

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____ and ending _____

2021Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Name and title of officer or person subject to tax

NINA KEMPEL, PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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	57285947.
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 V, 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	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 94221 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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.

92085313538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ 11/03/2022

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

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

A For the 2021 calendar year, or tax year beginning

and ending

B Check if applicable:

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

C Name of organization

THE ALASKA COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

3201 C STREET, SUITE 110

City or town, state or province, country, and ZIP or foreign postal code

ANCHORAGE, AK 99503

F Name and address of principal officer:

NINA KEMPPPEL

3201 C STREET, SUITE 110, ANCHORAGE, AK 99503

D Employer identification number

92-0155067

E Telephone number

(907) 274-6703

G Gross receipts \$ 87,888,318.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(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

H(c) Group exemption number ▶

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>INSPIRING THE SPIRIT OF GIVING AND CONNECTING PEOPLE, ORGANIZATIONS, AND CAUSES TO STRENGTHEN ALASKA'S COMMUNITIES NOW AND FOREVER.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	31
	6	Total number of volunteers (estimate if necessary)	6	400
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	79,929.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 82,136,664.	Current Year 43,913,185.
	9	Program service revenue (Part VIII, line 2g)	6,332,938.	5,595,567.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,382,836.	6,494,702.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,774,429.	1,282,493.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,626,867.	57,285,947.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,264,621.
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,922,099.	2,168,292.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 526,939.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,932,130.	7,171,134.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,118,850.	33,049,473.
	19	Revenue less expenses. Subtract line 18 from line 12	28,508,017.	24,236,474.
	20	Total assets (Part X, line 16)	Beginning of Current Year 168,147,953.	End of Year 208,758,552.
	21	Total liabilities (Part X, line 26)	3,403,107.	11,957,388.
	22	Net assets or fund balances. Subtract line 21 from line 20	164,744,846.	196,801,164.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	NINA KEMPPPEL Type or print name and title		PRESIDENT & CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	NAYYIR RAWHANI CPA	<i>Nayyir Rawhani</i>	11/03/2022	P01772194
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590	Phone no. 907-278-8878	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 14,015,275. including grants of \$ 7,142,104.) (Revenue \$ 9,412,203.)

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.

4b (Code:) (Expenses \$ 13,937,689. including grants of \$ 13,937,689.) (Revenue \$ 14,351,186.)

CARES AND ARPA ACT DISTRIBUTIONS - IN CONJUNCTION WITH THE STATE
 OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES, AND PRIVATE
 PARTNERS, THE ALASKA COMMUNITY FOUNDATION DISTRIBUTED GRANTS OF
 \$16 MILLION IN SUPPORT TO 314 ORGANIZATIONS ACROSS THE STATE. IN
 THE MIDST OF A CONTINUING PANDEMIC, ALASKANS WERE ASKED TO FIND
 NEW WAYS TO CONFRONT THE HEALTH AND ECONOMIC CRISES THAT
 THREATENED OUR COMMUNITIES. THE ALASKA COMMUNITY FOUNDATION, IN
 CONJUNCTION WITH PUBLIC AND PRIVATE PARTNERS CREATED FUNDS
 DEDICATED TO SUPPORTING THOSE PROVIDING CRITICAL FRONTLINE
 SERVICES, PANDEMIC-RELATED COMMUNITY SERVICES, RECOVERY EFFORTS,
 AND TO PROVIDE SAFE PROGRAM DELIVERY.

4c (Code:) (Expenses \$ 3,035,527. including grants of \$ 2,630,254.) (Revenue \$ 2,790,004.)

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 2021, 25,534 PEOPLE GAVE \$3,033,050
 TO 611 NON-PROFIT ORGANIZATIONS STATEWIDE.

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

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

4e Total program service expenses ▶ 30,988,491.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 19	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b NONE	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 31		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a X	
b If "Yes," enter the name of the foreign country ► <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	18
b	Enter the number of voting members included on line 1a, above, who are independent.	1b	18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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 ►
 KEVIN GRAY, CFO 3201 C STREET, SUITE 110, ANCHORAGE, AK 99503

907-334-6700

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NINA KEMPEL PRESIDENT & CEO	50.00 NONE			X				225,000.	NONE	14,472.
(2) KEVIN GRAY CFO	45.00 NONE			X				179,615.	NONE	22,568.
(3) ELIZABETH MILLER VP DEVELOPMENT & COMMUNICATION	40.00 NONE					X		128,615.	NONE	16,611.
(4) KATHRYN KAVANAUGH VP INNOVATION & ADMIN	40.00 NONE					X		123,019.	NONE	20,654.
(5) SHARON SAMUELS VP ADMIN & HR	40.00 NONE					X		116,750.	NONE	18,683.
(6) ELEANOR HUFFINES VP PROGRAM & GRANTS	40.00 NONE					X		120,000.	NONE	11,483.
(7) JIM PALMER CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(8) PETER MICHALSKI PAST CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(9) GABE KOMPCKOFF VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(10) AARON KUSANO SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(11) DIANE KAPLAN TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(12) BARBARA DONATELLI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) CAROL GORE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) CINDY TOWARAK MASSIE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE

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) ANTHONY MALLOTT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(16) KRIS NOROSZ DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(17) KIM REITMEIER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(18) JOHN RUBINI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(19) DAVE SHAFTEL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(20) MONICA SHAH DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(21) GOV. BILL SHEFFIELD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(22) ALEX SLIVKA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(23) KATE SLYKER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(24) LANE TUCKER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								892,999.	NONE	104,471.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								892,999.	NONE	104,471.

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 **6**

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

Section B. Independent Contractors

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	14,351,186.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	29,561,999.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,557,586.			
	h	Total. Add lines 1a-1f		43,913,185.			
	Program Service Revenue				Business Code		
2a		PICK.CLICK.GIVE. PROGRAM REVENUE		522298	2,790,004.	2,790,004.	
b		FUND ADMINISTRATION FEES		561000	2,805,563.	2,805,563.	
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		5,595,567.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,283,826.	2,283,826.	
	4	Income from investment of tax-exempt bond proceeds .		NONE			
	5	Royalties		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			7a	34,813,247.			
	b	Less: cost or other basis and sales expenses . .	7b	30,602,371.			
	c	Gain or (loss)	7c	4,210,876.			
	d	Net gain or (loss)		4,210,876.	4,210,876.		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	NONE			
	b	Less: direct expenses	8b	NONE			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	K-1 INCOME		523920	1,170,555.	NONE	79,929.
	b	OTHER REVENUE		900099	111,938.	111,938.	NONE
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,282,493.			
12	Total revenue. See instructions		57,285,947.	12,202,207.	79,929.	1,090,626.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,341,334.	23,341,334.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	368,713.	368,713.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	441,655.	125,031.	227,174.	89,450.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,383,517.	391,670.	711,638.	280,209.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,679.	8,685.	15,780.	6,214.
9 Other employee benefits	172,390.	48,803.	88,672.	34,915.
10 Payroll taxes	140,051.	39,648.	72,038.	28,365.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	21,498.	16,856.	3,540.	1,102.
c Accounting	45,734.	35,860.	7,530.	2,344.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	280,922.	280,922.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	355,977.	254,412.	82,730.	18,835.
12 Advertising and promotion	199,751.	155,468.	34,978.	9,305.
13 Office expenses	172,137.	101,015.	52,709.	18,413.
14 Information technology	124,841.	97,887.	20,555.	6,399.
15 Royalties	NONE			
16 Occupancy	378,060.	219,503.	137,805.	20,752.
17 Travel	87,627.	77,153.	9,676.	798.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	205,295.	178,125.	23,773.	3,397.
23 Insurance	18,913.	16,258.	1,925.	730.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PICK.CLICK.GIVE EXPENSE	2,790,004.	2,790,004.	NONE	NONE
b FOUNDATION ADMIN. FEES	2,436,562.	2,425,936.	10,626.	NONE
c EQUIPMENT	23,301.	7,365.	14,187.	1,749.
d SPECIAL EVENTS	20,665.	7,123.	10,990.	2,552.
e All other expenses	9,847.	720.	7,717.	1,410.
25 Total functional expenses. Add lines 1 through 24e	33,049,473.	30,988,491.	1,534,043.	526,939.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,942,496.	1	261,687.
	2 Savings and temporary cash investments.	10,937,148.	2	29,675,302.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	358,105.	4	22,847.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	83,206.	9	114,416.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,951,377.		
	b Less: accumulated depreciation.	10b 572,517.		
		13,563,900.	10c	13,378,860.
	11 Investments - publicly traded securities.	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	141,263,098.	13	165,305,440.
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	NONE	15	NONE	
16 Total assets. Add lines 1 through 15 (must equal line 33)	168,147,953.	16	208,758,552.	
Liabilities	17 Accounts payable and accrued expenses.	665,450.	17	551,173.
	18 Grants payable	621,080.	18	1,922,348.
	19 Deferred revenue	2,116,577.	19	9,483,867.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25.	3,403,107.	26	11,957,388.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	139,648,961.	27	170,310,441.
	28 Net assets with donor restrictions.	25,095,885.	28	26,490,723.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	164,744,846.	32	196,801,164.
	33 Total liabilities and net assets/fund balances.	168,147,953.	33	208,758,552.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,285,947.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,049,473.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,236,474.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	164,744,846.
5	Net unrealized gains (losses) on investments	5	8,990,399.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-1,170,555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	196,801,164.

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

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,720,838.	13,302,881.	35,001,233.	82,136,664.	43,913,185.	184,074,801.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3	9,720,838.	13,302,881.	35,001,233.	82,136,664.	43,913,185.	184,074,801.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						28,740,597.
6 Public support. Subtract line 5 from line 4						155,334,204.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	9,720,838.	13,302,881.	35,001,233.	82,136,664.	43,913,185.	184,074,801.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	799,831.	8,415,452.	3,690,353.	3,382,836.	6,494,702.	22,783,174.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					79,929.	79,929.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,219,423.	159,924.	305,938.	1,620,303.	832,257.	4,137,845.
11 Total support. Add lines 7 through 10						211,075,749.
12 Gross receipts from related activities, etc. (see instructions)					12	21,717,873.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	73.59 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	74.94 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

92-0155067

Part I

JSA
1E1253 2.000

Name of organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 50px; height: 15px;"></div>	\$ 1,008,089.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MUNICIPAL BONDS	\$ 3,207,465.	05/07/2021
6	PUBLIC SECURITIES	\$ 1,338,648.	10/06/2021
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

92-0155067

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1,512	525
2 Aggregate value of contributions to (during year)	16,960,574.	30,003,395.
3 Aggregate value of grants from (during year)	5,100,692.	21,607,943.
4 Aggregate value at end of year	59,163,252.	137,637,912.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	102,066,976.	76,822,185.	48,828,804.	46,761,922.	40,630,848.
b Contributions	8,947,937.	17,264,502.	23,929,283.	6,278,485.	2,491,964.
c Net investment earnings, gains, and losses	9,650,222.	11,503,199.	8,987,326.	-2,218,642.	5,690,270.
d Grants or scholarships	2,740,755.	2,650,149.	4,180,425.	1,517,903.	1,484,993.
e Other expenditures for facilities and programs				12,455.	
f Administrative expenses	1,127,923.	872,761.	742,803.	462,603.	566,167.
g End of year balance	116,796,457.	102,066,976.	76,822,185.	48,828,804.	46,761,922.

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

a Board designated or quasi-endowment ▶ 1.2000 %

b Permanent endowment ▶ 98.8000 %

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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,490,000.		8,490,000.
b Buildings		5,123,063.	270,426.	4,852,637.
c Leasehold improvements				
d Equipment				
e Other		338,314.	302,090.	36,223.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,378,860.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) SEE DETAIL IN PART XIII	165,305,440.	
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	64,836,342.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	8,990,399.
b	Donated services and use of facilities	2b	11,473.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	9,001,872.
3	Subtract line 2e from line 1	3	55,834,470.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	280,922.
b	Other (Describe in Part XIII.)	4b	1,170,555.
c	Add lines 4a and 4b	4c	1,451,477.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	57,285,947.

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

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

1	Total expenses and losses per audited financial statements	1	32,780,024.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	11,473.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	11,473.
3	Subtract line 2e from line 1	3	32,768,551.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	280,922.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	280,922.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	33,049,473.

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 SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

IN ACCORDANCE WITH FASB ASC 958-605-05, THE FOUNDATION RECORDS AS LIABILITIES ASSETS THAT ARE RECEIVED FROM A NON-PROFIT ORGANIZATION THAT NAMES ITSELF OR ITS AFFILIATE AS THE BENEFICIARY OF THE FUNDS, RATHER THAN AS CONTRIBUTIONS, EVEN IF VARIANCE POWER IS EXPLICITLY STATED IN THE GIFT AGREEMENT. ASSETS RECEIVED AND NET INVESTMENT EARNINGS ARE RECORDED AS INCREASES TO AGENCY ENDOWMENT LIABILITIES; FUND DISTRIBUTIONS AND FEES ARE RECORDED AS DECREASES TO LIABILITIES. PERMANENT AND NON-ENDOWED FUNDS PROVIDE LONG-TERM SUPPORT THROUGH CHARITABLE GRANTS TO NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS THROUGHOUT ALASKA. TERM ENDOWMENTS PROVIDE GRANTS TO SCHOLARSHIPS AND NON-PROFIT ORGANIZATIONS WITH THE INTENT OF EXPENDING THE ENDOWMENT OVER THE LIFE OF THE PROJECT(S).

SCHEDULE D, PART VIII:

DESCRIPTION	BOOK VALUE	COST OR FMV
MONEY MARKET/CASH SWEEPS	7,983,417	FMV
CERTIFICATE OF DEPOSIT	161,480	FMV
U.S. TREASURIES	18,564,406	FMV
SHORT TERM BONDS	6,234,861	FMV
MUNICIPAL OBLIGATIONS	1,690,760	FMV
CORPORATE OBLIGATIONS	11,716,404	FMV
ASSET BACK SECURITIES	4,168,035	FMV
COMMON EQUITY	79,142,025	FMV
DIVERSIFIED HEDGED STRATEGIES	8,649,882	FMV
PRIVATE REAL ESTATE	4,822,187	FMV

Part XIII Supplemental Information *(continued)*

PRIVATE EQUITY	1,842,770	FMV
PRIVATE DEBT	2,387,869	FMV
CLOSELY HELD STOCK	5,976,558	FMV
INVESTMENTS CARRIED AT NAV	11,964,786	COST
TOTAL:	165,305,440	

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, 2021 OR 2020.

THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2021 AND 2020, THERE WERE NO ACCRUED INTEREST OR PENALTIES. THE FOUNDATION FILES TAX

Part XIII Supplemental Information *(continued)*

RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF ALASKA.

SCHEDULE D, PART XI, LINE 4B:

INCOME FROM K-1S:

INDABA CAPITAL PARTNERS (CAYMAN), LP	547,360
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	258,369
RESOURCE LAND FUND V, LP K-1	225,051
SECONDARY OPPORTUNITIES FUND III, LP	125,031
PRINCIPAL REAL ESTATE DEBT FUND III LP K1	72,706
PRINCIPAL REAL ESTATE DEBT FUND LP K1	706
WCP NEWCOLD II K1	(23,748)
WCP NEWCOLD K1	(34,920)

TOTAL:	1,170,555
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALASKA CHILDREN'S TRUST 6591 A STREET ANCHORAGE, AK 99518	91-1765129	501(C)(3)	594,950.				OPERATIONAL SUPPORT
(2) FAIRBANKS RESOURCE AGENCY 805 AIRPORT WAY FAIRBANKS, AK 99701	92-0035250	501(C)(3)	501,000.				OPERATIONAL SUPPORT
(3) ALASKA KIDNEY PATIENTS ASSOCIATION 205 E DIMOND BLVD ANCHORAGE, AK 99515	26-3251948	501(C)(3)	466,100.				OPERATIONAL SUPPORT
(4) KAWERAK, INC P.O. BOX 948 NOME, AK 99762	92-0047009	501(C)(3)	434,935.				OPERATIONAL SUPPORT
(5) BRIDGES COMMUNITY RESOURCE NETWORK, INC. P.O. BOX 1612 SOLDOTNA, AK 99669	92-0151271	501(C)(3)	431,000.				OPERATIONAL SUPPORT
(6) CITY OF EMMONAK P.O. BOX 9 EMMONAK, AK 99581	92-0042949	501(C)(3)	396,878.				OPERATIONAL SUPPORT
(7) FAIRBANKS COMMUNITY FOOD BANK SERVICE INC 725 26TH AVENUE SUITE 1 FAIRBANKS, AK 99701	92-0088266	501(C)(3)	380,290.				OPERATIONAL SUPPORT
(8) ARCTIC ACCESS INC P.O. BOX 1569 NOME, AK 99762	92-0147951	501(C)(3)	375,000.				OPERATIONAL SUPPORT
(9) RURAL CAP 731 EAST 8TH AVENUE ANCHORAGE, AK 99501	92-0033876	501(C)(3)	354,246.				OPERATIONAL SUPPORT
(10) SCOTTY GOMEZ FOUNDATION P.O. BOX 111294 ANCHORAGE, AK 99511	20-8027404	501(C)(3)	306,019.				OPERATIONAL SUPPORT
(11) ANCHORAGE COALITION TO END HOMELESSNESS P.O. BOX 243041 ANCHORAGE, AK 99524	46-1156688	501(C)(3)	300,290.				OPERATIONAL SUPPORT
(12) ALASKA HOSPITALITY RETAILERS P.O. BOX 242023 ANCHORAGE, AK 99524	23-7314559	501(C)(3)	300,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 403

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) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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2021

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Name of the organization

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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) CITY OF MEKORYUK P.O. BOX 29 MEKORYUK, AK 99630	92-0038737	501(C)(3)	289,437.				OPERATIONAL SUPPORT
(2) SOUTHEAST ALASKA INDEPENDENT LIVING (SAIL) 3225 HOSPITAL DRIVE JUNEAU, AK 99801	92-0144370	501(C)(3)	282,650.				OPERATIONAL SUPPORT
(3) UNITED WAY OF ANCHORAGE P.O. BOX 200108 ANCHORAGE, AK 99520	92-0027948	501(C)(3)	275,165.				OPERATIONAL SUPPORT
(4) CATHOLIC SOCIAL SERVICES 3710 EAST 20TH AVENUE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	272,150.				OPERATIONAL SUPPORT
(5) EARLY LEARNING COALITION P.O. BOX 295 HEALY, AK 99743	83-0510765	501(C)(3)	267,500.				OPERATIONAL SUPPORT
(6) BOYS & GIRLS CLUBS OF THE KENAI PENINSULA 705 FRONTAGE RD, STE B KENAI, AK 99611	94-3067142	501(C)(3)	262,446.				OPERATIONAL SUPPORT
(7) COOK INLET TRIBAL COUNCIL 3600 SAN JERONIMO DRIVE ANCHORAGE, AK 99508	92-0094184	501(C)(3)	252,500.				OPERATIONAL SUPPORT
(8) KOAHNIC BROADCAST CORPORATION 3600 SAN JERONIMO DR ANCHORAGE, AK 99508	92-0139738	501(C)(3)	251,750.				OPERATIONAL SUPPORT
(9) CAMAI CHC P.O. BOX 211 NAKNEK, AK 99633	11-3813698	501(C)(3)	250,000.				OPERATIONAL SUPPORT
(10) KENAI PENINSULA FOOD BANK INC 33955 COMM. COLLEGE DR SOLDOTNA, AK 99669	94-3112445	501(C)(3)	235,905.				OPERATIONAL SUPPORT
(11) RESIDENTIAL YOUTH CARE, INC. P.O. BOX 7475 KETCHIKAN, AK 99901	92-0146378	501(C)(3)	215,000.				OPERATIONAL SUPPORT
(12) TANANA CHIEFS CONFERENCE 122 1ST AVENUE, STE 600 FAIRBANKS, AK 99701	92-0040308	501(C)(3)	213,563.				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) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

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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) AK CHILD & FAMILY 4600 ABBOTT ROAD ANCHORAGE, AK 99507	92-0038588	501(C)(3)	210,000.				OPERATIONAL SUPPORT
(2) COVENANT HOUSE ALASKA P.O. BOX 100620 ANCHORAGE, AK 99510	13-3419755	501(C)(3)	200,900.				OPERATIONAL SUPPORT
(3) HOMER COMMUNITY FOOD PANTRY 770 EAST END ROAD HOMER, AK 99603	92-0153030	501(C)(3)	200,500.				OPERATIONAL SUPPORT
(4) ALASKA COALITION ON HOUSING AND HOMELESSNES 319 SEWARD ST, STE 7 JUNEAU, AK 99801	92-0137326	501(C)(3)	200,000.				OPERATIONAL SUPPORT
(5) IONIA INC. 54932 BURDOCK ROAD KASILOF, AK 99610	92-0159153	501(C)(3)	193,487.				OPERATIONAL SUPPORT
(6) ALASKA SEALIFE CENTER P.O. BOX 1329 SEWARD, AK 99664	92-0132479	501(C)(3)	184,990.				OPERATIONAL SUPPORT
(7) MAT-SU TRAILS AND PARKS FOUNDATION P.O. BOX 652 PALMER, AK 99645	90-0699180	501(C)(3)	168,098.				OPERATIONAL SUPPORT
(8) SKAGWAY DEVELOPMENT CORPORATION P.O. BOX 1236 SKAGWAY, AK 99840	20-0122259	501(C)(3)	166,000.				OPERATIONAL SUPPORT
(9) BETHEL COMMUNITY SERVICES FOUNDATION P.O. BOX 2189 BETHEL, AK 99559	92-0146538	501(C)(3)	162,260.				OPERATIONAL SUPPORT
(10) GIRL SCOUTS OF ALASKA 2000 W INTL AIRPORT RD ANCHORAGE, AK 99502	92-6000179	501(C)(3)	156,380.				OPERATIONAL SUPPORT
(11) BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA 2300 W 36TH AVENUE ANCHORAGE, AK 99517	92-0036082	501(C)(3)	152,600.				OPERATIONAL SUPPORT
(12) FRONTIER COMMUNITY SERVICES 43335 KALIFORNKY ROAD SOLDOTNA, AK 99669	92-0114675	501(C)(3)	150,000.				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) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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) RIVERSIDE CHAPEL P.O. BOX 95 KING SALMON, AK 99613	80-0830246	501(C)(3)	150,000.				OPERATIONAL SUPPORT
(2) ALASKA HEALTH FAIR, INC. 720 W. 58TH AVE. ANCHORAGE, AK 99518	92-0118421	501(C)(3)	138,246.				OPERATIONAL SUPPORT
(3) SENIOR CITIZENS OF KODIAK, INC. 302 ERSKINE AVE. KODIAK, AK 99615	23-7348249	501(C)(3)	138,055.				OPERATIONAL SUPPORT
(4) RENDEZVOUS SENIOR DAY SERVICE 2441 FIRST AVENUE KETCHIKAN, AK 99901	92-0144570	501(C)(3)	125,000.				OPERATIONAL SUPPORT
(5) HOMER SENIOR CITIZENS, INC. 3935 SVEDLUND STREET HOMER, AK 99603	92-0077789	501(C)(3)	125,000.				OPERATIONAL SUPPORT
(6) NIKISKI SENIOR CENTER P.O. BOX 6973 NIKISKI, AK 99635	94-3141712	501(C)(3)	125,000.				OPERATIONAL SUPPORT
(7) NENANA TORTELLA COUNCIL ON AGING, INC P.O. BOX 205 NENANA, AK 99760	92-0076823	501(C)(3)	125,000.				OPERATIONAL SUPPORT
(8) NORDIC SKIING ASSOCIATION OF ANCHORAGE, INC 203 W 15TH AVE, STE 204 ANCHORAGE, AK 99501	23-7232617	501(C)(3)	121,406.				OPERATIONAL SUPPORT
(9) ABUSED WOMEN'S AID IN CRISIS 100 W 13TH AVE ANCHORAGE, AK 99501	92-0061049	501(C)(3)	120,988.				OPERATIONAL SUPPORT
(10) BETHEL WINTERHOUSE P.O. BOX 1969 BETHEL, AK 99559	46-4382634	501(C)(3)	115,000.				OPERATIONAL SUPPORT
(11) NORTHERN HOPE CENTER P.O. BOX 73189 FAIRBANKS, AK 99707	47-2366390	501(C)(3)	110,000.				OPERATIONAL SUPPORT
(12) SET FREE ALASKA P.O. BOX 876741 WASILLA, AK 99687	26-4350361	501(C)(3)	105,000.				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►
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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
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(1) VOLUNTEERS OF AMERICA - ALASKA 2600 CORDOVA STREET ANCHORAGE, AK 99503	74-2240098	501(C)(3)	104,312.				OPERATIONAL SUPPORT
(2) TUNDRA WOMEN'S COALITION P.O. BOX 2029 BETHEL, AK 99559	92-0068684	501(C)(3)	102,243.				OPERATIONAL SUPPORT
(3) FREEDOM HOUSE 185 SHADY LANE SOLDOTNA, AK 99669	81-3604382	501(C)(3)	101,550.				OPERATIONAL SUPPORT
(4) MCCARTHY EMERGENCY SERVICES P.O. BOX MXY GLENNALLEN, AK 99588	82-2801550	501(C)(3)	101,500.				OPERATIONAL SUPPORT
(5) UNITED HUMAN SERVICES OF SE ALASKA 3225 HOSPITAL DRIVE JUNEAU, AK 99801	27-1819146	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(6) BREAST CANCER DETECTION CENTER OF ALASKA 1905 COWLES STREET FAIRBANKS, AK 99701	92-0055382	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(7) KODIAK COMMUNITY HEALTH CENTER 1911 E REZANOF DRIVE KODIAK, AK 99615	92-0146203	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(8) BETTY ELIASON CHILD CARE CENTER 607 LINCOLN STREET SITKA, AK 99835	92-0065572	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(9) PROVIDENCE HEALTH & SERVICES WASHINGTON 1801 LIND AVE SW RENTON, DC 98057	51-0216586	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(10) DILLINGHAM CITY SCHOOL DISTRICT P.O. BOX MXY DILLINGHAM, AK 99576	92-0031132	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(11) COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS P.O. BOX 33 FORT YUKON, AK 99740	92-0134670	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(12) THE GLORY HALL P.O. BOX 21997 JUNEAU, AK 99802	92-0085663	501(C)(3)	100,000.				OPERATIONAL SUPPORT

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(1) CITY OF BETHEL P.O. BOX 1388 BETHEL, AK 99559	92-6001644	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(2) CORDOVA COMMUNITY MEDICAL CENTER P.O. BOX 160 CORDOVA, AK 99574	92-0139171	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(3) RAILBELT MENTAL HEALTH & ADDICTIONS P.O. BOX 159 NENANA, AK 99760	92-0101372	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(4) YUKON-KUSKOKWIM HEALTH CORPORATION P.O. BOX 528 BETHEL, AK 99559	92-0041414	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(5) CITY OF NUNAPITCHUK P.O. BOX 190 NUNAPITCHUK, AK 99641	92-0044733	501(C)(3)	99,000.				OPERATIONAL SUPPORT
(6) COOPER LANDING EMERGENCY SERVICES 38748 SNUG HARBOR RD COOPER LAND, AK 99572	92-0170016	501(C)(3)	98,300.				OPERATIONAL SUPPORT
(7) ALASKA ZOO 4731 O'MALLEY RD ANCHORAGE, AK 99507	92-0039344	501(C)(3)	97,350.				OPERATIONAL SUPPORT
(8) BRISTOL BAY AREA HEALTH CORPORATION P.O. BOX 130 DILLINGHAM, AK 99576	92-0044965	501(C)(3)	97,175.				OPERATIONAL SUPPORT
(9) CHUGACHMIUT 1840 BRAGAW STREET ANCHORAGE, AK 99508	92-0046614	501(C)(3)	97,000.				OPERATIONAL SUPPORT
(10) FOUR A'S - ALASKAN AIDS ASST. ASSOCIATION 1057 W. FIREWEED LANE ANCHORAGE, AK 99503	92-0113788	501(C)(3)	92,500.				OPERATIONAL SUPPORT
(11) CLARKS POINT VILLAGE COUNCIL P.O. BOX 90 CLARKS POINT, AK 99569	92-0073206	501(C)(3)	90,000.				OPERATIONAL SUPPORT
(12) NATIVE VILLAGE OF SHISHMAREF P.O. BOX 72110 SHISHMAREF, AK 99772	92-0055867	501(C)(3)	89,296.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2021

**SCHEDULE I
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1) HEALTHY FUTURES							
11901 INDUSTRY WAY ANCHORAGE, AK 99515	81-0649085	501(C)(3)	87,950.				OPERATIONAL SUPPORT
(2) ANCHORAGE MUSEUM							
625 C STREET ANCHORAGE, AK 99501	92-6009317	501(C)(3)	85,000.				OPERATIONAL SUPPORT
(3) ALASKA PUBLIC MEDIA							
3877 UNIVERSITY DRIVE ANCHORAGE, AK 99508	23-7394629	501(C)(3)	84,175.				OPERATIONAL SUPPORT
(4) AK CTR FOR CHILDREN AND ADULTS DBA ACCA, IN							
1020 BARNETTE ST FAIRBANKS, AK 99701	92-0026479	501(C)(3)	83,404.				OPERATIONAL SUPPORT
(5) SITKA CONSERVATION SOCIETY							
201 LINCOLN STREET SITKA, AK 99835	92-0096633	501(C)(3)	82,838.				OPERATIONAL SUPPORT
(6) ALASKA TRAILS							
P.O. BOX 100627 ANCHORAGE, AK 99510	73-1677483	501(C)(3)	80,669.				OPERATIONAL SUPPORT
(7) INTERIOR AK CENTER FOR NON-VIOLENT LIVING							
726 26TH AVENUE, STE 1 FAIRBANKS, AK 99701	92-0063639	501(C)(3)	78,883.				OPERATIONAL SUPPORT
(8) GOOD BEGINNINGS PRESCHOOL							
P.O. BOX 709 PETERSBURG, AK 99833	92-0025759	501(C)(3)	78,000.				OPERATIONAL SUPPORT
(9) ALASKA BOTANICAL GARDEN							
4601 CAMPBELL AIRSTRIP ANCHORAGE, AK 99507	92-0115504	501(C)(3)	77,875.				OPERATIONAL SUPPORT
(10) FRONTLINE MISSION							
2001 PALMER WASILLA HWY WASILLA, AK 99654	30-0450068	501(C)(3)	77,500.				OPERATIONAL SUPPORT
(11) WASILLA AREA SENIORS, INC.							
1301 SOUTH CENTURY CIRCLE WASILLA, AK 99654	92-0082770	501(C)(3)	77,000.				OPERATIONAL SUPPORT
(12) ANCHOR-AGE SENIOR CENTER							
1300 EAST 19TH AVENUE ANCHORAGE, AK 99501	92-0086821	501(C)(3)	75,700.				OPERATIONAL SUPPORT

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(1) MAT-SU SENIOR SERVICES 1132 S. CHUGACH STREET PALMER, AK 99645	92-0078503	501(C)(3)	75,000.				OPERATIONAL SUPPORT
(2) HOPE AND HEALTH INTERNATIONAL INC P.O. BOX 230183 ANCHORAGE, AK 99523	26-2862955	501(C)(3)	75,000.				OPERATIONAL SUPPORT
(3) NORTH STAR COUNCIL ON AGING 1424 MOORE ST FAIRBANKS, AK 99701	92-0037749	501(C)(3)	75,000.				OPERATIONAL SUPPORT
(4) AMERICAN CANCER SOCIETY INC - ALASKA P.O. BOX 230148 ANCHORAGE, AK 99523	13-1788491	501(C)(3)	74,200.				OPERATIONAL SUPPORT
(5) AWARE, INC 1547 OLD GLACIER HWY. JUNEAU, AK 99801	92-0064944	501(C)(3)	72,921.				OPERATIONAL SUPPORT
(6) KIDS KUPBOARD 4800 N TANIS WASILLA, AK 99654	81-0989262	501(C)(3)	70,500.				OPERATIONAL SUPPORT
(7) CAMP FIRE ALASKA 161 KLEVIN ST, STE 100 ANCHORAGE, AK 99508	92-0029613	501(C)(3)	70,250.				OPERATIONAL SUPPORT
(8) CITY OF ALEKNAGIK P.O. BOX 33 ALEKNAGIK, AK 99555	92-0079021	501(C)(3)	70,215.				OPERATIONAL SUPPORT
(9) SEWARD SENIOR CENTER P.O. BOX 1195 SEWARD, AK 99664	92-0072425	501(C)(3)	69,500.				OPERATIONAL SUPPORT
(10) ALASKA NATIVE SCIENCE & ENGINEERING PROGRAM P.O. BOX 141609 ANCHORAGE, AK 99514	92-6000147	501(C)(3)	66,000.				OPERATIONAL SUPPORT
(11) FAITH PRESBYTERIAN CHURCH P.O. BOX 113176 ANCHORAGE, AK 99511	92-0161429	501(C)(3)	66,000.				OPERATIONAL SUPPORT
(12) SEALASKA HERITAGE INSTITUTE 105 S. SEWARD ST. JUNEAU, AK 99801	92-0081844	501(C)(3)	65,250.				OPERATIONAL SUPPORT

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(1) CATHOLIC COMMUNITY SERVICE 1803 GLACIER HIGHWAY JUNEAU, AK 99801	92-0042651	501(C)(3)	65,088.				OPERATIONAL SUPPORT
(2) CTR AREA RURAL TRANSIT SYSTEM, INC. (CARTS) P.O. BOX 993 SOLDOTNA, AK 99669	92-0170748	501(C)(3)	65,000.				OPERATIONAL SUPPORT
(3) ALASKA CHILDREN'S INSTITUTE FOR THE PERFORM P.O. BOX 322 KENAI, AK 99611	92-0168259	501(C)(3)	63,310.				OPERATIONAL SUPPORT
(4) STAR (STANDING TOGETHER AGAINST RAPE, INC.) 1057 W FIREWEED LANE ANCHORAGE, AK 99503	92-0071466	501(C)(3)	60,861.				OPERATIONAL SUPPORT
(5) ALPINE ALTERNATIVES, INC. 750 E FIREWEED LANE ANCHORAGE, AK 99503	92-0080102	501(C)(3)	60,200.				OPERATIONAL SUPPORT
(6) FIVE LOAVES PANTRY P.O. BOX 1758 DELTA JUNCTION, AK 99737	85-0857640	501(C)(3)	60,000.				OPERATIONAL SUPPORT
(7) WORKING AGAINST VIOLENCE FOR EVERYONE (WAVE) P.O. BOX 415 PETERSBURG, AK 99833	14-2003379	501(C)(3)	59,426.				OPERATIONAL SUPPORT
(8) LOVE INC OF THE KENAI PENINSULA P.O. BOX 3052 KENAI, AK 99611	92-0123380	501(C)(3)	59,335.				OPERATIONAL SUPPORT
(9) FIRST ALASKANS INSTITUTE 606 E STREET, SUITE 200 ANCHORAGE, AK 99501	92-0174854	501(C)(3)	59,000.				OPERATIONAL SUPPORT
(10) WOMEN IN SAFE HOMES P.O. BOX 6552 KETCHIKAN, AK 99901	92-0069501	501(C)(3)	58,947.				OPERATIONAL SUPPORT
(11) THE SALVATION ARMY 143 E 9TH AVE ANCHORAGE, AK 99501	94-1156347	501(C)(3)	58,450.				OPERATIONAL SUPPORT
(12) HAINES ECONOMIC DEVELOPMENT CORP P.O. BOX 1734 HAINES, AK 99827	82-2157210	501(C)(3)	57,923.				OPERATIONAL SUPPORT

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(1) THE LEESHORE CENTER 325 S SPRUCE ST. KENAI, AK 99611	92-0069306	501(C)(3)	56,582.				OPERATIONAL SUPPORT
(2) SIMON PANEAK MEMORIAL MUSEUM P.O. BOX 21085 ANAKTUVUK PASS, AK 99721	20-2076516	501(C)(3)	56,500.				OPERATIONAL SUPPORT
(3) PETERSBURG CHILDREN'S CENTER P.O. BOX 138 PETERSBURG, AK 99833	92-0047233	501(C)(3)	55,300.				OPERATIONAL SUPPORT
(4) BEST BEGINNINGS 3350 COMMERCIAL DRIVE ANCHORAGE, AK 99501	45-5066055	501(C)(3)	54,600.				OPERATIONAL SUPPORT
(5) SPECIAL OLYMPICS ALASKA 3200 MT VIEW DR ANCHORAGE, AK 99501	92-0057197	501(C)(3)	53,246.				OPERATIONAL SUPPORT
(6) GAMERS SPORTS TRAVEL/RBI ALASKA P.O. BOX 221342 ANCHORAGE, AK 99522	47-3168191	501(C)(3)	53,000.				OPERATIONAL SUPPORT
(7) CORDOVA FAMILY RESOURCE CENTER P.O. BOX 863 CORDOVA, AK 99574	92-0146388	501(C)(3)	52,187.				OPERATIONAL SUPPORT
(8) LIFE ALASKA DONOR SERVICES 235 E. 8TH AVE, STE 100 ANCHORAGE, AK 99501	92-0140815	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(9) ALASKA EXCEL 4455 UNIVERSITY DRIVE ANCHORAGE, AK 99508	46-1486834	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(10) APICC 2600 CORDOVA STREET ANCHORAGE, AK 99503	92-0170234	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(11) MAT-SU SERVICES FOR CHILDREN & ADULTS, INC. 1225 W. SPRUCE AVENUE WASILLA, AK 99654	92-0107450	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(12) CCS EARLY LEARNING 2060 E INDUSTRIAL DR WASILLA, AK 99654	92-0040291	501(C)(3)	50,000.				OPERATIONAL SUPPORT

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(1) KACHEMAK BAY FAMILY PLANNING CLINIC 3959 BEN WALTERS LANE HOMER, AK 99603	92-0106486	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(2) KIDS CORPS INC 101 DAVIS STREET ANCHORAGE, AK 99508	94-3042122	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(3) FRIENDS OF THE THORNE BAY LIBRARY P.O. BOX 19273 THORNE BAY, AK 99919	32-0126334	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(4) BETHEL COUNCIL ON THE ARTS P.O. BOX 264 BETHEL, AK 99559	23-7366662	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(5) GIRDWOOD CHAPEL UMC P.O. BOX 1068 GIRDWOOD, AK 99587	92-0127131	501(C)(3)	47,750.				OPERATIONAL SUPPORT
(6) GREAT ALASKA COUNCIL BOY SCOUTS OF AMERICA 3117 PATTERSON STREET ANCHORAGE, AK 99504	92-0016314	501(C)(3)	47,700.				OPERATIONAL SUPPORT
(7) FAMILY PROMISE OF JUNEAU P.O. BOX 32775 JUNEAU, AK 99803	47-5613303	501(C)(3)	47,504.				OPERATIONAL SUPPORT
(8) TRAILSIDE DISCOVERY CAMP 808 E STREET, STE 100 ANCHORAGE, AK 99501	23-7380045	501(C)(3)	46,000.				OPERATIONAL SUPPORT
(9) SITKA FINE ARTS CAMP P.O. BOX 3086 SITKA, AK 99835	23-7240278	501(C)(3)	46,000.				OPERATIONAL SUPPORT
(10) KODIAK WOMEN'S RESOURCE AND CRISIS CENTER 422 HILLSIDE DRIVE KODIAK, AK 99615	92-0070130	501(C)(3)	45,865.				OPERATIONAL SUPPORT
(11) ROBERT AQQALUK NEWLIN SR MEMORIAL TRUST P.O. BOX 509 KOTZEBUE, AK 99752	94-3116762	501(C)(3)	45,000.				OPERATIONAL SUPPORT
(12) CHEESH'NA TRIBAL COUNCIL PO BOX 241 GAKONA, AK 99780	92-0060677	501(C)(3)	45,000.				OPERATIONAL SUPPORT

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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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.

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(1) ALASKA PACIFIC UNIVERSITY STUDENT FINANCIAL SERV. ANCHORAGE, AK 99508	92-0023588	501(C)(3)	44,000.				OPERATIONAL SUPPORT
(2) BIRCHWOOD CAMP OF THE ALASKA MISSIONARY CON P.O. BOX 670049 CHUGIAK, AK 99567	23-7282833	501(C)(3)	43,507.				OPERATIONAL SUPPORT
(3) INSTITUTE OF THE NORTH 715 L STREET, SUITE 300 ANCHORAGE, AK 99501	75-3155877	501(C)(3)	43,233.				OPERATIONAL SUPPORT
(4) MYHOUSE 300 NORTH WILLOW ST WASILLA, AK 99654	45-3954205	501(C)(3)	42,630.				OPERATIONAL SUPPORT
(5) SOUTHWEST ALASKA VOCATIONAL & EDUCATION CEN P.O. BOX 615 KING SALMON, AK 99613	92-0174741	501(C)(3)	42,495.				OPERATIONAL SUPPORT
(6) ANCHORAGE NEIGHBORHOOD HEALTH CENTER 4951 BUSINESS PARK BLVD ANCHORAGE, AK 99503	92-0047965	501(C)(3)	42,000.				OPERATIONAL SUPPORT
(7) CHRISTIAN HEALTH ASSOCIATES 1825 ACADEMY DRIVE ANCHORAGE, AK 99507	92-0152088	501(C)(3)	41,750.				OPERATIONAL SUPPORT
(8) SAFE AND FEAR-FREE ENVIRONMENT (SAFE) P.O. BOX 94 DILLINGHAM, AK 99576	92-0088380	501(C)(3)	41,531.				OPERATIONAL SUPPORT
(9) CHOOSING OUR ROOTS P.O. BOX 141831 ANCHORAGE, AK 99514	82-3583339	501(C)(3)	40,500.				OPERATIONAL SUPPORT
(10) JUNEAU HOUSING FIRST COLLABORATIVE 1944 ALLEN COURT JUNEAU, AK 99801	47-4157731	501(C)(3)	40,000.				OPERATIONAL SUPPORT
(11) FOOD BANK OF ALASKA 2192 VIKING DRIVE ANCHORAGE, AK 99501	92-0073175	501(C)(3)	39,179.				OPERATIONAL SUPPORT
(12) SOUTH PENINSULA HAVEN HOUSE 3776 LAKE STREET HOMER, AK 99603	92-0080286	501(C)(3)	38,765.				OPERATIONAL SUPPORT

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(1) GOLDBELT HERITAGE FOUNDATION ONE SEALASKA PL, STE 201 JUNEAU, AK 99801	81-0645819	501(C)(3)	37,800.				OPERATIONAL SUPPORT
(2) AMERICAN DIABETES ASSOCIATION - ALASKA 1570 W ARMORY WAY SEATTLE, WA 98119	13-1623888	501(C)(3)	36,750.				OPERATIONAL SUPPORT
(3) YWCA ALASKA 3400 SPENARD RD ANCHORAGE, AK 99503	92-0130244	501(C)(3)	36,750.				OPERATIONAL SUPPORT
(4) INTERIOR COMMUNITY HEALTH CENTER 1606 23RD AVENUE FAIRBANKS, AK 99701	92-0147354	501(C)(3)	36,070.				OPERATIONAL SUPPORT
(5) NEW HOPE COUNSELING CENTER 35109 ROYAL PLACE SOLDOTNA, AK 99669	76-0733573	501(C)(3)	36,000.				OPERATIONAL SUPPORT
(6) UNIVERSITY OF ALASKA FOUNDATION P.O. BOX 755120 FAIRBANKS, AK 99775	23-7394620	501(C)(3)	35,915.				OPERATIONAL SUPPORT
(7) ALASKA ARTS AND CULTURE FOUNDATION 161 S KLEVIN ST 102 ANCHORAGE, AK 99508	92-0171993	501(C)(3)	35,900.				OPERATIONAL SUPPORT
(8) ALASKA FAMILY SERVICES 1825 SOUTH CHUGACH STREET PALMER, AK 99645	92-0078235	501(C)(3)	35,448.				OPERATIONAL SUPPORT
(9) ILISAGVIK COLLEGE P.O. BOX 749 UTQIAGVIK, AK 99723	92-0158414	501(C)(3)	35,000.				OPERATIONAL SUPPORT
(10) CITY OF CORDOVA P.O. BOX 1210 CORDOVA, AK 99574	92-6000138	501(C)(3)	34,936.				OPERATIONAL SUPPORT
(11) MANIILAQ ASSOCIATION P.O. BOX 256 KOTZEBUE, AK 99752	92-0041461	501(C)(3)	34,236.				OPERATIONAL SUPPORT
(12) ONWARD AND UPWARD, INC. 777 N. CRUSEY STREET WASILLA, AK 99654	20-8397173	501(C)(3)	33,500.				OPERATIONAL SUPPORT

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**SCHEDULE I
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1) MOUNTAIN VIEW HEALTH SERVICES 3521 MOUNTAIN VIEW DR. ANCHORAGE, AK 99508	85-2391237	501(C)(3)	32,940.				OPERATIONAL SUPPORT
(2) GREATER HOUSTON COMMUNITY FOUNDATION 515 POST OAK BLVD HOUSTON, TX 77027	23-7160400	501(C)(3)	32,933.				OPERATIONAL SUPPORT
(3) HOSPICE OF THE CENTRAL PENINSULA P.O. BOX 2584 SOLDOTNA, AK 99669	92-0118643	501(C)(3)	32,922.				OPERATIONAL SUPPORT
(4) CONNECT VETS P.O. BOX 171 PALMER, AK 99645	82-4002340	501(C)(3)	32,500.				OPERATIONAL SUPPORT
(5) PLANNED PARENTHOOD OF THE GREAT NORTHWEST A 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501(C)(3)	32,342.				OPERATIONAL SUPPORT
(6) ALASKA BEHAVIORAL HEALTH 4045 LAKE OTIS PARKWAY ANCHORAGE, AK 99508	51-0152394	501(C)(3)	31,623.				OPERATIONAL SUPPORT
(7) NORTH SLOPE BOROUGH P.O. BOX 69 BARROW, AK 99723	92-0042378	501(C)(3)	31,531.				OPERATIONAL SUPPORT
(8) TAKSHANUK WATERSHED COUNCIL HC60 BOX 2008 HAINES, AK 99827	33-1069246	501(C)(3)	31,000.				OPERATIONAL SUPPORT
(9) ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	30,778.				OPERATIONAL SUPPORT
(10) KENAI LOCAL FOOD CONNECTION 39450 REDMAN STREET STERLING, AK 99672	92-0151271	501(C)(3)	30,500.				OPERATIONAL SUPPORT
(11) CLARE HOUSE 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	30,403.				OPERATIONAL SUPPORT
(12) VFW AUXILIARY POST #10046 134 N BIRCH SOLDOTNA, AK 99669	94-3157731	501(C)(3)	30,300.				OPERATIONAL SUPPORT

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(1) ANCHORAGE GOSPEL RESCUE MISSION 2823 EAST TUDOR ROAD ANCHORAGE, AK 99507	92-6003040	501(C)(3)	30,080.				OPERATIONAL SUPPORT
(2) SITKANS AGAINST FAMILY VIOLENCE P.O. BOX 6136 SITKA, AK 99835	92-0077632	501(C)(3)	30,057.				OPERATIONAL SUPPORT
(3) NATIONAL MULTIPLE SCLEROSIS SOCIETY - TEXAS 1050 N. POST OAK ROAD HOUSTON, TX 77055	13-5661935	501(C)(3)	30,000.				OPERATIONAL SUPPORT
(4) THRIVALASKA 1949 GILLAM WAY, STE F FAIRBANKS, AK 99701	92-0047999	501(C)(3)	30,000.				OPERATIONAL SUPPORT
(5) ANCHORAGE SCHOOL BASED HEALTH CENTERS 1825 ACADEMY DRIVE ANCHORAGE, AK 99507	92-0152088	501(C)(3)	30,000.				OPERATIONAL SUPPORT
(6) CALYPSO FARM & ECOLOGY CENTER P.O. BOX 106 ESTER, AK 99725	92-0169368	501(C)(3)	30,000.				OPERATIONAL SUPPORT
(7) THE ALASKA BLACK CAUCUS P.O. BOX 212051 ANCHORAGE, AK 99521	92-0065953	501(C)(3)	29,400.				OPERATIONAL SUPPORT
(8) BERING SEA WOMEN GROUP P.O. BOX 1596 NOME, AK 99762	92-0068974	501(C)(3)	29,196.				OPERATIONAL SUPPORT
(9) PRINCE WILLIAM SOUND SCIENCE CENTER P.O. BOX 705 CORDOVA, AK 99574	92-0129853	501(C)(3)	29,075.				OPERATIONAL SUPPORT
(10) CHOSEN 33325 ECHO LAKE RD SOLDOTNA, AK 99669	92-0151271	501(C)(3)	28,522.				OPERATIONAL SUPPORT
(11) ALASKA NETWORK ON DOMESTIC VIOLENCE AND SEX 130 SEWARD ST SUITE 214 JUNEAU, AK 99801	92-0087216	501(C)(3)	28,422.				OPERATIONAL SUPPORT
(12) KETCHIKAN COMMITTEE FOR THE HOMELESS DBA 628 PARK AVE KETCHIKAN, AK 99901	94-3109841	501(C)(3)	28,096.				OPERATIONAL SUPPORT

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(1) HOPE COMMUNITY RESOURCES, INC. 540 W. INTL AIRPORT RD ANCHORAGE, AK 99518	92-0036594	501(C)(3)	27,500.				OPERATIONAL SUPPORT
(2) HEARTS ALIVE P.O. BOX 65 PLAIN CITY, OH 43064	20-1952812	501(C)(3)	27,000.				OPERATIONAL SUPPORT
(3) OUTER COAST P.O. BOX 6573 SITKA, AK 99835	82-3228207	501(C)(3)	27,000.				OPERATIONAL SUPPORT
(4) OPERATION CHILDREN FIRST 1600 WOODSIDE AVE KENAI, AK 99611	84-3299344	501(C)(3)	26,942.				OPERATIONAL SUPPORT
(5) THE NAVIGATORS P.O. BOX 50500 COLORADO SPRINGS, CO 80949	84-6007896	501(C)(3)	26,000.				OPERATIONAL SUPPORT
(6) HOSPICE OF HAINES P.O. BOX 1034 HAINES, AK 99827	92-0163066	501(C)(3)	26,000.				OPERATIONAL SUPPORT
(7) OPT-IN KIANA P.O. BOX 136, CASANOFF KIANA, AK 99749	82-4711825	501(C)(3)	25,500.				OPERATIONAL SUPPORT
(8) ALASKA CARDIOVASCULAR RESEARCH FOUNDATION 3841 PIPER STREET ANCHORAGE, AK 99508	74-3076026	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(9) ICC ALASKA 3900 ARCTIC BLVD ANCHORAGE, AK 99503	92-0091959	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(10) NEIGHBORWORKS ALASKA 2515 A STREET ANCHORAGE, AK 99503	92-0082642	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(11) THE FOLK SCHOOL P.O. BOX 83572 FAIRBANKS, AK 99708	45-2974643	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(12) DENALI VISITOR CENTER P.O. BOX 437 HEALY, AK 99743	84-4610907	501(C)(3)	25,000.				OPERATIONAL SUPPORT

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(1) VALDEZ MUSEUM & HISTORICAL ARCHIVE ASSOCIAT P.O. BOX 8 VALDEZ, AK 99686	92-0159463	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(2) SEWARD NORDIC SKI CLUB P.O. BOX 2082 SEWARD, AK 99664	92-0114714	501(C)(3)	24,799.				OPERATIONAL SUPPORT
(3) THE ROTARY FOUNDATION 1560 SHERMAN AVENUE EVANSTON, IL 60201	36-3245072	501(C)(3)	24,675.				OPERATIONAL SUPPORT
(4) ANCHORAGE FAITH & ACTION-CONGREGATIONS TOGE P.O. BOX 143294 ANCHORAGE, AK 99514	05-0591944	501(C)(3)	22,669.				OPERATIONAL SUPPORT
(5) THE CHILDREN'S LUNCHBOX 1020 E. 4TH AVE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	22,650.				OPERATIONAL SUPPORT
(6) SEWARD PREVENTION COALITION P.O. BOX 482 SEWARD, AK 99664	47-5624328	501(C)(3)	22,294.				OPERATIONAL SUPPORT
(7) SKAGWAY CHILD CARE COUNCIL P.O. BOX 419 SKAGWAY, AK 99840	92-0120561	501(C)(3)	22,000.				OPERATIONAL SUPPORT
(8) EMMONAK WOMEN'S SHELTER 207 DELTA STREET EMMONAK, AK 99581	92-0080723	501(C)(3)	21,887.				OPERATIONAL SUPPORT
(9) ADVOCATES FOR VICTIMS OF VIOLENCE, INC 551 WOODSIDE DR VALDEZ, AK 99686	92-0083034	501(C)(3)	21,562.				OPERATIONAL SUPPORT
(10) UNITED WAY OF THE TANANA VALLEY P.O. BOX 74396 FAIRBANKS, AK 99707	92-6003642	501(C)(3)	21,400.				OPERATIONAL SUPPORT
(11) FRIENDS OF THE CAMPBELL CREEK SCIENCE CTR 5600 SCIENCE CENTER DR ANCHORAGE, AK 99507	20-3140552	501(C)(3)	21,000.				OPERATIONAL SUPPORT
(12) OUT NORTH P.O. BOX 90369 ANCHORAGE, AK 99508	92-0113286	501(C)(3)	20,500.				OPERATIONAL SUPPORT

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(1) QUTEKCAK NATIVE TRIBE P.O. BOX 1467 SEWARD, AK 99664	92-0117501	501(C)(3)	20,200.				OPERATIONAL SUPPORT
(2) LITTLE CITY FOUNDATION 1610 COLONIAL PARKWAY INVERNESS, IL 60067	36-2434562	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(3) BECKY'S PLACE HAVEN OF HOPE P.O. BOX 1506 HAINES, AK 99827	46-0958252	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(4) BROTHER FRANCIS SHELTER KODIAK P.O. BOX 670 KODIAK, AK 99615	20-8594266	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(5) HOSPICE OF HOMER P.O. BOX 4174 HOMER, AK 99603	92-0115943	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(6) THE AUGUST FUND P.O. BOX 672369 CHUGIAK, AK 99567	46-3701510	501(C)(3)	19,750.				OPERATIONAL SUPPORT
(7) ALEUTIAN PRIBILOF ISLANDS ASSOCIATION, INC. 1131 E. INTL AIRPORT RD ANCHORAGE, AK 99518	92-0073013	501(C)(3)	19,721.				OPERATIONAL SUPPORT
(8) FAIRBANKS SENIOR CENTER HELPING HANDS HOME 1424 MOORE STREET FAIRBANKS, AK 99701	92-0037749	501(C)(3)	19,500.				OPERATIONAL SUPPORT
(9) THE NATIVE VILLAGE OF UNALAKLEET P.O. BOX 270 UNALAKLEET, AK 99684	92-0039457	501(C)(3)	19,500.				OPERATIONAL SUPPORT
(10) SITKA SOUND SCIENCE CENTER 834 LINCOLN STREET, STE 200 SITKA, AK 99835	26-1253086	501(C)(3)	19,000.				OPERATIONAL SUPPORT
(11) SOLID ROCK MINISTRIES INC 36251 SOLID ROCK RD UT 1 SOLDOTNA, AK 99669	92-0056492	501(C)(3)	19,000.				OPERATIONAL SUPPORT
(12) DENALI EDUCATION CENTER P.O. BOX 212 DENALI NATIONAL PARK, AK 99755	92-0131177	501(C)(3)	18,926.				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) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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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
(1) KENAI PENINSULA HOCKEY ASSOCIATION BOOSTER 35230 KENAI SPUR HWY SOLDOTNA, AK 99669	82-2787152	501(C)(3)	18,808.				OPERATIONAL SUPPORT
(2) PACIFIC NORTHERN ACADEMY 2511 SENTRY DR, STE 100 ANCHORAGE, AK 99507	92-0145501	501(C)(3)	18,800.				OPERATIONAL SUPPORT
(3) CHALLENGE ALASKA 3350 COMMERCIAL DRIVE ANCHORAGE, AK 99501	92-0080897	501(C)(3)	18,295.				OPERATIONAL SUPPORT
(4) VICTIMS FOR JUSTICE 1057 WEST FIREWEED LANE ANCHORAGE, AK 99503	92-0110889	501(C)(3)	18,246.				OPERATIONAL SUPPORT
(5) FAIRBANKS NATIVE ASSOCIATION 3830 S. CUSHMAN STREET FAIRBANKS, AK 99701	92-0037488	501(C)(3)	18,036.				OPERATIONAL SUPPORT
(6) ALASKA PTA P.O. BOX 201496 ANCHORAGE, AK 99520	23-7302803	501(C)(3)	17,650.				OPERATIONAL SUPPORT
(7) SEE STORIES 205 E DIMOND BLVD. ANCHORAGE, AK 99515	82-5084384	501(C)(3)	17,500.				OPERATIONAL SUPPORT
(8) NATIVE MOVEMENT P.O. BOX 83467 FAIRBANKS, AK 99708	68-0535413	501(C)(3)	17,500.				OPERATIONAL SUPPORT
(9) BETHEL FAMILY CLINIC P.O. BOX 1908 BETHEL, AK 99559	92-0089260	501(C)(3)	17,500.				OPERATIONAL SUPPORT
(10) HOSPICE AND PALLIATIVE CARE OF KODIAK P.O. BOX 8682 KODIAK, AK 99615	45-2208200	501(C)(3)	17,500.				OPERATIONAL SUPPORT
(11) R.E.A.C.H. 907 - RESTORING, EMPOWERING ALAS 777 N CRUSEY ST, STE B109 WASILLA, AK 99654	83-2233177	501(C)(3)	17,400.				OPERATIONAL SUPPORT
(12) SOLDOTNA HIGH SCHOOL 425 W MARYDALE AVE SOLDOTNA, AK 99669	92-0030923	501(C)(3)	17,375.				OPERATIONAL SUPPORT

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(1) ACTS 247 SOLDOTNA 373 W VINE AVE SOLDOTNA, AK 99611	84-4373737	501(C)(3)	17,293.				OPERATIONAL SUPPORT
(2) PROVIDENCE ALASKA FOUNDATION 3760 PIPER STREET ANCHORAGE, AK 99508	92-0093565	501(C)(3)	17,250.				OPERATIONAL SUPPORT
(3) SOLDOTNA WHALERS WRESTLING CLUB 35930 KENAI SPUR HWY SOLDOTNA, AK 99669	30-0882982	501(C)(3)	17,204.				OPERATIONAL SUPPORT
(4) SUSAN G. KOMEN 3-DAY P.O. BOX 660843 DALLAS, TX 75266	75-1835298	501(C)(3)	17,087.				OPERATIONAL SUPPORT
(5) ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DR ANCHORAGE, AK 99504	92-0127531	501(C)(3)	17,070.				OPERATIONAL SUPPORT
(6) BEAN'S CAFE 1020 E. 4TH AVE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	17,030.				OPERATIONAL SUPPORT
(7) POP WARNER LITTLE SCHOLARS INC P.O. BOX 773625 EAGLE RIVER, AK 99577	91-1791440	501(C)(3)	17,000.				OPERATIONAL SUPPORT
(8) BRAVE HEART VOLUNTEERS P.O. BOX 6336 SITKA, AK 99835	73-1639840	501(C)(3)	17,000.				OPERATIONAL SUPPORT
(9) UNITED ANCHORAGE YOUTH SOCCER LEAGUE P.O. BOX 243565 ANCHORAGE, AK 99524	72-1621225	501(C)(3)	16,656.				OPERATIONAL SUPPORT
(10) IDENTITY, INC 307 E. NORTHERN BLVD. ANCHORAGE, AK 99503	92-0091087	501(C)(3)	16,600.				OPERATIONAL SUPPORT
(11) CHALLENGER LEARNING CENTER OF ALASKA 9711 KENAI SPUR HIGHWAY KENAI, AK 99611	92-1761906	501(C)(3)	16,500.				OPERATIONAL SUPPORT
(12) NOME COMMUNITY CENTER, INC. P.O. BOX 98 NOME, AK 99762	92-0039475	501(C)(3)	16,500.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1) ANCHORAGE HOSPICE INC 2612 E NORTHERN BLVD ANCHORAGE, AK 99508	92-0018009	501(C)(3)	16,250.				OPERATIONAL SUPPORT
(2) ANCHORAGE SYMPHONY ORCHESTRA 400 D STREET ANCHORAGE, AK 99501	92-6002867	501(C)(3)	16,100.				OPERATIONAL SUPPORT
(3) TBA THEATRE 635 W. 54TH AVENUE ANCHORAGE, AK 99518	77-0607918	501(C)(3)	16,000.				OPERATIONAL SUPPORT
(4) ANCHOR POINT SENIOR CITIZENS INC P.O. BOX 438 ANCHOR POINT, AK 99556	92-0094773	501(C)(3)	16,000.				OPERATIONAL SUPPORT
(5) ALASKA RESOURCE EDUCATION 601 E 57TH PL, STE 104 ANCHORAGE, AK 99518	92-0117527	501(C)(3)	15,750.				OPERATIONAL SUPPORT
(6) ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	92-0162721	501(C)(3)	15,618.				OPERATIONAL SUPPORT
(7) FAIRBANKS CHILDREN'S MUSEUM 302 CUSHMAN STREET FAIRBANKS, AK 99701	26-4095584	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(8) UA FOUNDATION - ANCHORAGE 1815 BRAGAW ST, STE 203 ANCHORAGE, AK 99508	23-7394620	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(9) KENAI WATERSHED FORUM 44129 STERLING HIGHWAY SOLDOTNA, AK 99669	91-1829284	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(10) ANCHORAGE SPORTSPLEX INC (THE DOME) 6501 CHANGEPOINT DR ANCHORAGE, AK 99518	30-0274501	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(11) ANCHORAGE COOPERATIVE PRESCHOOL 3031 LATOUCHE ST ANCHORAGE, AK 99508	92-0038797	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(12) ARCTIC REC CENTER 4855 ARCTIC BLVD ANCHORAGE, AK 99503	46-5014292	501(C)(3)	15,000.				OPERATIONAL SUPPORT

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(1) GIRLS ROCK CAMP ALASKA 7736 STANLEY DR ANCHORAGE, AK 99518	46-4520838	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) MUSEUM OF THE ALEUTIANS 314 SALMON WAY UNALASKA, AK 99685	92-0162384	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(3) REVIVE ALASKA COMMUNITY SERVICES P.O. BOX 231568 ANCHORAGE, AK 99523	85-1354717	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(4) HELEN E. SNEDDEN FOUNDATION/FAIRBANKS DAILY P.O. BOX 70432 FAIRBANKS, AK 99707	46-6702453	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(5) NATIVE VILLAGE OF SCAMMON BAY P.O. BOX 126 SCAMMON BAY, AK 99662	92-0066184	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(6) VICTORY MINISTRIES OF ALASKA, INC P.O. BOX 875392 WASILLA, AK 99687	92-0143034	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(7) NATIVE VILLAGE OF KWINHAGAK P.O. BOX 149 QUINHAGAK, AK 99655	92-0068827	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(8) VILLAGE OF CHEFORNAK P.O. BOX 110 CHEFORNAK, AK 99561	92-0063399	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(9) CITY OF WAINWRIGHT P.O. BOX 9 WAINWRIGHT, AK 99782	92-0037299	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(10) NATIVE VILLAGE OF EYAK P.O. BOX 1388 CORDOVA, AK 99574	92-0061041	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(11) QAWALANGIN TRIBE OF UNALASKA P.O. BOX 334 UNALASKA, AK 99685	92-0134953	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(12) MUNICIPALITY OF SKAGWAY RECREATION CENTER P.O. BOX 868 SKAGWAY, AK 99804	92-6000088	501(C)(3)	15,000.				OPERATIONAL SUPPORT

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(1) NATIVE VILLAGE OF BUCKLAND P.O. BOX 67 BUCKLAND, AK 99727	92-0073693	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) YAKUTAT TLINGIT TRIBE P.O. BOX 418 YAKUTAT, AK 99689	92-0170735	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(3) NATIVE VILLAGE OF SELAWIK P.O. BOX 59 SELAWIK, AK 99770	00-0000000	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(4) HOLLIS PUBLIC LIBRARY P.O. BOX 764 CRAIG, AK 99921	92-0113023	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(5) KENAI BIBLE CHURCH P.O. BOX 176 KENAI, AK 99611	92-0097566	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(6) NOME ESKIMO COMMUNITY P.O. BOX 1090 NOME, AK 99762	92-0059310	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(7) ESKIMO WALRUS COMMISSION P.O. BOX 948 NOME, AK 99762	00-0000000	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(8) NATIVE VILLAGE OF RUBY P.O. BOX 210 RUBY, AK 99768	92-0064546	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(9) CHICKALOON NATIVE VILLAGE P.O. BOX 1105 CHICKALOON, AK 99674	92-0120907	501(C)(3)	14,994.				OPERATIONAL SUPPORT
(10) CORDOVA 4H MUSIC CAMP P.O. BOX 1053 CORDOVA, AK 99574	36-2862206	501(C)(3)	14,985.				OPERATIONAL SUPPORT
(11) METLAKATLA INDIAN COMMUNITY P.O. BOX 8 METLAKATLA, AK 99926	92-0014579	501(C)(3)	14,713.				OPERATIONAL SUPPORT
(12) DOWNTOWN SOUP KITCHEN HOPE CENTER P.O. BOX 202684 ANCHORAGE, AK 99520	92-0141715	501(C)(3)	14,500.				OPERATIONAL SUPPORT

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(1) FRIENDS OF ZACH GORDON YOUTH CENTER INC P.O. BOX 21153 JUNEAU, AK 99802	92-0014675	501(C)(3)	14,300.				OPERATIONAL SUPPORT
(2) KENAITZE INDIAN TRIBE 150 NORTH WILLOW STREET KENAI, AK 99611	92-0069243	501(C)(3)	14,238.				OPERATIONAL SUPPORT
(3) PETERSVILLE COMMUNITY NON-PROFIT CORP. P.O. BOX 13392 TRAPPER CREEK, AK 99683	47-3996136	501(C)(3)	14,168.				OPERATIONAL SUPPORT
(4) CHILKOOT INDIAN ASSOCIATION P.O. BOX 490 HAINES, AK 99827	92-0078667	501(C)(3)	14,000.				OPERATIONAL SUPPORT
(5) JUNEAU COMMUNITY FOUNDATION 350 N. FRANKLIN ST. #4 JUNEAU, AK 99801	52-2395867	501(C)(3)	13,965.				OPERATIONAL SUPPORT
(6) ALASKA DISTRICT COUNCIL 1048 W INTL AIRPORT RD ANCHORAGE, AK 99518	92-6002786	501(C)(3)	13,880.				OPERATIONAL SUPPORT
(7) BRISTOL BAY BOROUGH - PARKS AND RECREATION P.O. BOX 189 NAKNEK, AK 99633	92-0029832	501(C)(3)	13,733.				OPERATIONAL SUPPORT
(8) UPPER SUSITNA FOOD PANTRY P.O. BOX 277 TALKEETNA, AK 99676	45-4011416	501(C)(3)	13,502.				OPERATIONAL SUPPORT
(9) POLYNESIAN ASSOCIATION OF ALASKA, INC. 8060 COUNTRY WOODS DR ANCHORAGE, AK 99502	03-0552932	501(C)(3)	13,500.				OPERATIONAL SUPPORT
(10) GIRDWOOD FINE ARTS CAMP P.O. BOX 1034 GIRDWOOD, AK 99587	42-1614179	501(C)(3)	13,500.				OPERATIONAL SUPPORT
(11) MOOSE PASS VOLUNTEER FIRE COMPANY P.O. BOX 104 MOOSE PASS, AK 99631	92-0073170	501(C)(3)	12,771.				OPERATIONAL SUPPORT
(12) LOST LAKE RUN P.O. BOX 241367 ANCHORAGE, AK 99524	20-5812503	501(C)(3)	12,650.				OPERATIONAL SUPPORT

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(1) STORY WORKS ALASKA							
1101 GOLDEN BEAR DRIVE ANCHORAGE, AK 99504	47-4360248	501(C)(3)	12,600.				OPERATIONAL SUPPORT
(2) THE COMPASS							
51781 KENAI SPUR HWY KENAI, AK 99611	82-3609672	501(C)(3)	12,475.				OPERATIONAL SUPPORT
(3) SOLDOTNA AREA SENIOR CITIZENS, INC							
197 W PARK AVE SOLDOTNA, AK 99669	92-0116416	501(C)(3)	12,150.				OPERATIONAL SUPPORT
(4) FACING FOSTER CARE IN ALASKA							
P.O. BOX 92644 ANCHORAGE, AK 99509	74-3099527	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(5) ARMED SERVICES YMCA OF ALASKA							
P.O. BOX 6272 JBER, AK 99506	92-0016680	501(C)(3)	11,500.				OPERATIONAL SUPPORT
(6) USAFV							
P.O. BOX 36 UNALASKA, AK 99685	92-0097890	501(C)(3)	11,498.				OPERATIONAL SUPPORT
(7) FRIENDS OF STATE PARKS, MAT-SU							
1150 S. COLONY WAY STE 3 PALMER, AK 99645	92-0172104	501(C)(3)	11,456.				OPERATIONAL SUPPORT
(8) SITKA COMMUNITY LAND TRUST							
329 HARBOR DR. STE. 212 SITKA, AK 99835	35-2292107	501(C)(3)	11,383.				OPERATIONAL SUPPORT
(9) ANCHOR POINT FOOD PANTRY							
P.O. BOX 266 ANCHOR POINT, AK 99556	46-1962921	501(C)(3)	11,000.				OPERATIONAL SUPPORT
(10) MAT-SU SEA HAWKERS, INC.							
P.O. BOX 1832 PALMER, AK 99645	20-5446248	501(C)(3)	10,930.				OPERATIONAL SUPPORT
(11) BUNNELL STREET ARTS CENTER							
106 W BUNNELL AVE SUITE A HOMER, AK 99603	94-3220880	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(12) CHUGACH REGIONAL RESOURCES COMMISSION							
1840 BRAGAW STREET ANCHORAGE, AK 99508	92-0126412	501(C)(3)	10,500.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

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) KETCHIKAN AREA ARTS & HUMANITIES COUNCIL IN 330 MAIN STREET KETCHIKAN, AK 99901	23-7058116	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(2) AKIAK NATIVE COMMUNITY P.O. BOX 52127 AKIAK, AK 99552	92-0068348	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(3) ALASKA PTA - SEWARD P.O. BOX 409 SEWARD, AK 99664	92-0134935	501(C)(3)	10,420.				OPERATIONAL SUPPORT
(4) USTA-PACIFIC NORTHWEST SECTION 29030 SW TOWN CENTER WILSONVILLE, OR 97070	93-0853818	501(C)(3)	10,323.				OPERATIONAL SUPPORT
(5) THE CHILDREN'S PLACE P.O. BOX 871788 WASILLA, AK 99687	91-1817911	501(C)(3)	10,140.				OPERATIONAL SUPPORT
(6) AABC FOUNDATION - AMERICAN ASSOCIATION OF B 3123 GOTTSCHALL RD PERKIOMENVILLE, PA 18074	23-2778441	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(7) ALASKA DEVELOPMENT CORPORATION 612 W WILLOUGHBY AVE, STE A JUNEAU, AK 99801	56-2374498	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) WASILLA LAKE CHURCH OF THE NAZARENE 2001 E PALMER-WASILLA HWY WASILLA, AK 99654	92-0074681	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(9) NORTH OLYMPIC LIBRARY FOUNDATION 2210 S PEABODY ST PORT ANGELES, WA 98362	45-3729130	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) ATUX FOREVER: RESTORING ATTUANS FREEDOM 2940 SUN SPOT CIR ANCHORAGE, AK 99507	84-3695943	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(11) AMERICAN FOUNDATION FOR SUICIDE PREVENTION 2240 E TUDOR RD ANCHORAGE, AK 99507	13-3393329	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(12) MUNICIPALITY OF ANCHORAGE P.O. BOX 196650 ANCHORAGE, AK 99519	92-0059987	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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(1) UAF LEARNING INSIDE OUT NETWORK P.O. BOX 757880 FAIRBANKS, AK 99775	92-6000147	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(2) QAGAN TAYAGUNGIN TRIBE P.O. BOX 447 SAND POINT, AK 99661	92-0139729	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(3) KLAUOCK COOPERATIVE ASSOCIATION P.O. BOX 430 KLAUOCK, AK 99925	92-0072227	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(4) PALMER HOCKEY ASSOCIATION BOOSTER P.O. BOX 1471 PALMER, AK 99645	94-3107362	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(5) SEWARD TSUNAMI SWIM CLUB P.O. BOX 2328 SEWARD, AK 99664	94-3067279	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(6) UTQIAGVIK PRESBYTERIAN CHURCH P.O. BOX 730 BARROW, AK 99723	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(7) SEWARD SEAMAN'S MISSION P.O. 2742 SEWARD, AK 99664	92-0134947	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) SHEPHERD OF THE VALLEY LUTHERAN CHURCH P.O. BOX 34859 JUNEAU, AK 99803	92-0102479	501(C)(3)	9,900.				OPERATIONAL SUPPORT
(9) CHUGACH MOUNTAIN BIKE RIDERS P.O. BOX 672555 CHUGIAK, AK 99567	81-4286494	501(C)(3)	9,850.				OPERATIONAL SUPPORT
(10) GRAND PAWS RETIREMENT ACRES INC P.O. BOX 799 DELTA JUNCTION, AK 99737	85-2397209	501(C)(3)	9,655.				OPERATIONAL SUPPORT
(11) KRBD RAINBIRD COMMUNITY BROADCASTING 1101 COPPER RIDGE LANE KETCHIKAN, AK 99901	23-7444805	501(C)(3)	9,620.				OPERATIONAL SUPPORT
(12) ANCHORAGE HOCKEY ASSOCIATION P.O. BOX 202069 ANCHORAGE, AK 99520	92-0031799	501(C)(3)	9,600.				OPERATIONAL SUPPORT

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(1) FIRST CITY PLAYERS, INC. 335 MAIN STREET KETCHIKAN, AK 99901	92-6004567	501(C)(3)	8,991.				OPERATIONAL SUPPORT
(2) INDEPENDENT BAPTIST CHURCH OF ANCHORAGE 1801 E 68TH AVE ANCHORAGE, AK 99507	92-0129047	501(C)(3)	8,980.				OPERATIONAL SUPPORT
(3) COASTALASKA 360 EGAN DRIVE JUNEAU, AK 99801	92-0162579	501(C)(3)	8,922.				OPERATIONAL SUPPORT
(4) ANCHORAGE COMMUNITY LAND TRUST 3701 MOUNT VIEW DE ANCHORAGE, AK 99508	20-0461014	501(C)(3)	8,850.				OPERATIONAL SUPPORT
(5) CENTRAL ALASKA RETIRED TEACHERS' ASSOCIATIO P.O. BOX 93610 ANCHORAGE, AK 99508	26-0650015	501(C)(3)	8,750.				OPERATIONAL SUPPORT
(6) HOMER FOUNDATION P.O. BOX 2600 HOMER, AK 99603	92-0139183	501(C)(3)	8,724.				OPERATIONAL SUPPORT
(7) NATIVE VILLAGE OF PORT LIONS P.O. BOX 69 PORT LIONS, AK 99550	92-0070708	501(C)(3)	8,700.				OPERATIONAL SUPPORT
(8) ANCHORAGE PARK FOUNDATION 3201 C STREET SUITE 110 ANCHORAGE, AK 99503	41-2205907	501(C)(3)	8,589.				OPERATIONAL SUPPORT
(9) SINGLETRACK ADVOCATES P.O. BOX 221382 ANCHORAGE, AK 99522	26-1437999	501(C)(3)	8,550.				OPERATIONAL SUPPORT
(10) ALASKA DANCE THEATRE 550 EAST 33RD AVE ANCHORAGE, AK 99503	92-0082397	501(C)(3)	8,520.				OPERATIONAL SUPPORT
(11) ALASKA FOOD POLICY COUNCIL 3734 BEN WALTERS LANE HOMER, AK 99603	46-5017514	501(C)(3)	8,500.				OPERATIONAL SUPPORT
(12) LEAKE TEMPLE AME ZION P.O. BOX 211763 ANCHORAGE, AK 99508	92-0108558	501(C)(3)	8,500.				OPERATIONAL SUPPORT

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(1) WEST ANCHORAGE HIGH SCHOOL 1700 HILLCREST DRIVE ANCHORAGE, AK 99517	92-6000078	501(C)(3)	8,358.				OPERATIONAL SUPPORT
(2) RIVERSIDE COMMUNITY CHURCH 10301 E EAGLERIVER RD EAGLE RIVER, AK 99577	00-0000000	501(C)(3)	8,300.				OPERATIONAL SUPPORT
(3) GREATER FRIENDSHIP BAPTIST CHURCH P.O. BOX 203088 ANCHORAGE, AK 99520	92-0059186	501(C)(3)	8,200.				OPERATIONAL SUPPORT
(4) SKIKU 5401 CORDOVA STREET ANCHORAGE, AK 99518	46-3175050	501(C)(3)	8,150.				OPERATIONAL SUPPORT
(5) HUMANITY IN PROGRESS P.O. BOX 1776 PETERSBURG, AK 99833	85-0753505	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(6) MAT-SU AMATEUR HOCKEY ASSOCIATION P.O. BOX 871880 WASILLA, AK 99687	92-0060967	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(7) ALASKA YOUTH ORCHESTRAS 1505 W. 32ND AVE. ANCHORAGE, AK 99503	92-0082750	501(C)(3)	7,781.				OPERATIONAL SUPPORT
(8) ANCHORAGE LIBRARY FOUNDATION P.O. BOX 244714 ANCHORAGE, AK 99524	92-0081583	501(C)(3)	7,750.				OPERATIONAL SUPPORT
(9) RESOURCE CENTER FOR PARENTS & CHILDREN 726 26TH AVE, STE 2 FAIRBANKS, AK 99701	92-0072568	501(C)(3)	7,722.				OPERATIONAL SUPPORT
(10) ALASKA DIVE SEARCH RESCUE AND RECOVERY TEAM 7004-A GOLD KINGS AVE ANCHORAGE, AK 99504	81-4286647	501(C)(3)	7,700.				OPERATIONAL SUPPORT
(11) CONNECT RESTORE THRIVE COUNSELING GROUP 7510 MARYLAND AVE ANCHORAGE, AK 99504	85-2379583	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(12) MUSEUMS ALASKA INCORPORATED 625 C STREET ANCHORAGE, AK 99501	92-0097153	501(C)(3)	7,500.				OPERATIONAL SUPPORT

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(1) NATIVE VILLAGE OF KOTZEBUE P.O. BOX 296 KOTZEBUE, AK 99752	92-0060128	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(2) HOMER FARMERS MARKET P.O. BOX 2274 HOMER, AK 99603	92-0176052	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(3) KENAI MOUNTAINS PUBLIC MEDIA, INC. P.O. BOX 816 SEWARD, AK 99664	47-1173027	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(4) GET OUT THE NATIVE VOTE 3600 SAN JERONIMO DRIVE ANCHORAGE, AK 99508	37-1762207	501(C)(3)	7,482.				OPERATIONAL SUPPORT
(5) HOLY FAMILY CATHEDRAL 811 W. 6TH AVE ANCHORAGE, AK 99501	92-0122447	501(C)(3)	7,400.				OPERATIONAL SUPPORT
(6) PICKLE HILL PUBLIC BROADCASTING INC (KDLL) P.O. BOX 2111 KENAI, AK 00611	92-0100717	501(C)(3)	7,400.				OPERATIONAL SUPPORT
(7) THE SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	36-2193608	501(C)(3)	7,233.				OPERATIONAL SUPPORT
(8) FAR EAST CHRISTIAN CENTER P.O. BOX 3000 GARDEN VALLEY, TX 75771	47-4648047	501(C)(3)	7,200.				OPERATIONAL SUPPORT
(9) FAITH LUTHERAN CHURCH 5200 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-6010511	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(10) NARROWS BROADCASTING CORPORATION KFSK P.O. BOX 149 PETERSBURG, AK 99833	92-0064145	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(11) BETHEL LUTHERAN CHURCH 644 N 1000 E SHELLEY, ID 83274	82-0384767	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(12) SELDOVIA COMMUNITY PRESCHOOL P.O. BOX 133 SELDOVIA, AK 99663	82-3723184	501(C)(3)	7,000.				OPERATIONAL SUPPORT

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(1) ALUTIIQ HERITAGE FOUNDATION 215 MISSION ROAD KODIAK, AK 99615	92-0150422	501(C)(3)	6,900.				OPERATIONAL SUPPORT
(2) HOPE OF SOUTH TEXAS, INC. 1801 N LAURENT, STE 101 VICTORIA, TX 77901	74-2414129	501(C)(3)	6,868.				OPERATIONAL SUPPORT
(3) LET'S BUILD THE FAMILY 13310 BRANT WAY ANCHORAGE, AK 99515	56-2615023	501(C)(3)	6,800.				OPERATIONAL SUPPORT
(4) DIMOND ALUMNI FOUNDATION 205 E DIMOND BLVD ANCHORAGE, AK 99515	94-3096950	501(C)(3)	6,600.				OPERATIONAL SUPPORT
(5) VALLEY MOUNTAIN BIKERS AND HIKERS P.O. BOX 2867 PALMER, AK 99645	20-4851728	501(C)(3)	6,600.				OPERATIONAL SUPPORT
(6) BETHEL EVANGELICAL COVENANT CHURCH P.O. BOX 828 BETHEL, AK 99559	92-0082166	501(C)(3)	6,600.				OPERATIONAL SUPPORT
(7) NAMI ALASKA P.O. BOX 201753 ANCHORAGE, AK 99520	92-0111673	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(8) FRIENDS OF BRSP P.O. BOX 670650 CHUGIAK, AK 99567	27-0258373	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(9) HAINES HUTS P.O. BOX 508 HAINES, AK 99827	30-1131768	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(10) HATCHER ALPINE XPERIENCE P.O. BOX 924 PALMER, AK 99645	81-1056780	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(11) STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HILAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	6,310.				OPERATIONAL SUPPORT
(12) ALASKA SPCA 3710 WOODLAND DRIVE ANCHORAGE, AK 99517	92-0068910	501(C)(3)	6,305.				OPERATIONAL SUPPORT

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(1) UNALAKLEET COVENANT CHURCH P.O. BOX 209 UNALAKLEET, AK 99684	00-0000000	501(C)(3)	6,302.				OPERATIONAL SUPPORT
(2) GREAT LAND TRUST P.O. BOX 101272 ANCHORAGE, AK 99510	92-0155014	501(C)(3)	6,130.				OPERATIONAL SUPPORT
(3) FREEDOM MINISTRIES 9788 RIVER DR DESCANSO, CA 91916	81-0551565	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(4) SACRED HEART CATHOLIC CHURCH 122 NW 1ST ST GLENWOOD, MN 56334	41-0693981	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(5) BARTLETT HIGH SCHOOL 1101 GOLDEN BEAR DRIVE ANCHORAGE, AK 99504	92-6000078	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(6) TALKEETNA ELEMENTARY SCHOOL HC 89 BOX 8010 TALKEETNA, AK 99676	00-0000000	501(C)(3)	5,900.				OPERATIONAL SUPPORT
(7) ABC LIFE CHOICES 501 FRONTAGE ROAD KENAI, AK 99611	92-0113488	501(C)(3)	5,893.				OPERATIONAL SUPPORT
(8) CHILD EVANGELISM FELLOWSHIP, INC. P.O. BOX 348 WARRENTON, MO 63383	38-6091187	501(C)(3)	5,825.				OPERATIONAL SUPPORT
(9) KENAI SOLDOTNA SHRINERS 47445 W POPPY LN SOLDOTNA, AK 99669	23-7431648	501(C)(3)	5,800.				OPERATIONAL SUPPORT
(10) BIBLE PROJECT 1302 SE ANKENY STREET PORTLAND, OR 97214	46-4277592	501(C)(3)	5,750.				OPERATIONAL SUPPORT
(11) FRIENDS OF EAGLE RIVER NATURE CENTER, INC. 32750 EAGLE RIVER RD EAGLE RIVER, AK 99577	92-0156981	501(C)(3)	5,711.				OPERATIONAL SUPPORT
(12) BEACON HILL 2807 ARCTIC BLVD ANCHORAGE, AK 99503	27-1779531	501(C)(3)	5,700.				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) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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) SOLDOTNA ELKS LODGE #2706 44640 PARKWAY AVENUE SOLDOTNA, AK 99669	92-0113909	501(C)(3)	5,600.				OPERATIONAL SUPPORT
(2) ANDREW WOMMACK MINISTRIES INC 1 INNOVATION WAY WOODLAND PARK, CO 80863	84-0780017	501(C)(3)	5,548.				OPERATIONAL SUPPORT
(3) KENAI CENTRAL HIGH SCHOOL 9583 KENAI SPUR HIGHWAY KENAI, AK 99611	92-0030923	501(C)(3)	5,540.				OPERATIONAL SUPPORT
(4) SEWARD ARTS COUNCIL P.O. BOX 794 SEWARD, AK 99664	92-0076287	501(C)(3)	5,535.				OPERATIONAL SUPPORT
(5) CHUGIAK FOOTBALL BOOSTER CLUB P.O. BOX 771061 EAGLE RIVER, AK 99577	92-0130490	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(6) COUGAR GRIDIRON BOOSTER CLUB P.O. BOX 232435 ANCHORAGE, AK 99523	36-4490501	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(7) EAGLE RIVER HIGH SCHOOL FOOTBALL BOOSTER CL P.O. BOX 770608 EAGLE RIVER, AK 99577	20-3382039	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(8) EAST HIGH FOOTBALL BOOSTER CLUB P.O. BOX 141536 ANCHORAGE, AK 99514	35-2346379	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(9) SOUTH FOOTBALL BOOSTER FOUNDATION P.O. BOX 111501 ANCHORAGE, AK 99511	16-1725313	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(10) SUNSHINE STATION CHILDCARE CENTER BOX 81830 TALKEETNA, AK 99676	20-1605266	501(C)(3)	5,498.				OPERATIONAL SUPPORT
(11) FIRST BAPTIST CHURCH OF LOEB 3082 HIGHWAY 69 SOUTH LUMBERTON, TX 77657	00-0000000	501(C)(3)	5,401.				OPERATIONAL SUPPORT
(12) JUNIOR ACHIEVEMENT OF ALASKA, INC. 639 W INTL AIRPORT RD ANCHORAGE, AK 99518	92-0045091	501(C)(3)	5,400.				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) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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) GEAR UP PROJECT 554 W POINTE CIR FAIRBANKS, AK 99709	85-3500517	501(C)(3)	5,369.				OPERATIONAL SUPPORT
(2) ALL ALASKA PEDIATRIC PARTNERSHIP 4141 B STREET SUITE 409 ANCHORAGE, AK 99503	47-3428822	501(C)(3)	5,330.				OPERATIONAL SUPPORT
(3) SHILOH COMMUNITY DEVELOPMENT, INC 1677 JUNEAU STREET ANCHORAGE, AK 99501	90-0325278	501(C)(3)	5,300.				OPERATIONAL SUPPORT
(4) WEST VALLEY HIGH SCHOOL 3800 GEIST ROAD FAIRBANKS, AK 99709	92-6000096	501(C)(3)	5,087.				OPERATIONAL SUPPORT
(5) NO LIMIT INC 253 ROMANS WAY FAIRBANKS, AK 99701	46-4889885	501(C)(3)	5,024.				OPERATIONAL SUPPORT
(6) COPPER RIVER HOCKEY CLUB 1999 AURORA DR. GLENNALLEN, AK 99588	92-0145052	501(C)(3)	5,003.				OPERATIONAL SUPPORT
(7) WILDWOOD BIBLE CHURCH 16832 HANSON DRIVE ANCHORAGE, AK 99577	00-0000000	501(C)(3)	5,001.				OPERATIONAL SUPPORT
(8)							
(9)							
(10)							
(11)							
(12)							

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) 2021

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	119	368,713.			
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.

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

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.

THE AWARD DOES NOT BENEFIT THE FUND ADVISORS, DOES NOT FULFILL A PLEDGE,
AND THAT THE RECOMMENDATION IS IN LINE WITH THE CHARITABLE PURPOSE OF THE
FUND FROM WHICH IT WILL BE AWARDED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NINA KEMPPPEL	(i)	225,000.	NONE	NONE	9,000.	5,472.	239,472.	NONE
1 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN GRAY	(i)	169,615.	10,000.	NONE	7,436.	15,132.	202,183.	NONE
2 CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II

Loans to and/or From Interested Persons.

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

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

Total ▶ \$

Part III

Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990) 2021

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	173,990.	SEE PART V		X
(2) RASMUSON FOUNDATION	LARGE FUNDER	173,990.	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).

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 23.97% DIRECT BENEFICIAL OWNER AND 13.15% INDIRECT BENEFICIAL OWNER THROUGH AN ALASKA TRUST. IN ADDITION, THE RASMUSON FOUNDATION IS AN 8.48% 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 2021 TOTALED \$173,990.

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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	14	4,546,113.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (IN-KIND)	X	4	11,473.	FMV
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.		

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

Schedule M (Form 990) 2021

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.

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

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 2100 FUNDS AND MANAGES APPROXIMATELY \$200 MILLION IN PHILANTHROPIC ASSETS. IN THE PAST TWO DECADES, ACF HAS AWARDED MORE THAN \$165 MILLION IN GRANTS TO IMPROVE THE LIVES OF ALASKANS.

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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
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:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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:

INDABA CAPITAL PARTNERS (CAYMAN), LP	(547,360)
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	(258,369)
RESOURCE LAND FUND V, LP K-1	(225,051)
SECONDARY OPPORTUNITIES FUND III, LP	(125,031)
PRINCIPAL REAL ESTATE DEBT FUND III LP K1	(72,706)
PRINCIPAL REAL ESTATE DEBT FUND LP K1	(706)
WCP NEWCOLD K1	34,920
WCP NEWCOLD II K1	23,748

TOTAL: (1,170,555)

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
SJ/JL CALAIS OFFICE I, LLC 3201 C SUITE, SUITE 100 ANCHORAGE, AK 99503	RENT	173,720.
NANA MANAGEMENT SERVICES, LLC 800 E DIMOND BLVD, STE 3-450 ANCHORAGE, AK 99507	BUILDING MANAGEMENT	162,232.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACF PROPERTIES, LLC 81-3769333 3201 C ST, SUITE 110 ANCHORAGE, AK 99503	RE HOLDING CO	AK	NONE	NONE	AK COMM FOUN
(2) ACF PROPERTIES B, LLC 88-2065050 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	BP ENERGY	AK	NONE	13,344,844.	AK COMM FOUN
(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) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													