE 200 ANCH, AK 99501	53-0196605	501(C)(3)	8,350.				OPERATIONAL SUPPORT
(4) HOSPICE AND PALLIATIVE CARE OF KODIAK PO BOX 8682 KODIAK, AK 99615	45-2208200	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(5) SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(6) SUNSHINE STATION CHILDCARE CENTER HC 89 BOX 81830 TALKEETNA, AK 99676	20-1605266	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(7) YOUTH ADVOCATES OF SITKA, INC 805 LINCOLN STREET SITKA, AK 99835	92-0064393	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(8) NORTH LIGHT COMMUNITY CHURCH 1170 SALINA STREET NORTH POLE, AK 99705	00-0000000	501(C)(3)	7,857.				OPERATIONAL SUPPORT
(9) ALASKA MOUNTAIN & WILDERNESS HUTS ASSOC PO BOX 241754 ANCHORAGE, AK 99524	92-0165283	501(C)(3)	7,800.				OPERATIONAL SUPPORT
(10) ANCHORAGE LIBRARY FOUNDATION PO BOX 244714 ANCHORAGE, AK 99524	92-0081583	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(11) BIRD TLC 15510 OLD SEWARD HWY ANCHORAGE, AK 99516	92-0130037	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(12) CHALLENGER LEARNING CENTER OF ALASKA 9711 KENAI SPUR HIGHWAY KENAI, AK 99611	92-1761906	501(C)(3)	7,500.				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) 2020

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://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
<b>(1)</b> FIRST CITY PLAYERS, INC. 335 MAIN STREET KETCHIKAN, AK 99901	92-6004567	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(2)</b> HAINES ANIMAL RESCUE KENNEL PO BOX 1533 HAINES, AK 99827	31-1748166	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(3)</b> OUTER COAST PO BOX 6573 SITKA, AK 99835	82-3228207	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(4)</b> SAFE AND FEAR-FREE ENVIRONMENT (SAFE) PO BOX 94 DILLINGHAM, AK 99576	92-0088380	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(5)</b> SPIRIT OF YOUTH PO BOX 243721 ANCHORAGE, AK 99524	92-0168893	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(6)</b> WESTERN WASHINGTON UNIVERSITY 516 HIGH ST OLD MAIN 265	91-1252188	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(7)</b> INIAN ISLANDS INSTITUTE PO BOX 100 GUSTAVUS, AK 99826	47-2128576	501(C)(3)	7,425.				OPERATIONAL SUPPORT
<b>(8)</b> NEW LIFE FELLOWSHIP 2045 N 800 E NORTH LOGAN, UT 84341	87-0549033	501(C)(3)	7,350.				OPERATIONAL SUPPORT
<b>(9)</b> SOLID ROCK MINISTRIES INC 36251 SOLID ROCK RD 1 SOLDOTNA, AK 99669	92-0056492	501(C)(3)	7,150.				OPERATIONAL SUPPORT
<b>(10)</b> SINGLETRACK ADVOCATES PO BOX 221382 ANCHORAGE, AK 99522	26-1437999	501(C)(3)	7,145.				OPERATIONAL SUPPORT
<b>(11)</b> THE COMPASS 51781 KENAI SPUR HWY KENAI, AK 99611	82-3609672	501(C)(3)	7,080.				OPERATIONAL SUPPORT
<b>(12)</b> ANCHORAGE COMMUNITY THEATRE 1133 E 70TH AVENUE ANCHORAGE, AK 99518	92-0025223	501(C)(3)	7,000.				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) 2020

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> JILKAAT KWAAN HERITAGE CENTER HC60 BOX 2204 HAINES, AK 99827	73-1652033	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(2)</b> LINFIELD COLLEGE 900 SE BAKER ST MCMINNVILLE, OR 97128	93-0391586	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(3)</b> TBA THEATRE 635 W. 54TH AVENUE ANCHORAGE, AK 99518	77-0607918	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(4)</b> CHILD EVANGELISM FELLOWSHIP, INC. PO BOX 348 WARRENTON, MO 63383	38-6091187	501(C)(3)	6,905.				OPERATIONAL SUPPORT
<b>(5)</b> SOLDOTNA WHALERS WRESTLING CLUB 35930 KENAI SPUR HWY SOLDOTNA, AK 99669	30-0882982	501(C)(3)	6,625.				OPERATIONAL SUPPORT
<b>(6)</b> OPERATION CHILDREN FIRST 1600 WOODSIDE AVE KENAI, AK 99611	84-3299344	501(C)(3)	6,530.				OPERATIONAL SUPPORT
<b>(7)</b> ANCHORAGE CONCERT ASSOCIATION 430 W 7TH AVE STE 200 ANCHORAGE, AK 99501	92-6002302	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(8)</b> CYRANO'S THEATRE COMPANY 3800 DEBARR RD ANCHORAGE, AK 99508	92-0154815	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(9)</b> HATCHER PASS SNOW RIDERS CLUB 5550 N TALGACH VIEW DR WASILLA, AK 99654	82-3130952	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(10)</b> AUSTIN'S COMPASSION EXCHANGE LENDING CLOSET PO BOX 4455 PALMER, AK 99645	82-1048424	501(C)(3)	6,350.				OPERATIONAL SUPPORT
<b>(11)</b> NOME COMMUNITY CENTER, INC. PO BOX 98 NOME, AK 99762	92-0039475	501(C)(3)	6,316.				OPERATIONAL SUPPORT
<b>(12)</b> STORYBOOK TREASURES 42437 HOLLY KNOLL CT ASHBURN, VA 20148	45-5015682	501(C)(3)	6,200.				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 . . . . . ▶ \_\_\_\_\_

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PROJECT HOPE INC. 1419 SOUTH ENTERPRISE SPRINGFIELD, MO 65804	43-1864044	501(C)(3)	6,150.				OPERATIONAL SUPPORT
<b>(2)</b> KALIFORNSKY BEACH ELEMENTARY 1049 EAST POPPY LANE SOLDOTNA, AK 99669	92-0030923	501(C)(3)	6,134.				OPERATIONAL SUPPORT
<b>(3)</b> GREAT LAND TRUST PO BOX 101272 ANCHORAGE, AK 99510	92-0155014	501(C)(3)	6,130.				OPERATIONAL SUPPORT
<b>(4)</b> FREEDOM MINISTRIES 9788 RIVER DR DESCANSO, CA 91916	81-0551565	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(5)</b> FRIENDS OF THE ALASKA STATE LIBRARY PO BOX 22421 JUNEAU, AK 99802	23-7067119	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(6)</b> MOODY BIBLE INSTITUTE OF CHICAGO 820 N LASALLE BLVD CHICAGO, IL 60610	36-2167792	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(7)</b> SALVATION ARMY - HAINES CORP PO BOX 550 HAINES, AK 99827	94-1156347	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(8)</b> SITKA LOCAL FOODS NETWORK 408 D MARINE STREET SITKA, AK 99835	26-4629930	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(9)</b> DIMOND ALUMNI FOUNDATION 205 E DIMOND BLVD ANCHORAGE, AK 99515	94-3096950	501(C)(3)	5,975.				OPERATIONAL SUPPORT
<b>(10)</b> ALASKA VILLAGE MISSIONS 1295 MISSION RD HOMER, AK 99603	92-6004559	501(C)(3)	5,800.				OPERATIONAL SUPPORT
<b>(11)</b> JUNIOR ACHIEVEMENT OF ALASKA, INC. 639 W INTL AIRPORT RD STE 38 ANCH, AK 99518	92-0045091	501(C)(3)	5,800.				OPERATIONAL SUPPORT
<b>(12)</b> KENAI PENINSULA ANIMAL LOVERS RESCUE (KPAL) PO BOX 1876 KENAI, AK 99611	83-3038642	501(C)(3)	5,800.				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 ▶

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ST. FRANCIS BY THE SEA 110 S SPRUCE ST KENAI, AK 99611	00-0000000	501(C)(3)	5,677.				OPERATIONAL SUPPORT
<b>(2)</b> HOPE OF SOUTH TEXAS, INC. 1801 N LAURENT, STE 101 VICTORIA, TX 77901	74-2414129	501(C)(3)	5,667.				OPERATIONAL SUPPORT
<b>(3)</b> ASD (TRAILSIDE ELEMENTARY SCHOOL) 5151 ABBOTT RD ANCHORAGE, AK 99507	92-6000078	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(4)</b> HOSPICE OF HAINES PO BOX 1034 HAINES, AK 99827	92-0163066	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(5)</b> UNALAKLEET COVENANT CHURCH PO BOX 209 UNALAKLEET, AK 99684	00-0000000	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(6)</b> KENAI CHRISTIAN CHURCH 104 MCKINLEY ST. KENAI, AK 99611	92-0096721	501(C)(3)	5,400.				OPERATIONAL SUPPORT
<b>(7)</b> BIKE ANCHORAGE PO BOX 240062 ANCHORAGE, AK 99524	94-3452069	501(C)(3)	5,300.				OPERATIONAL SUPPORT
<b>(8)</b> HATCHER PASS AVALANCHE CENTER INC 5269 N BRYWOOD CIRCLE PALMER, AK 99645	84-2765579	501(C)(3)	5,250.				OPERATIONAL SUPPORT
<b>(9)</b> PULSE DANCE COMPANY 8050 PIONEER DR. #1601 ANCHORAGE, AK 99504	45-3716849	501(C)(3)	5,250.				OPERATIONAL SUPPORT
<b>(10)</b> ALASKA VETERANS MUSEUM PO BOX 773364 EAGLE RIVER, AK 99577	03-0382080	501(C)(3)	5,249.				OPERATIONAL SUPPORT
<b>(11)</b> SOUTHWEST AK VOCATIONAL & EDUCATION CENTER PO BOX 615 KING SALMON, AK 99613	92-0174741	501(C)(3)	5,197.				OPERATIONAL SUPPORT
<b>(12)</b> LOVE IN ACTION PO BOX 6371 KETCHIKAN, AK 99901	20-2913418	501(C)(3)	5,132.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 456.

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) 2020

**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	105.	402,163.			
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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

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

Schedule J (Form 990) 2020

**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)	230,491.	0.	0.	9,220.	2,906.	242,617.	
	(ii)	0.	0.	0.				
2 KEVIN GRAY CFO	(i)	164,112.	0.	0.	6,365.	12,658.	183,135.	
	(ii)	0.	0.	0.				
3 KATHRYN KAVANAUGH VP PROGRAM & GRANTS	(i)	136,169.	0.	0.	5,247.	16,943.	158,359.	
	(ii)	0.	0.	0.				
4 ELIZABETH MILLER VP DEVELOPMENT & COMMUNICATION	(i)	139,381.	0.	0.	2,349.	12,837.	154,567.	
	(ii)	0.	0.	0.				
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

**2020**

**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](http://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)													
<b>Total</b> . . . . . ▶							\$						

**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	184,385.	SEE PART V		X
(2) RASMUSON FOUNDATION	LARGE FUNDER	184,385.	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. JONATHAN 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 2020 TOTALED \$184,385.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	9 .	894,728 .	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 . . . . .	X	1 .	13,610,000 .	FMV
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 V, 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.

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

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

92-0155067

FORM 990, PART III, LINE 1:

TOGETHER WITH OUR ELEVEN 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. ALASKA COMMUNITY FOUNDATION (ACF) IS COMPRISED OF MORE THAN 1200 FUNDS AND MANAGES APPROXIMATELY \$92 MILLION IN PHILANTHROPIC ASSETS. IN THE PAST TWO DECADES, ACF HAS AWARDED MORE THAN \$145 MILLION IN GRANTS TO IMPROVE THE LIVES OF ALASKANS.

FORM 990, PART III, LINE 2:

TWO NEW PROGRAMS WERE INITIATED IN 2020, CARES ACT DISTRIBUTIONS (DESCRIBED IN PART III) AND AK CAN DO. ACF ESTABLISHED THE AK CAN DO FUND IN PARTNERSHIP WITH UNITED WAY OF ANCHORAGE AND THE RASMUSON FOUNDATION, TO GIVE ALASKANS A WAY TO HELP THOSE IN FURTHER NEED CAUSED BY THE COVID-19 PANDEMIC. DISTRIBUTIONS FROM THIS FUND WERE MADE TO ORGANIZATIONS ON THE FRONTLINES AND TO INDIVIDUALS WHOSE LIVES HAD BEEN DISRUPTED BY COVID-19.

FORM 990, PART III, LINE 3:

THE DOMESTIC VIOLENCE SHELTER PROGRAM CEASED IN 2019.

FORM 990, PART VI, SECTION A, LINE 2:

- BOARD MEMBERS DIANE KAPLAN AND JOHNATHON RUBINI HAVE AN OUTSIDE BUSINESS PARTNERSHIP TOGETHER.



Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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- BOARD MEMBER DIANE KAPLAN HAS BUSINESS RELATIONSHIPS WITH AARON KUSANO, KRIS NOROSZ, DAVID SHAFTEL, CAROL GORE AND MONICA SHAH.
- BOARD MEMBER JOHNATHON RUBINI HAS BUSINESS INTERESTS IN THE DOME, A 501(C)(3) ENTITY THAT RECEIVED A GRANT FROM ACF, AND A LOAN WITH PERSEVERANCE THEATRE, WHICH HAS ALSO RECEIVED SUPPORT THROUGH ACF.
- BOARD MEMBER JOHNATHON RUBINI IS THE MANAGING MEMBER OF THE ENTITY THAT OWNS THE BUILDING THAT LEASES OFFICE SPACE TO ACF.
- BOARD MEMBER KATE SLYKER IS THE CHIEF MARKETING OFFICER FOR GCI, WHICH CONTRACTS WITH ACF TO MANAGE AND ADMINISTER TWO GRANT PROGRAMS AT ACF. GCI ALSO PROVIDES TELEPHONE AND INTERNET SERVICES TO ACF.
- BOARD MEMBER DAVE SHAFTEL HAS SEVERAL CLIENTS OF THE SHAFTEL DELMAN LAW FIRM THAT ARE ACF BOARD MEMBERS.
- BOARD MEMBER KRIS NOROSZ IS A BOARD MEMBER OF THE RASMUSON FOUNDATION AND THE FORAKER GROUP; BOTH ORGANIZATIONS CONDUCT BUSINESS TRANSACTIONS WITH ACF.
- BOARD MEMBERS KATE SLYKER AND JIM PALMER CURRENTLY HOLD FUNDS AT ACF, THE ANCHORAGE FUND AND THE PALMER FAMILY FUND, RESPECTIVELY.
- BOARD MEMBERS CAROL GORE AND KATE SLYKER ARE BOARD MEMBERS OF COVENANT HOUSE ALASKA, WHICH RECEIVED DIRECT GRANT SUPPORT FROM ACF.
- BOARD MEMBER KATE SLYKER IS ALSO A BOARD MEMBER AT PROVIDENCE FOUNDATION, WHICH RECEIVES GRANT SUPPORT FROM ACF.
- BOARD MEMBER KIM REITMEIER IS THE CEO OF THE ANCSA REGIONAL ASSOCIATION, IN WHICH ACF BOARD MEMBERS GABE KOMPKOFF, ANTHONY MALLOTT, AND BARBARA DONATELLI ARE MEMBERS.
- BOARD MEMBER BARBARA DONATELLI IS A COMMISSIONER FOR COOK INLET HOUSING

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

AUTHORITY AND BOARD MEMBER CAROL GORE IS THE PRESIDENT & CEO OF COOK  
INLET HOUSING AUTHORITY.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, 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, SECTION B, 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 AND STATE AND NATIONAL  
COMPENSATION SURVEYS ARE CONSIDERED BY THE COMMITTEE, IN ORDER TO  
DETERMINE FAIR AND REASONABLE COMPENSATION.

Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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FORM 990, PART VI, SECTION B, LINE 15B:

THE CEO SETS THE COMPENSATION OF ACF STAFF BASED ON ANNUAL PERFORMANCE REVIEWS, PREVAILING WAGE RATES AS DETERMINED BY CURRENT COMPETITIVE MARKET COMMENDATION RATES FOR SIMILAR POSITIONS IN THE ALASKA NON-PROFIT SECTOR AND RELEVANT FOR-PROFIT ORGANIZATIONS, AND BY THE COMPENSATION SURVEY PRODUCED BY THE COUNCIL OF FOUNDATIONS (WHICH PRODUCES AN ANNUAL GRANT MAKER AND COMMUNITY FOUNDATION SALARY AND BENEFITS REPORT).

FORM 990, PART VI, SECTION C, 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	3,822
RESOURCE LAND FUND V, LP K-1	51,450
WCP NEWCOLD K1	1,262,818
WCP NEWCOLD II K1	(1,796)
PRINCIPAL REAL ESTATE DEBT FUND III LP K-1	27,129
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	35,377
SECONDARY OPPORTUNITIES FUND III, LP	23,176

Name of the organization THE ALASKA COMMUNITY FOUNDATION	Employer identification number 92-0155067
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INDABA CAPITAL PARTNERS (CAYMAN), LP	216,323
50 SOUTH CAPITAL ADVISORS, LLC	NONE
TOTAL:	1,618,299

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ATTACHMENT 1

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
AK CAN DO	1,875,457.	1,884,327.	2,030,752.
TOTALS	<u>1,875,457.</u>	<u>1,884,327.</u>	<u>2,030,752.</u>

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ATTACHMENT 2

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

BRITISH VIRGIN ISLANDS

CAYMAN ISLANDS

UNITED KINGDOM

IRELAND

GUERNSEY

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

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BRILLIANT MEDIA STRATEGIES 900 WEST 5TH AVE, SUITE 110 ANCHORAGE, AK 99501	MEDIA/COMMUNICATIONS	163,942.
NANA MANAGEMENT SERVICES, LLC 800 E DIMOND BLVD STE 3-450 ANCHORAGE, AK 99515	BUILDING MANAGEMENT	118,381.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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	0.	3,243.	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) 2020

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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)													
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(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

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

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Statement of Specified Foreign Financial Assets

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

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020 or tax year beginning, 20 and ending, 20

Attachment Sequence No. 938

If you have attached continuation statements, check here [X] Number of continuation statements 6

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.

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 \$ 7,329,152. 5 Were any foreign deposit or custodial accounts closed during the tax year? Yes [X] No

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) \$ 5,618,485. 3 Were any foreign assets acquired or sold during the tax year? Yes [X] No

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 [ ] 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 \$ 921,769. 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

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 GRAHAM GLOBAL INVESTMENT FUND II SPC LT
b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O 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)

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 INDABA CAPITAL PARTNERS (CAYMAN) 2 Identifying number or other designation 27-3363835
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable.
b Date asset disposed of during tax year, if applicable
c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)
a \$0-\$50,000 b \$50,001-\$100,000 c \$100,001-\$150,000 d \$150,001-\$200,000
e If more than \$200,000, list value \$ 3,098,277.
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 INDABA CAPITAL PARTNERS (C 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 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.
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 854599CX
3 Check all that apply a [X] 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 3\$913,171
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 GOLDENTREE SELECT OFFSHORE, LTD. b GIIN (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 300 PARK AVENUE, 21ST FLOOR
9 City or town, state or province, and country (including postal code) NEW YORK, NY 10022

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\$ 244,499.
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, 94, SOLARIS AVE, CAMANA BAY BOX 1348
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)

(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 00016850
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 \$ 249,713
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 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, 27 HOSPITAL RD GEORGE TOWN
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 [ ] 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 <b>THE ALASKA COMMUNITY FOUNDATION</b>	TIN <b>92-0155067</b>
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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 <b>COLLER INTERNATIONAL PARTNERS VII</b>	2 Identifying number or other designation <b>LP # 7452</b>	
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 . . . . . \$ <b>1,282,861</b>		
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 <b>COLLER INTERNATIONAL PARTN</b> 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. <b>P.O. BOX 255, TRAFALGAR COURT, LES BANQUES</b>		
e City or town, state or province, and country (including postal code) <b>SAINT PETER PORT GY1 3QL GK</b>		
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
a Name of issuer or counterparty		
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty		
(1) <input type="checkbox"/> Individual      (2) <input type="checkbox"/> Partnership      (3) <input type="checkbox"/> Corporation      (4) <input type="checkbox"/> Trust      (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no.		
e City or town, state or province, and country (including postal code)		



**(Continuation Statement)**

Name(s) shown on return <b>THE ALASKA COMMUNITY FOUNDATION</b>	TIN <b>92-0155067</b>
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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 <u>SECONDARY OPPORTUNITIES FUND III</u>	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 . . . . . \$ <u>1,087,347</u> .		
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 <u>SECONDARY OPPORTUNITIES FU</u> 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. <u>WINCHESTER HOUSE, 1 GREAT WINCHESTER STREET</u>		
e City or town, state or province, and country (including postal code) <u>LONDON EC2N 2DB UK</u>		
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
a Name of issuer or counterparty		
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty		
(1) <input type="checkbox"/> Individual      (2) <input type="checkbox"/> Partnership      (3) <input type="checkbox"/> Corporation      (4) <input type="checkbox"/> Trust      (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no.		
e City or town, state or province, and country (including postal code)		

(Continuation Statement)

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

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

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

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

1 Description of asset 2 Identifying number or other designation
50 SOUTH CAPITAL ADVISORS, LLC 13633
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable 06/30/2020
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 [X] \$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 [X] No
6 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity 50 SOUTH CAPITAL ADVISORS, b GIIN (Optional)
c Type of foreign entity (1) [X] Partnership (2) [ ] Corporation (3) [ ] Trust (4) [ ] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
50 SOUTH LASALLE STREET
e City or town, state or province, and country (including postal code)
CHICAGO, IL 60603
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 [ ] Issuer [ ] Counterparty
Check if information is for
b Type of issuer or counterparty (1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate
c Check if issuer or counterparty is a [ ] U.S. person [ ] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)



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

3601 C Street, Suite 600  
Anchorage, AK 99503

The Alaska Community Foundation  
Instructions for Filing  
Form 8879-EO  
IRS e-file Signature Authorization for Form 990-T  
For the year ended December 31, 2020

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BDO USA, LLP  
3601 C STREET, STE 600  
ANCHORAGE AK 99503

or Fax to: 907-278-5779  
Attn: e-file Administrator

or Email to: [jshivers@bdo.com](mailto:jshivers@bdo.com)

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

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2021. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

No estimated tax payments for 2021 will be required, nor will you be subject to underpayment penalties because you have no 2020 tax liability.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2020

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

THE ALASKA COMMUNITY FOUNDATION

Taxpayer identification number

92-0155067

Name and title of officer or person subject to tax

NINA KEMPEL, PRESIDENT & CEO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____ 0.
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 9 4 2 2 1 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_


### Part III Certification and Authentication

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

9 2 0 8 5 3 1 3 5 3 8

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ 

Date ▶ 10/14/2021

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

For Paperwork Reduction Act Notice, see back of form.

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

**2020**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE ALASKA COMMUNITY FOUNDATION</b>	<b>D Employer identification number</b> 92-0155067
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3201 C STREET, SUITE 110</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>ANCHORAGE, AK 99503</b>	
		<b>C</b> Book value of all assets at end of year . . . . . ▶ 168,147,953.	
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ 1			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
<b>L</b> The books are in care of ▶ KEVIN GRAY, CFO		Telephone number ▶ 907-334-6700	

3201 C STREET, SUITE 110,  
ANCHORAGE AK 99503

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). . . . .	1	-2,004.
2 Reserved . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	-2,004.
4 Charitable contributions (see instructions for limitation rules) . . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	-2,004.
6 Deduction for net operating loss. See instructions. . . . .	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	-2,004.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	
9 <b>Trusts.</b> Section 199A deduction. See instructions. . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . ▶	2	
3 <b>Proxy tax.</b> See instructions . . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only) . . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	

For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>1a</b>			
<b>b</b> Other credits (see instructions) . . . . .	<b>1b</b>			
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>1c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>1d</b>			
<b>e Total credits.</b> Add lines 1a through 1d . . . . .	<b>1e</b>			
<b>2</b> Subtract line 1e from Part II, line 7 . . . . .	<b>2</b>			
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) . . . . .	<b>3</b>			
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here . . . . .	<b>4</b>			0.
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 . . . . .	<b>5</b>			
<b>6 a</b> Payments: A 2019 overpayment credited to 2020 . . . . .	<b>6a</b>			
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> . . . . .	<b>6b</b>			
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>6c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>			
<b>e</b> Backup withholding (see instructions) . . . . .	<b>6e</b>			
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>			
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total <b>▶</b>	<b>6g</b>			
<b>7 Total payments.</b> Add lines 6a through 6g . . . . .	<b>7</b>			
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>			
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . . <b>▶</b>	<b>9</b>			
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . . <b>▶</b>	<b>10</b>			
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <b>▶</b> _____ <b>Refunded</b> <b>▶</b> _____	<b>11</b>			

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

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>▶</b> VG, KY, IE, UNITED KINGDOM, GUERNSEY	X	
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>▶</b> \$		
<b>4 a</b> Did the organization change its method of accounting? (see instructions) . . . . .		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V . . . . .		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			<b>May the IRS discuss this return with the preparer shown below</b> (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>▶</b> NINA KEMPEL Signature of officer	Date	<b>▶</b> PRESIDENT & CEO Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NAYYIR RAWHANI CPA	<i>Nayyir Rawhani</i>	10/14/2021		P01772194
	Firm's name <b>▶</b> BDO USA, LLP	Firm's EIN <b>▶</b> 13-5381590		Phone no. 907-278-8878	
Firm's address <b>▶</b> 3601 C STREET, STE 600, ANCHORAGE, AK 99503					

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0074

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> Name of the organization THE ALASKA COMMUNITY FOUNDATION	<b>B</b> Employer identification number 92-0155067
<b>C</b> Unrelated business activity code (see instructions) ▶ 900099	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ INVESTMENTS IN PARTNERSHIPS

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <span style="float:right">ATCH 1</span>	<b>5</b>	-2,004.	-2,004.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b>	-2,004.	-2,004.

<b>Part II</b> Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>		
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		-2,004.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		-2,004.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Part IV with 4 columns (A, B, C, D) and rows for property descriptions.

Table for Part IV with 4 columns (A, B, C, D) and rows for rent received or accrued (a, b, c).

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table for Part IV with 4 columns (A, B, C, D) for deductions directly connected with the income.

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table for Part V with 4 columns (A, B, C, D) and rows for debt-financed property descriptions.

Table for Part V with 4 columns (A, B, C, D) and rows for gross income from or allocable to debt-financed property (2, 3, 4, 5, 6, 7).

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10.



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

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

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (A), . . . . . ▶				
3 Direct advertising costs by periodical . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (B), . . . . . ▶				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
5 Readership costs . . . . .				
6 Circulation income . . . . .				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . . ▶				

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . . ▶			

**Part XI Supplemental Information (see instructions)**

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ORDINARY INCOME (LOSS) FROM K-1S

PART I LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	<u>SHARE OF GROSS INCOME</u>	<u>SHARE OF DEDUCTIONS</u>	<u>GAIN OR (LOSS)</u>
ORDINARY INCOME (LOSS) FROM K-1S	252,989.	254,993.	-2,004.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS			<u>-2,004.</u>

FEDERAL ELECTIONS

DESCRIPTION: ELECTION TO WAIVE NOL CARRYBACK

FORM & LINE/INSTRUCTION REFERENCE: FORM 990T, PART II, LINE 31:

ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK: PURSUANT TO IRC SECTION 172(B)(3), THE ORGANIZATION HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 12/31/2020.

FEDERAL FORM 990-T, PAGE 1 DETAIL

NOL CARRYOVER

CARRYOVER GENERATED IN TAX YEAR 2015 .....	183,221.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		183,221.
CARRYOVER GENERATED IN TAX YEAR 2016 .....	280,573.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		280,573.
CARRYOVER GENERATED IN TAX YEAR 2017 .....	315,297.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		315,297.
CARRYOVER GENERATED IN TAX YEAR 2018 .....	152,925.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		152,925.
CARRYOVER GENERATED IN TAX YEAR 2019 .....	33,703.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		33,703.
CARRYOVER GENERATED IN TAX YEAR 2020.....		2,004.
TOTAL NOL CARRIED FORWARD TO 2021		967,723.



Tel: 907-278-8878  
Fax: 907-278-5779  
[www.bdo.com](http://www.bdo.com)

3601 C Street, Suite 600  
Anchorage, AK 99503

The Alaska Community Foundation  
Instructions for Filing  
Form 6000  
Alaska Corporation Net Income Tax Return  
for the year ended December 31, 2020

There is no tax due for the current year.

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

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

# Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2020 or the taxable year beginning \_\_\_\_\_, 2020, ending \_\_\_\_\_, 20\_\_\_\_

**2020**

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

**Return Information** (check applicable boxes)

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

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

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

## SCHEDULE A - NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule H, line 12	1	-2,004.
2. Alaska net operating loss utilized: carryover (_____) carryback (_____) <b>STOTAL</b>	2	(_____)
3. Alaska taxable income. Add lines 1-2	3	
4. Alaska income tax from Schedule D, line 2	4	
5. Other taxes from Schedule E, line 7	5	
6. Total tax. Add lines 4-5	6	
7. Alaska incentive credits applied against tax from Form 6300, line 49	7	
8. Federal-based credits from Form 6390, line 33	8	
9. Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220	9	
10. Payments from page 3, Schedule C	10	
11. Alaska credit for prior year minimum tax (see instructions)	11	
12. Alaska incentive credits claimed as refund from Form 6300, line 38	12	
13. Tax due (overpaid). Subtract the sum of lines 10-12 from line 9	13	
14. Penalty for underpayment of estimated tax (see instructions)	14	
15. Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP	15	
16. Overpayment credited to 2021 estimated tax (enter as positive number)	16	
17. Refund. Add lines 15-16	17	

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

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

Officer's Signature		Date	Title PRESIDENT & CEO	
Preparer's Signature 		Date 10/14/2021	Preparer's Firm's Name BDO USA, LLP	Preparer's SSN or PTIN P01772194
Preparer Firm's Address 3601 C STREET, STE 600			EIN 13-5381590	Phone 907-278-8878
City ANCHORAGE	State AK	Zip Code 99503		

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

Estimated Payments	Date	Amount	Summary	Date	Amount
First			Payment with extension		
Second			Total estimated tax payments		
Third			Overpayment from prior year		
Fourth			Less: Quick Refund from Form 6230	( )	
Total estimated tax payments			Amended return only:		
			Tax paid with original return and additional tax paid		
			Less: Overpayment previously credited to 2021	( )	
			Less: Refund from original return and additional refunds	( )	
			Total net payments to Schedule A, line 10		

**SCHEDULE D - ALASKA TAX COMPUTATION**

Tax Rate Table is contained in instructions

1. Alaska taxable income from Schedule A, line 3 . . . . .	1	
2. Tax. Use Tax Rate Table to compute tax. Enter here and on Schedule A, line 4 . . . . .	2	

**SCHEDULE E - OTHER TAXES**

1. Base Erosion and Anti-Abuse Tax (BEAT) from federal Form 8991 . . . . .	1	
2. Apportionment factor, from Schedule I, line 14 . . . . .	2	1.000000
3. Multiply line 1 by line 2 . . . . .	3	
4. Personal Holding Company tax (see instructions) . . . . .	4	
5. Tax on early cessation of operations - LNG storage facility . . . . .	5	
6. Other taxes (see instructions) . . . . .	6	
7. Add lines 3-6. Enter here and on Schedule A, line 5 . . . . .	7	



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

1. Federal taxable income (loss) (see instructions) . . . . .		1	-2,004.
Combined Reporting	2a. Federal taxable income (loss) of corporations not included in line 1 . . . . .	2a	
	2b. Foreign corporations with 20% or greater U.S. factors . . . . .	2b	
	2c. Income from tax haven corporations and any FSC profit . . . . .	2c	
	2d. Federal taxable (income) loss of non-unitary corporations . . . . .	2d	
	2e. Federal taxable (income) loss of corporations with U.S. factors of less than 20% . . . . .	2e	
	2f. Intercompany eliminations (see instructions), . . . . .	2f	
	2g. Total adjustments for combined reporting. Add lines 2a-2f . . . . .	2g	
3. Net income before state modifications and adjustments. Add lines 1 and 2g . . . . .		3	-2,004.
Additions	4a. Taxes based on or measured by net income . . . . .	4a	
	4b. Expenses incurred to produce non-business income . . . . .	4b	
	4c. Federal charitable contributions from federal Form 1120, line 19 . . . . .	4c	
	4d. Net Section 1231 losses from federal Form 4797, line 11 . . . . .	4d	
	4e. Oil and gas service industry expenditures. Enter amount from Form 6327, line 2 . . . . .	4e	
	4f. Reserved . . . . .	4f	
	4g. Other (attach schedule), . . . . .	4g	
	4h. Total additions. Add lines 4a-4g . . . . .	4h	
5. Total. Add lines 3 and 4h, . . . . .		5	-2,004.
Subtractions	6a. Interest from obligations of the United States . . . . .	6a	
	6b. Intercompany dividends . . . . .	6b	
	6c. Section 78 gross-up dividends . . . . .	6c	
	6d. 80% of dividends received from foreign corporations . . . . .	6d	
	6e. 80% of royalties accrued or received from foreign corporations . . . . .	6e	
	6f. Non-business income (attach schedule) . . . . .	6f	
	6g. Federal Form 1120, line 8 capital gain income, . . . . .	6g	
	6h. Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12, . . . . .	6h	
	6i. Other (attach schedule), . . . . .	6i	
	6j. Total subtractions. Add lines 6a-6i . . . . .	6j	
	7. Apportionable income (loss). Subtract line 6j from line 5, . . . . .		7
8. Apportionment factor from Schedule I, line 14, . . . . .		8	1.000000
9. Income (loss) apportioned to Alaska. Multiply line 7 by line 8 . . . . .		9	-2,004.
10. Non-business income (loss) net of expenses allocable to Alaska (attach schedule) . . . . .		10	
Alaska Items	11a. Alaska capital and Section 1231 gain (loss) from Schedule J, line 20 . . . . .	11a	
	11b. Alaska charitable contribution deduction from Schedule K, line 10d, column C . . . . .	11b	( )
	11c. Alaska dividends-received deduction (see instructions), . . . . .	11c	( )
	11d. Total Alaska items (add lines 11a-11c) . . . . .	11d	
12. Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1 . . . . .		12	-2,004.

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

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

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

**Section 1231 Gains and Losses**

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

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

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

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

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

**Summary**

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

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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**SCHEDULE K - CHARITABLE CONTRIBUTION DEDUCTION**

	A 10% Limit	B 25% Limit	C Total
1. Current charitable contributions . . . . .	1		
2. Education credit contributions. See instructions . . . . .	2		
3. Subtract line 2 from line 1 . . . . .	3		
4. Apportionment factor from Schedule I, line 14 . . . . .	4	1.000000	
5. Current Alaska Charitable Contributions. Multiply line 3 by line 4 . . . . .	5		
6. Alaska charitable contribution carryover from Form 6385, line 18 . . . . .	6		
7. Add lines 5-6 . . . . .	7		
8. Taxable income for deduction limitation purposes (see instructions) . . . . .	8		
9. Multiply line 8, column A by 10% and column B by 25% . . . . .	9		
10a. Lesser of line 7, column A or line 9, column A. Send to 10d. . . . .	10a		
10b. Subtract line 10a, column A from line 9, column B . . . . .	10b		
10c. Lesser of line 7, column B or line 10b. Send to 10d . . . . .	10c		
10d. Alaska Charitable Contribution Deduction is the sum of line 10d, columns A and B. Enter on column C and Schedule H, line 11b . . . . .	10d		

**SCHEDULE L - ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)**

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

	A Apportioned Dividends	B Percentage	C DRD (A x B)
8a. Dividends qualifying for 100% deduction . . . . .	8a	100%	
8b. Dividends qualifying for 65% deduction . . . . .	8b	65%	
8c. Dividends qualifying for 50% deduction . . . . .	8c	50%	
8d. Dividends qualifying for 26.7% deduction. . . . .	8d	26.7%	
8e. Dividends qualifying for 23.3% deduction. . . . .	8e	23.3%	
8f. Other, if applicable (enter % in column B). . . . .	8f		

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

## Tax Attribute Carryovers

Form **6385**

For calendar year 2020 or the taxable year beginning \_\_\_\_\_, ending \_\_\_\_\_

EIN 92-0155067	Name Shown on Return THE ALASKA COMMUNITY FOUNDATION
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Name and EIN of Alaska taxpayer generating attributes, if different from taxpayer(s) filing this return (attach additional forms if necessary):	
EIN	Name

**Enter all numbers as positive numbers**

1. Net operating loss (NOL) carryover

Tax Year-End of NOL mm/dd/yyyy A	NOL Generated B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B + C - D = E
12/31/2015	183,221.			183,221.
12/31/2016	280,573.			280,573.
12/31/2017	315,297.			315,297.
12/31/2018	152,925.			152,925.
12/31/2019	33,703.			33,703.

2. Total NOL carryover available. Sum of line 1, column E. . . . . 2 965,719.

3. Alaska income from Schedule A, line 1. . . . . 3 -2,004.

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

5. Net operating loss (NOL) for carryback.

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

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

7. Subtract line 4 from line 3 . . . . . 7 -2,004.

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

9. Unused capital loss carryover

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

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

ALASKA FORM 6000, PAGE 1 DETAIL

LINE 2 - NOL CARRYOVER

CARRYOVER GENERATED IN TAX YEAR 2015 .....	183,221.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		183,221.
CARRYOVER GENERATED IN TAX YEAR 2016 .....	280,573.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		280,573.
CARRYOVER GENERATED IN TAX YEAR 2017 .....	315,297.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		315,297.
CARRYOVER GENERATED IN TAX YEAR 2018 .....	152,925.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		152,925.
CARRYOVER GENERATED IN TAX YEAR 2019 .....	33,703.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2021		33,703.
CARRYOVER GENERATED IN TAX YEAR 2020 .....		2,004.
TOTAL NOL CARRIED FORWARD TO 2021		967,723.



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

3601 C Street, Suite 600  
Anchorage, AK 99503

The Alaska Community Foundation  
Instructions for Filing  
Form CD405  
North Carolina Corporation Tax Return  
for the year ended December 31, 2020

Your return will be filed electronically. You do not need to file any forms with the state of North Carolina.

This return indicates tax due in the amount of \$562. Please remit the balance due to the "NCDOR" using Form CD-V.

Mail your check or money order with your payment voucher by October 15, 2021 to:

NCDOR  
P.O. Box 25000  
Raleigh, NC 27640-0650

The amount payable includes:

Tax	\$457
Failure to pay penalty	\$92
Interest due	\$13
Total Amount Payable	<b>\$562</b>

DO NOT separately file Form CD-405 with the state of North Carolina. Doing so will delay the processing of your return.

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

# Did you know you can pay online?

## Benefits of Paying Taxes Online

- Accurate, secure, convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Enjoy peace of mind, knowing your payment will be processed timely and efficiently

## How to Pay Taxes Online

Visit [www.ncdor.gov](http://www.ncdor.gov) and search for online file and pay.

## How to Pay Taxes Using Paper

If you are unable to pay online, complete the voucher (below), cut across the dotted line, and send the completed voucher and your check or money order to the NCDOR, PO Box 25000, Raleigh, NC 27640-0650. If you pay taxes online, DO NOT submit the paper voucher.

Cut Here

**CD-V (40)**

9-24-12

## Corporate Income Tax Payment Voucher

North Carolina Department of Revenue

For calendar year	2020	or other tax year beginning	and ending
THE ALASKA COMMUNITY FOUNDATION			920155067
3201 C STREET SUITE 110		Y NP/TE	N NF
ANCHORAGE	AK 99503	<b>Total Corporate Income Tax Due</b>	<b>\$ 562.00</b>

6620140004



12203 9201550677 0000000 06505



**CD-405 (40)**

**C Corporation Tax Return 2020**

8-20-20

North Carolina Department of Revenue

For calendar year 2020, or other tax year beginning <b>20</b> and ending	DOR Use Only
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THE ALASKA COMMUNITY FOUNDATION 3201 C STREET SUITE 110 ANCHORAGE AK 99503	Federal Employer ID Number <b>920155067</b> N.C. Secretary of State ID Number NAICS Code <b>900099</b>
--	--

<input type="checkbox"/> Initial Return	<input type="checkbox"/> Short Year Return	<input type="checkbox"/> Captive REIT	<input type="checkbox"/> Non U.S./Foreign	<input type="checkbox"/> NC-Rehab	<input type="checkbox"/> NC-478 is attached
<input type="checkbox"/> Final Return	<input type="checkbox"/> Amended Return	<input checked="" type="checkbox"/> Tax Exempt	<input type="checkbox"/> Combined Return (Approved Taxpayers Only)	<input type="checkbox"/>	<input type="checkbox"/> Has Escheatable Property

THE 3201 99503 920155067 900099  
 PP P01772194 PFSP P IR N FR N SR N AR N  
 TN 9072746703 RE N TE Y NF N CR N NCR N 478 N EP N FDEXT Y

Federal Extension Were you granted an automatic extension to file your 2020 federal income tax return (Form 1120)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	--

THE ALASKA COMMUNITY FOUNDATION

3201 C STREET SUITE 110	ANCHORAGE	AK	99503	
GR	0 09	0 21	0 30	0
TA	168148053 10	0 22	0 34	0
01	0 11	0 24	0 EU	
HCE	N 13	0 26	457 35A	13
02	0 15	18280 27A	0 35B	92
03	0 16	-18280 27B	0 38	0
05	0 17	0000000 27C	0 39	0
06	0 18	0 27D	0 40	0
07	0 19	18280 27E	0 41	0
08	0 20	18280 29	457	



<b>Sch. A Computation of Franchise Tax</b>	9. Franchise Tax Overpaid <b>0</b>
1. Net Worth <b>0</b>	<b>Sch. B Computation of Corporate Income Tax</b>
Holding Company Exception <b>N</b>	10. Federal Taxable Income <b>0</b>
2. Investment in N.C. Tangible Property <b>0</b>	11. Adjustments to Federal Taxable Income <b>0</b>
3. Appraised Value of N.C. Tangible Property <b>0</b>	12. Net Income Before Contributions <b>0</b>
4. Taxable Amount <b>0</b>	13. Contributions to Donees Outside N.C. <b>0</b>
5. Total Franchise Tax Due <b>0</b>	14. N.C. Taxable Income <b>0</b>
6. Payment with Franchise Tax Extension <b>0</b>	15. Nonapportionable Income <b>18280</b>
7. Tax Credits <b>0</b>	16. Apportionable Income <b>-18280</b>
8. Franchise Tax Due <b>0</b>	17. Apportionment Factor <b>NONE %</b>

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Refund Due **0**      Payment Due **562**

**PRESIDENT & CEO**     **907-274-6703**

Signature and Title of Officer: \_\_\_\_\_ Date \_\_\_\_\_ Corporate Phone Number \_\_\_\_\_

Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

**PAID PREPARER USE ONLY** *If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.*

Signature of Paid Preparer: *Rayjin R. [Signature]*     Date: 10-14-2021     Preparer's Phone Number: 907-278-8878     Preparer's FEIN, SSN, or PTIN: P01772194

FEIN  
 SSN  
 PTIN

Mail to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0500. Returns are due by the 15th day of the 4th month after the end of the income year.

**CD-405 Line-by-Line Information**

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of **0**

<b>Sch. B Computation of Corporate Income Tax</b>		<b>Sch. D Investment in N.C. Tangible Property</b>	
18. Income Apportioned to N.C.	NONE	Inventory valuation method	
19. Nonapportionable Income Allocated to N.C.	18280	1. Total inventories located in N.C.	0
20. Income Subject to N.C. Tax	18280	2. Total furniture, fixtures, and M & E located in N.C.	0
21. % Depletion over Cost - N.C. Property	0	3. Total land and buildings located in N.C.	0
22. State Net Loss (Attach schedule)	0	4. Total leasehold improvements and other N.C. tangible property	0
23. Income Before Contributions to N.C. Donees	18280	5. Add Lines 1 through 4	0
24. Contributions to N.C. Donees	0	6. Accumulated depreciation, depletion, and amortization with respect to N.C. tangible property	0
25. Net Taxable Income	18280	7. Debts existing for the purchase or improvement of N.C. real estate	0
26. N.C. Net Income Tax	457	8. Investment in N.C. Tangible Property	0
27. Payments and Credits		<b>Sch. E Appraised Value of N.C. Tangible Property</b>	
a. Income Tax Extension	0	1. County tax value of N.C. tangible property	0
b. 2020 Estimated Tax (previous payments if amended)	0	2. Appraised value of N.C. tangible property	0
c. Partnership (include Form D-403, NC K-1)	0	<b>Sch. G Federal Taxable Income Before NOL Deduction</b>	
d. Nonresident Withholding (include 1099 or W-2)	0	1. a. Gross receipts or sales	0
e. Tax Credits	0	b. Returns and allowances	0
28. Add Lines 27a through 27e	0	c. Balance - Line 1a minus Line 1b	0
29. Income Tax Due	457	2. Cost of goods sold (Attach schedule)	0
30. Income Tax Overpaid	0	3. Gross Profit (Line 1c minus Line 2)	0
<b>Tax Due or Refund</b>		4. Dividends (Attach schedule)	0
31. Franchise Tax Due or Overpayment	0	5. a. Interest on obligations of U.S. and its instrumentalities	0
32. Income Tax Due or Overpayment	457	b. Other interest	0
33. Balance of Tax Due or Overpayment	457	6. Gross rents	0
34. Underpayment of Estimated Income Tax	0	7. Gross royalties (Attach schedule)	0
EU. Exception to Underpayment of Estimated Tax		8. Capital gain net income (Attach schedule)	0
35. a. Interest	13	9. Net gain (loss) (Attach schedule)	0
b. Penalties	92	10. Other income (Attach schedule)	0
c. Add Lines 35a and 35b	105	11. Total Income	0
36. Total Due	562	12. Compensation of officers (Attach sch., including addresses)	0
37. Overpayment	0	13. Salaries and wages (less employment credits)	0
38. 2021 Estimated Income Tax	0	14. Repairs and maintenance	0
39. N.C. Nongame and Endangered Wildlife Fund	0	15. Bad debts	0
40. N.C. Education Endowment Fund	0	16. Rents	0
41. Amount to be Refunded	0	17. Taxes and licenses	0
<b>Sch. C Net Worth</b>		18. Interest	0
1. Total assets	168517562	19. Charitable contributions	0
2. Total liabilities	3403107	20. a. Depreciation	0
3. Line 1 minus Line 2	165114455	b. Depreciation included in cost of goods sold	0
4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach schedule)	0	c. Balance - Line 20a minus 20b	0
5. Line 3 minus Line 4	165114455	21. Depletion	0
6. Affiliated indebtedness (Attach schedule)	0	22. Advertising	0
7. Line 5 plus (or minus) Line 6	165114455	23. Pension, profit-sharing, and similar plans	0
8. Apportionment factor	0%	24. Employee benefit programs	0
9. Net Worth	0	25. Reserved for future use	0
		26. Other deductions (Attach schedule)	0
		27. Total Deductions	0
		28. Taxable Income Per Federal Return Before NOL and Special Deductions	0
		29. Special Deductions	0
		30. Federal Taxable Income	0

Legal Name (First 10 Characters) THE ALASKA Federal Employer ID Number 920155067

**Sch. H Adjustments to Federal Taxable Income**

1. Additions			
a. Taxes based on net income	1a.		0
b. Contributions	1b.		0
c. Royalties to related members	1c.		0
d. Net interest expense to related members	1d.		0
e. Expenses attributable to income not taxed	1e.		0
f. Bonus depreciation	1f.		0
g. Section 179 expense deduction	1g.		0
h. Other (Attach schedule)	1h.		0
2. Total Additions	2.		0
3. Deductions			
a. U.S. obligation interest (net of expenses) (Attach schedule)	3a.		0
b. Other deductible dividends	3b.		0
c. Royalties received from related members	3c.		0
d. Qualified interest expense to related members	3d.		0
e. Bonus depreciation	3e.		0
f. Section 179 expense deduction	3f.		0
g. Other (Attach schedule)	3g.		0
4. Total Deductions	4.		0
5. Adjustments to Federal Taxable Income	5.		0

**Sch. I Contributions**

1. Contributions to Donees Outside N.C.			
a. Total contributions to donees outside N.C.	1a.		0
b. Multiply Schedule B, Line 12 by 5%, if Line 12 is greater than zero. Otherwise enter zero.	1b.		0
c. Amount Deductible	1c.		0
2. Contributions to N.C. Donees			
a. Total contributions to N.C. donees other than those listed in Line 2d	2a.		0
b. Multiply Sch. B, Line 23 by 5%, if Line 23 is greater than zero. Otherwise enter zero.	2b.		0
c. Enter the lesser of Line 2a or 2b	2c.		0
d. Total contributions to the State of N.C. and its political subdivisions	2d.		0
e. Amount Deductible	2e.		0

**Sch. F Other Information - All Taxpayers Must Complete this Schedule**

1. a. State of incorporation	AK	8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation)	N
b. Date incorporated	04 14 95		
2. Date of N.C. Certificate of Authority		9. Officers' names and addresses:	
3. a. Regular or principal trade or business in N.C.	N/A	President	NINA KEMPPPEL 3201 C ST ANCHORAGE AK 99503
b. Regular or principal trade or business everywhere	TAX-EXEMPT	Vice-President	
4. Principal place business is directed or managed	ANCHORAGE, AK	Secretary	AARON KUSANO 3201 C ST ANCHORAGE AK 99503
5. What was the last year the IRS redetermined the corporation's federal taxable income?		Treasurer	DIANE KAPLAN 3201 C ST ANCHORAGE AK 99503
6. a. Were adjustments reported to N.C.?			
b. If so, when?			
7. Does this corporation finance or discount its receivables through a related or an affiliated company?	N		

Explanation of Changes for Amended Return:

This page must be filed with this form.

**Sch. L Balance Sheet per Books**

	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1. Cash		7786066		12879744
2. a. Trade notes and accounts receivable	81219		358105	
b. Less allowance for bad debts	( 0)	81219	( 0)	358105
3. Inventories		0		0
4. a. U.S. government obligations		0		0
b. State and other obligations		0		0
5. Tax-exempt securities		0		0
6. Other current assets (Attach end of year schedule) STMT 1		44479		83206
7. Loans to shareholders		0		0
8. Mortgage and real estate loans		0		0
9. Other investments (Attach end of year schedule)		119614465		141263098
10. a. Buildings and other depreciable assets	308780		13933409	
b. Less accumulated depreciation	( 237096)	71684	( 369509)	13563900
11. a. Depletable assets	0		0	
b. Less accumulated depletion	( 0)	0	( 0)	0
12. Land (net of any amortization)		0		0
13. a. Intangible assets (amortizable only)	0		0	
b. Less accumulated amortization	( 0)	0	( 0)	0
14. Other assets (Attach end of year schedule)		0		0
15. <b>Total Assets</b>		127597913		168148053
<b>Liabilities and Shareholders' Equity</b>				
16. Accounts payable		1284837		1286530
17. Mortgages, notes, and bonds payable in less than 1 year		0		0
18. Other current liabilities (Attach end of year schedule)		0		0
19. Loans from shareholders		0		0
20. Mortgages, notes, and bonds payable in 1 year or more		0		0
21. Other liabilities (Attach end of year schedule)		1469893		2116577
22. Capital stock: a. Preferred Stock	0		0	
b. Common Stock	0	0	0	0
23. Additional paid-in capital		0		0
24. Retained earnings - Appropriated (Attach end of year sch.)		0		0
25. Retained earnings - Unappropriated		124843183		164744946
26. Adjustments to shareholders' equity (Attach end of year sch.)		0		0
27. Less cost of treasury stock		( 0)		( 0)
28. <b>Total Liabilities and Shareholders' Equity</b>		127597913		168148053

**Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return**

1. Net income (loss) per books	0	7. Income recorded on books this year not included on this return:	
2. Federal income tax	0	Tax-exempt interest	\$ 0
3. Excess of capital losses over capital gains	0		
4. Income subject to tax not recorded on books this year:	0		0
5. Expenses recorded on books this year not deducted on this return:		8. Deductions on this return not charged against book income this year:	
a. Depreciation \$	0	a. Depreciation \$	0
b. Charitable Contributions \$	0	b. Charitable Contributions \$	0
c. Travel and entertainment \$	0		
	0	9. Add Lines 7 and 8	0
6. Add Lines 1 through 5	0	10. Income	0

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Legal Name (First 10 Characters) THE ALASKA Federal Employer ID Number 920155067

**Sch. M-2 Retained Earnings Analysis**

1. Balance at beginning of year	124843183	5. Distributions:	a. Cash	0
2. Net income (loss) per books	0		b. Stock	0
3. Other increases:			c. Property	0
		6. Other decreases:		0
	0	7. Add Lines 5 and 6		0
4. Add Lines 1, 2, and 3	124843183	8. Balance at End of Year		124843183

**Sch. N Nonapportionable Income**

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated Directly to N.C.
PARTNERSHIP	18280		18280	18280
1. Nonapportionable Income			18280	
2. Nonapportionable Income Allocated to N.C.				18280

Explanation of why income listed is nonapportionable income rather than apportionable income:

**Sch. O Computation of Apportionment Factor**

**Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C.** \_\_\_\_\_ %

**Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States**

**State Net Loss Apportionment**

Are you electing to apportion receipts based on income-producing activities due to a State Net Loss?

Yes  No

1. Within North Carolina  2. Total Everywhere

- 1. Gross Receipts Subject to Apportionment
- 2. Gross Rents Subject to Apportionment
- 3. Gross Royalties Subject to Apportionment
- 4. Dividends Subject to Apportionment
- 5. Interest Subject to Apportionment
- 6. Other Apportionable Income
- 7. Share of Receipts from Noncorporate Entities Subject to Apportionment
- 8. **Total**
- 9. **N.C. Apportionment Factor** \_\_\_\_\_ %

**Part 3. Special Apportionment Formulas** \_\_\_\_\_ NONE %

This page must be filed with this form.

# CD-429B Underpayment of Estimated Tax by C-Corporations

For calendar year <b>2020</b> , or other tax year beginning _____ <b>2020</b> , and ending _____		DOR Use Only
Legal Name <b>THE ALASKA COMMUNITY FOUNDATION</b>		Federal Employer ID Number <b>920155067</b>

### Part 1. Computation of Underpayment

1. <b>2020 net income tax</b> (From 2020 Form CD-405, Schedule B, Line 26) . . . . .	1.		457.	
2. <b>2020 tax credits</b> (From 2020 Form CD-405, Schedule B, Line 27e) . . . . .	2.			
3. <b>2020 net tax due.</b> Line 1 minus Line 2 . . . . .	3.		457.	
4. Multiply Line 3 by 90%. If less than \$500, <b>do not</b> complete this form; the corporation does not owe interest on the underpayment of estimated tax . . . . .	4.		411.	
5. <b>2019 net tax due</b> (From 2019 Form CD-405, Schedule B, Line 26 minus Line 27e) If corporation is a "large corporation" as defined in IRC Section 6655, enter the amount from Line 4 on Line 5 . . . . .	5.			
6. Enter the <b>smaller</b> of Line 4 or Line 5 . . . . .	6.			
7. <b>Installment due dates</b> Enter in columns (a) through (d) the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year. (If any date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.) . . . . .	7.	(a)	(b)	(c)
8. <b>Required installments</b> Enter 25% of Line 6 above in each column. If corporation is using the annualized income installment method, enter the computed installment amounts on Line 8, Columns (a) - (d) and attach schedule showing computations . . . . .	8.			
9. <b>Estimated tax paid or credited for each period</b> . . . . .	9.			
10. <b>Overpayment of previous installment</b> Enter amount from Line 13 of the preceding column. For Lines 10-13, complete one column before going to the next . . . . .	10.			
11. Add Lines 9 and 10 . . . . .	11.			
12. <b>Underpayment</b> If Line 11 is less than or equal to Line 8, subtract Line 11 from Line 8; otherwise, go to Line 13 . . . . .	12.			
13. <b>Overpayment</b> If Line 8 is less than Line 11, subtract Line 8 from Line 11 . . . . .	13.			

### Part 2. Computation of Underpayment of Estimated Tax (See instructions for interest rate)

14. Enter the installment dates from Line 7 . . . . .	14.			
15. Enter the amount of underpayment from Line 12 . . . . .	15.			
16. Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier . . . . .	16.			
17. Number of days from due date of installment to the date shown on Line 16 . . . . .	17.			
18. <u>Days on Line 17(a)</u> x interest rate x amount on Line 15(a) Days in the tax year . . . . .	18.	\$		
19. <u>Days on Line 17(b)</u> x interest rate x amount on Line 15(b) Days in the tax year . . . . .	19.		\$	
20. <u>Days on Line 17(c)</u> x interest rate x amount on Line 15(c) Days in the tax year . . . . .	20.			\$
21. <u>Days on Line 17(d)</u> x interest rate x amount on Line 15(d) Days in the tax year . . . . .	21.			\$
22. <b>Underpayment of Estimated Tax.</b> Add Lines 18-21. Enter amount here and on Form CD-405, Schedule B, Line 34 . . . . .	22.			\$

=====

	BEGINNING	ENDING
	-----	-----
SCH L, LINE 6 - OTHER CURRENT ASSETS		
-----		
OTHER CURRENT ASSETS	44,479.	83,206.
	-----	-----
TOTAL	44,479.	83,206.
	=====	=====