



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

3601 C Street, Suite 600
Anchorage, AK 99503

October 25, 2025

Alexandra McKay, President/CEO
The Alaska Community Foundation
3201 C Street, Suite 110
Anchorage, AK 99503

Dear Alexandra,

Enclosed are the following income tax returns prepared on behalf of The Alaska Community Foundation for the year ended December 31, 2024.

- 2024 990-T - Exempt Organization Business Income Tax Return
- 2024 990 - Return of Organization Exempt from Income Tax
- 2024 8879-TE - IRS E-file Signature Authorization Form
- 2024 8879-TE - IRS E-file Signature Authorization Form
- 2024 Schedule A - Public Charity Status and Public Support
- 2024 Schedule B - Schedule of Contributors
- 2024 Schedule D - Supplemental Financial Statements
- 2024 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
- 2024 Schedule J - Compensation Information
- 2024 Schedule M - Noncash Contributions
- 2024 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2024 Schedule R - Related Organizations and Unrelated Partnerships

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

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

Sincerely,

BDO USA

Matthew Frerker, CPA



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

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2024

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

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

BDO USA
3601 C STREET, STE 600
ANCHORAGE AK 99503

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

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 17, 2025. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____ and ending _____

2024

Department 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

ALEXANDRA MCKAY, 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	<u>38911412.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part 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 2024 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 to enter my PIN 94221 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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.

92135313538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 Matthew Frenke

Date 10/25/2025

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.

Return of Organization Exempt From Income Tax

2024

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 header section containing organization name (THE ALASKA COMMUNITY FOUNDATION), EIN (92-0155067), address (3201 C STREET, SUITE 110, ANCHORAGE, AK 99503), and principal officer (ALEXANDRA MCKAY).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, fundraising expenses, and asset/liability totals.

Part II Signature Block

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

Signature block for officer ALEXANDRA MCKAY, PRESIDENT/CEO, dated 10/25/2025.

Paid Preparer Use Only section for Matthew Frerker, CPA, BDO USA, dated 10/25/2025.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

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 \$ 17,802,879. including grants of \$ 10,226,386.) (Revenue \$ 2,760,903.)

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 2,853,441. including grants of \$ 2,438,779.) (Revenue \$ 2,967,523.)

SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 983,766. including grants of \$ 931,792.) (Revenue \$ 3,999.)

SEE SCHEDULE O

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

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

4e Total program service expenses 21,640,086.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 42		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	X	
b	If "Yes," enter the name of the foreign country <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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.		

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

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.		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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.		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?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Forms 1023 (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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of 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) ALEXANDRA MCKAY PRESIDENT/CEO	50.00 1.00			X				225,865.	NONE	26,283.
(2) KEVIN GRAY CFO	45.00 NONE			X				215,558.	NONE	24,148.
(3) MEGAN CACCIOLA VP OF PROGRAM & GRANTS	45.00 NONE					X		147,481.	NONE	27,424.
(4) ELIZABETH MILLER VP DEVELOPMENT & COMMUNICATION	45.00 NONE					X		150,442.	NONE	20,651.
(5) JANEL HODGE DIRECTOR OF FINANCE	45.00 NONE					X		118,250.	NONE	20,145.
(6) MELODY PRICE VP OF ADMINISTRATION	45.00 NONE					X		109,750.	NONE	19,313.
(7) GABE KOMPKOFF CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(8) JIM PALMER PAST CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(9) TOM BARRETT VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(10) AARON KUSANO TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(11) KIM REITMEIER SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(12) ANTHONY MALLOTT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) KRISTINE NOROSZ DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) DAVE SHAFTEL 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) MONICA SHAH ----- DIRECTOR	1.00 ----- NONE	X						NONE	NONE	NONE
(16) JESSICA GRAHAM ----- DIRECTOR	1.00 ----- NONE	X						NONE	NONE	NONE
(17) BERNARD GATEWOOD ----- DIRECTOR	1.00 ----- NONE	X						NONE	NONE	NONE
(18) KATIE CARRIGAN ----- DIRECTOR	1.00 ----- NONE	X						NONE	NONE	NONE
(19) MARGO BELLAMY ----- DIRECTOR	1.00 ----- NONE	X						NONE	NONE	NONE
(20) LUKE BLOMFIELD ----- DIRECTOR	1.00 ----- NONE	X						NONE	NONE	NONE
(21) HAVEN HARRIS ----- DIRECTOR	1.00 ----- NONE	X						NONE	NONE	NONE
----- ----- ----- ----- -----										
1b Sub-total								967,346.	NONE	137,964.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								967,346.	NONE	137,964.

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 **▶** 4

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	24,888,983.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,092,576.					
	h Total. Add lines 1a-1f			24,888,983.				
	Program Service Revenue				Business Code			
2a PICK.CLICK.GIVE. PROGRAM REVENUE			522298	2,580,779.	2,580,779.			
b FUND ADMINISTRATION FEES			561000	3,055,261.	3,055,261.			
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				5,636,040.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,463,917.			5,463,917.	
	4 Income from investment of tax-exempt bond proceeds . . .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
	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	7a	(i) Securities	(ii) Other				
					1,462,456.			
	b Less: cost or other basis and sales expenses . .	7b	518,691.					
	c Gain or (loss)	7c	943,765.					
	d Net gain or (loss)				943,765.		943,765.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
				NONE				
				NONE				
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events				NONE				
9a Gross income from gaming activities. See Part IV, line 19	9a							
				NONE				
				NONE				
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities				NONE				
10a Gross sales of inventory, less returns and allowances	10a							
				NONE				
				NONE				
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory				NONE				
Miscellaneous Revenue				Business Code				
	11a K-1 INCOME		523920	1,882,322.		108,828.	1,773,494.	
	b OTHER REVENUE		900099	96,385.	96,385.			
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				1,978,707.				
12 Total revenue. See instructions				38,911,412.	5,732,425.	108,828.	8,181,176.	

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	12,710,758.	12,710,758.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	886,199.	886,199.		
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	491,854.	138,968.	241,716.	111,170.
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	1,579,289.	446,209.	776,124.	356,956.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,997.	12,996.	22,605.	10,396.
9 Other employee benefits	227,206.	64,194.	111,658.	51,354.
10 Payroll taxes	151,298.	42,748.	74,354.	34,196.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	28,466.	21,894.	5,547.	1,025.
c Accounting	57,423.	44,167.	11,189.	2,067.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	346,832.	346,832.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,043,869.	761,412.	239,509.	42,948.
12 Advertising and promotion	252,944.	159,433.	73,326.	20,185.
13 Office expenses	72,629.	11,707.	45,507.	15,415.
14 Information technology	132,948.	102,255.	25,906.	4,787.
15 Royalties	NONE			
16 Occupancy	152,113.	28,962.	92,594.	30,557.
17 Travel	148,613.	61,915.	79,152.	7,546.
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	227,189.	195,356.	30,317.	1,516.
23 Insurance	24,499.	15,640.	6,542.	2,317.
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 FOUNDATION ADMIN. FEES	2,813,390.	2,813,390.		
b PICK.CLICK.GIVE EXPENSE	2,580,779.	2,580,779.		
c EQUIPMENT	193,917.	185,243.	7,451.	1,223.
d SPECIAL EVENTS	99,098.	5,865.	69,259.	23,974.
e All other expenses _____	34,952.	3,164.	28,941.	2,847.
25 Total functional expenses. Add lines 1 through 24e	24,302,262.	21,640,086.	1,941,697.	720,479.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	614,152.	1	1,033,615.
	2 Savings and temporary cash investments	23,195,457.	2	20,389,111.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	532,964.	4	612,127.
	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	153,392.	9	175,345.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,193,449.		
	b Less: accumulated depreciation	10b 1,173,527.	13,211,701.	10c 13,019,922.
	11 Investments - publicly traded securities. . . SEE SCHEDULE O	132,137,717.	11	155,675,935.
	12 Investments - other securities. See Part IV, line 11	43,271,856.	12	52,524,982.
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	577,987.	15	455,359.
16 Total assets. Add lines 1 through 15 (must equal line 33)	213,695,226.	16	243,886,396.	
Liabilities	17 Accounts payable and accrued expenses	268,430.	17	231,749.
	18 Grants payable	832,187.	18	887,785.
	19 Deferred revenue	1,660,517.	19	2,007,116.
	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	506,282.	25	385,590.
	26 Total liabilities. Add lines 17 through 25.	3,267,416.	26	3,512,240.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	186,197,784.	27	215,743,367.
	28 Net assets with donor restrictions.	24,230,026.	28	24,630,789.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	210,427,810.	32	240,374,156.	
33 Total liabilities and net assets/fund balances.	213,695,226.	33	243,886,396.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,911,412.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,302,262.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,609,150.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	210,427,810.
5	Net unrealized gains (losses) on investments	5	17,219,518.
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	-1,882,322.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	240,374,156.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

**SCHEDULE A
(Form 990)**

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

2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,136,664.	43,913,185.	52,072,336.	16,068,797.	24,888,983.	219,079,965.
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	82,136,664.	43,913,185.	52,072,336.	16,068,797.	24,888,983.	219,079,965.
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). <small>SEE SUPP PAGE</small>						38,806,848.
6 Public support. Subtract line 5 from line 4						180,273,117.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	82,136,664.	43,913,185.	52,072,336.	16,068,797.	24,888,983.	219,079,965.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,382,836.	6,494,702.	4,110,467.	6,081,354.	5,463,917.	25,533,276.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		79,929.	69,531.	9,088.	108,828.	267,376.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,620,303.	832,257.	518,492.	-118,101.	1,773,494.	4,626,445.
11 Total support. Add lines 7 through 10						249,507,062.
12 Gross receipts from related activities, etc. (see instructions)					12	29,537,796.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	72.25 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	75.10 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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

Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally Integrated Supporting Organizations

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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	LESS 2% OF LINE 11 (F)	EXCESS CONTRIBUTION AMOUNT
-----	-----	-----	-----
RASMUSON FOUNDATION	18886611.	4,990,141.	13896470.
THE HILDEBRAND FUND	16599275.	4,990,141.	11609134.
BP EXPLORATION (ALASKA), INC.	13662000.	4,990,141.	8,671,859.
HILCORP ALASKA, LLC	7,520,119.	4,990,141.	2,529,978.
ESTATE OF MLAKAR, FRANCES B.	6,370,478.	4,990,141.	1,380,337.
ESTATE OF SEGELHORST	5,709,211.	4,990,141.	719,070.
	-----		-----
TOTALS	68,747,694.		38,806,848.
	=====		=====

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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).

Name of organization <p style="text-align: center;">THE ALASKA COMMUNITY FOUNDATION</p>	Employer identification number <p style="text-align: center;">92-0155067</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CATHRYN AND EDWARD RASMUSON FAMILY TRUST 301 W. NORTHERN LIGHTS BLVD., STE 412 ANCHORAGE, AK 99503	\$ 4,273,236.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	RASMUSON FOUNDATION 301 W. NORTHERN LIGHTS BLVD, STE 601 ANCHORAGE, AK 99503	\$ 2,653,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THERESA A. DAVIS LIVING TRUST 143 WATERFORD CIRCLE WINONA, MN 55987	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HILCORP ALASKA, LLC 3800 CENTERPOINT DRIVE, SUITE 1400 ANCHORAGE, AK 99503	\$ 1,548,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ESTATE OF SEGELHORST 3115 PRINCETON WAY ANCHORAGE, AK 99508	\$ 1,370,563.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	WILLIAM J. SHEFFIELD DECLARATION OF TRST PO BOX 242903 ANCHORAGE, AK 99524	\$ 1,169,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">THE ALASKA COMMUNITY FOUNDATION</p>	Employer identification number <p style="text-align: center;">92-0155067</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE BURSIEL TRUST PO BOX 60789 FAIRBANKS, AK 99706	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	KODIAK ELECTRIC ASSOCIATION, INC. 1614 MILL BAY ROAD KODIAK, AK 99615	\$ 902,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HICKEL INVESTMENT COMPANY 939 W 5TH AVE ANCHORAGE, AK 99501	\$ 546,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	TIMOTHY & BARBARA CERNY 1501 QUEENS WAY FAIRBANKS, AK 99701	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
1	PUBLICLY TRADED SECURITIES	\$ 4,273,236.	07/19/2024
5	PUBLICLY TRADED SECURITIES	\$ 1,370,563.	12/11/2024

Name of organization <p style="text-align: center;">THE ALASKA COMMUNITY FOUNDATION</p>	Employer identification number <p style="text-align: center;">92-0155067</p>
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Table with 2 columns: Name of the organization (THE ALASKA COMMUNITY FOUNDATION) and Employer identification number (92-0155067)

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Table with 2 columns: Question number and description. Includes questions 1-9 regarding conservation easements and a sub-table for lines 2a-2d.

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.

Table with 2 columns: Question number and description. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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 in 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	126,920,548.	106,623,182.	116,796,457.	102,066,976.	76,822,185.
b Contributions	15,306,146.	7,432,262.	4,938,288.	8,947,937.	17,264,502.
c Net investment earnings, gains, and losses	16,318,023.	16,238,603.	-11,515,387.	9,650,222.	11,503,199.
d Grants or scholarships	4,675,929.	1,966,543.	2,277,093.	2,740,755.	2,650,149.
e Other expenditures for facilities and programs					
f Administrative expenses	1,627,901.	1,406,956.	1,319,083.	1,127,923.	872,761.
g End of year balance	152,240,887.	126,920,548.	106,623,182.	116,796,457.	102,066,976.

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

- a** Board designated or quasi-endowment 5.0900 %
- b** Permanent endowment 94.9100 %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations?	3a(i)	X
(ii) Related organizations?	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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.	784,265.	4,338,798.
c Leasehold improvements				
d Equipment				
e Other		580,386.	389,262.	191,124.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				13,019,922.

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) SEE DETAIL IN PART XIII	52,524,982.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	52,524,982.	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

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, line 15, col. (B)).	

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) LEASE LIABILITY	385,590.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	385,590.

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

Part XIII Supplemental Information (continued)

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 DECREASE 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).

Part XIII Supplemental Information (continued)

SCHEDULE D, PART VIII:

DESCRIPTION	BOOK VALUE	COST OR FMV
MONEY MARKET/CASH SWEEPS	10,100,997	FMV
CERTIFICATE OF DEPOSIT	1,917,162	FMV
U.S. TREASURIES	21,012,351	FMV
SHORT TERM BONDS	5,053,233	FMV
MUNICIPAL OBLIGATIONS	6,014,547	FMV
CORPORATE OBLIGATIONS	28,012	FMV
US AGENCY FUNDS	8,538,180	FMV
ASSET BACK SECURITIES	4,232,928	FMV
COMMON EQUITY	104,136,026	FMV
DEBT BOND	173,215	FMV
DIVERSIFIED HEDGED STRATEGIES	6,671,163	FMV
PRIVATE REAL ESTATE	6,866,105	FMV
PRIVATE EQUITY	3,020,137	FMV
PRIVATE DEBT	6,398,457	FMV
CLOSELY HELD STOCK	9,503,853	FMV
INVESTMENTS CARRIED AT NAV	14,534,548	COST
TOTAL:	208,200,917	

Part XIII Supplemental Information (continued)

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, 2024 OR 2023.

THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2024 AND 2023, THERE WERE NO ACCRUED INTEREST OR PENALTIES. THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF ALASKA.

SCHEDULE D, PART XI, LINE 4B:

INCOME FROM K-1S:

RESOURCE LAND FUND V, LP	207,294
PRINCIPAL REAL ESTATE DEBT FUND III LP	78,974
WCP NEWCOLD II	(17,717)
WCP NEWCOLD II-A	1,076,970
SECONDARY OPPORTUNITIES FUND III, LP	(40,786)

Part XIII Supplemental Information *(continued)*

GOLDENTREE SELECT OFFSHORE FUND 577,587

TOTAL: 1,882,322

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALASKA FAMILY SERVICES 1825 SOUTH CHUGACH STREET PALMER, AK 99645	92-0078235	501 (C) (3)	1,359,483.				OPERATIONAL SUPPORT
(2) THE NATIVE VILLAGE OF UNALAKLEET PO BOX 270 UNALAKLEET, AK 99684	92-0039457	NATIVE VILL	800,000.				OPERATIONAL SUPPORT
(3) ALASKA CHILDREN'S TRUST 6591 A STREET #110 ANCHORAGE, AK 99518	91-1765129	501 (C) (3)	711,400.				OPERATIONAL SUPPORT
(4) PROVIDENCE ALASKA FOUNDATION 3760 PIPER STREET ANCHORAGE, AK 99508	92-0093565	501 (C) (3)	526,931.				OPERATIONAL SUPPORT
(5) BOYS AND GIRLS CLUBS OF THE KENAI PENINSULA 320 S SPRUCE STREET KENAI, AK 99611	94-3067142	501 (C) (3)	312,100.				OPERATIONAL SUPPORT
(6) NUDLAGHI LEADERSHIP INSTITUTE PO BOX 91474 ANCHORAGE, AK 99509	92-1903855	501 (C) (3)	290,909.				OPERATIONAL SUPPORT
(7) NAMI ALASKA INCORPORATED PO BOX 201753 ANCHORAGE, AK 99520-1753	92-0111673	501 (C) (3)	283,751.				OPERATIONAL SUPPORT
(8) ALASKA KIDNEY PATIENTS ASSOCIATION 205 E DIMOND BLVD ANCHORAGE, AK 99515	26-3251948	501 (C) (3)	277,150.				OPERATIONAL SUPPORT
(9) ALASKA MUNICIPAL LEAGUE ONE SEALASKA PLAZE, SUITE 302	92-0031908	501 (C) (3)	250,000.				OPERATIONAL SUPPORT
(10) ANCHORAGE AFFORDABLE HOUSING AND LAND TRUST PO BOX 91871 ANCHORAGE, AK 99509	88-4139039	501 (C) (3)	250,000.				OPERATIONAL SUPPORT
(11) BRIDGES COMMUNITY RESOURCE NETWORK, INC. PO BOX 1612 SOLDOTNA, AK 99669	92-0151271	501 (C) (3)	220,669.				OPERATIONAL SUPPORT
(12) FAIRBANKS CHILDREN'S MUSEUM 302 CUSHMAN STREET, SUITE 101	26-4095584	501 (C) (3)	215,000.				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 337
- 3 Enter total number of other organizations listed in the line 1 table 6

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

Schedule I (Form 990) (Rev. 12-2024)

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.

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number

92-0155067

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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. Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FAITH PRESBYTERIAN CHURCH 2150 E DOWLING ROAD ANCHORAGE, AK 99507	92-0161429	501 (C) (3)	207,000.				OPERATIONAL SUPPORT
(2) COVENANT HOUSE ALASKA PO BOX 100620 ANCHORAGE, AK 99510	13-3419755	501 (C) (3)	201,996.				OPERATIONAL SUPPORT
(3) ALASKA SUDAN MEDICAL PROJECT - ALASKA HEALTH PO BOX 230183 ANCHORAGE, AK 99523	26-2862955	501 (C) (3)	155,000.				OPERATIONAL SUPPORT
(4) HAINES BOROUGH SCHOOL DISTRICT PO BOX 1289 HAINES, AK 99827	92-6000098	501 (C) (3)	150,000.				OPERATIONAL SUPPORT
(5) ALASKA LEGAL SERVICES CORPORATION 1016 WEST 6TH AVENUE SUITE 200	92-0034754	501 (C) (3)	142,386.				OPERATIONAL SUPPORT
(6) CENTER FOR THE STUDY OF GOVERNMENT AND THE 1420 AUSTIN BLUFFS PARKWAY, BLD. 216	84-6000555	501 (C) (3)	135,000.				OPERATIONAL SUPPORT
(7) ANCHORAGE COALITION TO END HOMELESSNESS PO BOX 243041 ANCHORAGE, AK 99524	46-1156688	501 (C) (3)	130,478.				OPERATIONAL SUPPORT
(8) FOOD BANK OF ALASKA 2192 VIKING DRIVE ANCHORAGE, AK 99501	92-0073175	501 (C) (3)	119,037.				OPERATIONAL SUPPORT
(9) ALASKA TRAILS PO BOX 100627 ANCHORAGE, AK 99510	73-1677483	501 (C) (3)	110,454.				OPERATIONAL SUPPORT
(10) FAIRBANKS YOUTH ADVOCATES (THE DOOR) PO BOX 74155 FAIRBANKS, AK 99707-4155	90-0434664	501 (C) (3)	95,728.				OPERATIONAL SUPPORT
(11) IONTA INC. 54932 BURDOCK ROAD KASILOF, AK 99610	92-0159153	501 (C) (3)	94,289.				OPERATIONAL SUPPORT
(12) CAMP FIRE ALASKA 161 KLEVIN STREET, SUITE 100	92-0029613	501 (C) (3)	81,250.				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) (Rev. 12-2024)

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

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Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARCTIC SLOPE COMMUNITY FOUNDATION 3900 C STREET SUITE 302 ANCHORAGE, AK 99503	27-2247740	501 (C) (3)	81,113.				OPERATIONAL SUPPORT
(2) ALASKA PRESS CLUB PO BOX 143426 ANCHORAGE, AK 99514	92-0098754	501 (C) (3)	80,000.				OPERATIONAL SUPPORT
(3) ALASKA BOTANICAL GARDEN 4601 CAMPBELL AIRSTRIP ROAD	92-0115504	501 (C) (3)	70,250.				OPERATIONAL SUPPORT
(4) GREATER HOUSTON COMMUNITY FOUNDATION 515 POST OAK BLVD, STE 1000	23-7160400	501 (C) (3)	70,044.				OPERATIONAL SUPPORT
(5) ALASKA HEALTH FAIR, INC. 720 W 58TH AVENUE, STE J	92-0118421	501 (C) (3)	69,095.				OPERATIONAL SUPPORT
(6) AMAIC - ABUSED WOMEN'S AID IN CRISIS 100 W 13TH AVENUE ANCHORAGE, AK 99501	92-0061049	501 (C) (3)	68,365.				OPERATIONAL SUPPORT
(7) CATHOLIC SOCIAL SERVICES BROTHER FRANCIS SH 4600 DEBARR RD, STE 201 ANCHORAGE, AK 99508	92-0037322	501 (C) (3)	63,821.				OPERATIONAL SUPPORT
(8) ANCHORAGE SYMPHONY ORCHESTRA 430 W 7TH AVENUE, SUITE 202	92-6002867	501 (C) (3)	63,288.				OPERATIONAL SUPPORT
(9) ANCHORAGE OPERA COMPANY 1507 SPAR AVENUE ANCHORAGE, AK 99501	51-0175124	501 (C) (3)	62,878.				OPERATIONAL SUPPORT
(10) GIRL SCOUTS OF ALASKA 2000 W INTERNATIONAL AIRPORT ROAD, C-1	92-6000179	501 (C) (3)	58,460.				OPERATIONAL SUPPORT
(11) ALUTIIQ MUSEUM AND ARCHAEOLOGICAL REPOSITOR 215 MISSION ROAD SUITE 101 KODIAK, AK 99615	92-0150422	501 (C) (3)	54,433.				OPERATIONAL SUPPORT
(12) GREAT ALASKA COUNCIL BOY SCOUTS OF AMERICA 3117 PATTERSON STREET ANCHORAGE, AK 99504	92-0016314	501 (C) (3)	52,500.				OPERATIONAL SUPPORT

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

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

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Schedule I (Form 990) (Rev. 12-2024)

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

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**SCHEDULE I
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Rev. December 2024)

Department of the Treasury
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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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 non-cash assistance	(h) Purpose of grant or assistance
(1) THE SALVATION ARMY 143 E 9TH AVENUE ANCHORAGE, AK 99501	94-1156347	501 (C) (3)	52,250.				OPERATIONAL SUPPORT
(2) ALASKA HEAT SMART PO BOX 20912 JUNEAU, AK 99802	84-2399535	501 (C) (3)	50,000.				OPERATIONAL SUPPORT
(3) UNITED WAY OF ANCHORAGE PO BOX 200108 ANCHORAGE, AK 99520	92-0027948	501 (C) (3)	48,211.				OPERATIONAL SUPPORT
(4) COVENANT YOUTH OF ALASKA PO BOX 770128 EAGLE RIVER, AK 99577	20-8363626	501 (C) (3)	47,300.				OPERATIONAL SUPPORT
(5) SITKA FINE ARTS CAMP 110 COLLEGE DRIVE, SUITE 111	23-7240278	501 (C) (3)	47,150.				OPERATIONAL SUPPORT
(6) CHALLENGE ALASKA 740 BONANZA AVENUE ANCHORAGE, AK 99518	92-0080897	501 (C) (3)	46,756.				OPERATIONAL SUPPORT
(7) ALASKA PUBLIC MEDIA KSKA KAKM 3877 UNIVERSITY DRIVE	23-7394629	501 (C) (3)	46,361.				OPERATIONAL SUPPORT
(8) QIZHEH VENA ALASKA 10108 COLVILLE STREET EAGLE RIVER, AK 99577	88-2169017	501 (C) (3)	46,300.				OPERATIONAL SUPPORT
(9) CHUGACH HERITAGE FOUNDATION 3800 CENTERPOINT DRIVE SUITE 1200	92-0116128	501 (C) (3)	45,000.				OPERATIONAL SUPPORT
(10) GLOBAL PARTNERSHIP INDUSTRIES, INC 4149 CHECKMATE DRIVE ANCHORAGE, AK 99508	58-1898933	501 (C) (3)	45,000.				OPERATIONAL SUPPORT
(11) TANALIAN BIBLE CAMP PO BOX 176 PORT ALSWORTH, AK 99653	92-0138282	501 (C) (3)	45,000.				OPERATIONAL SUPPORT
(12) JUNEAU COMMUNITY FOUNDATION 350 N FRANKLIN STREET SUITE 4	52-2395867	501 (C) (3)	44,486.				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) (Rev. 12-2024)

**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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**SCHEDULE I
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Rev. December 2024)

Department of the Treasury
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(1) SEWARD PREVENTION COALITION PO BOX 482 SEWARD, AK 99664	47-5624328	501 (C) (3)	44,400.				OPERATIONAL SUPPORT
(2) AMERICAN CANCER SOCIETY ALASKA, INC 3851 PIPER STREET ANCHORAGE, AK 99508	13-1788491	501 (C) (3)	43,042.				OPERATIONAL SUPPORT
(3) INSTITUTE OF THE NORTH 715 L STREET, SUITE 300 ANCHORAGE, AK 99501	75-3155877	501 (C) (3)	41,337.				OPERATIONAL SUPPORT
(4) TRAILSIDE DISCOVERY CAMP 808 E STREET SUITE 100 ANCHORAGE, AK 99501	23-7380045	501 (C) (3)	41,075.				OPERATIONAL SUPPORT
(5) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501 (C) (3)	40,604.				OPERATIONAL SUPPORT
(6) ALASKA VETERANS MUSEUM PO BOX 773364 EAGLE RIVER, AK 99577	03-0382080	501 (C) (3)	40,000.				OPERATIONAL SUPPORT
(7) COOK INLET TRIBAL COUNCIL 3600 SAN JERONIMO DRIVE ANCHORAGE, AK 99508	92-0094184	501 (C) (3)	38,070.				OPERATIONAL SUPPORT
(8) ALASKA ARTS AND CULTURE FOUNDATION 161 S KLEVIN ST 102	92-0171993	501 (C) (3)	36,874.				OPERATIONAL SUPPORT
(9) ANCHORAGE GOSPEL RESCUE MISSION 2823 EAST TUDOR ROAD ANCHORAGE, AK 99507	92-6003040	501 (C) (3)	36,159.				OPERATIONAL SUPPORT
(10) ALASKA SEALIFE CENTER PO BOX 1329 SEWARD, AK 99664	92-0132479	501 (C) (3)	34,843.				OPERATIONAL SUPPORT
(11) FAIRBANKS COMMUNITY FOOD BANK SERVICE INC 725 26TH AVENUE SUITE 1	92-0088266	501 (C) (3)	34,500.				OPERATIONAL SUPPORT
(12) NATIVE VILLAGE OF RUBY PO BOX 210 RUBY, AK 99768	92-0064546	NATIVE VILL	33,617.				OPERATIONAL SUPPORT

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

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(1) FOUR VALLEYS COMMUNITY SCHOOL INC PO BOX 790 GIRDMOOD, AK 99587	20-1259568	501 (C) (3)	33,500.				OPERATIONAL SUPPORT
(2) WREATHS ACROSS AMERICA 4 POINT STREET COLUMBIA FALLS, ME 04623	20-8362270	501 (C) (3)	33,215.				OPERATIONAL SUPPORT
(3) INTERNATIONAL RETT SYNDROME FOUNDATION 4500 COOPER ROAD SUITE 204	31-1682518	501 (C) (3)	32,000.				OPERATIONAL SUPPORT
(4) BEAN'S CAFE 1020 E 4TH AVENUE ANCHORAGE, AK 99501	92-0072522	501 (C) (3)	31,760.				OPERATIONAL SUPPORT
(5) SUSAN G. KOMEN 3-DAY PO BOX 660843 DALLAS, TX 75266-0843	75-1835298	501 (C) (3)	31,550.				OPERATIONAL SUPPORT
(6) SPECIAL OLYMPICS ALASKA INC 3200 MOUNTAIN VIEW DRIVE	92-0057197	501 (C) (3)	31,150.				OPERATIONAL SUPPORT
(7) KENAI MOUNTAINS -TURNAGAIN ARM NATIONAL HER PO BOX 1934 GIRDMOOD, AK 99587	92-0173900	501 (C) (3)	30,000.				OPERATIONAL SUPPORT
(8) FREEDOM HOUSE 185 SHADY LANE SOLDOTNA, AK 99669	81-3604382	501 (C) (3)	29,375.				OPERATIONAL SUPPORT
(9) AMERICAN HEART ASSOCIATION, INC. 4380 S MACADAM AVENUE, SUITE 480	13-5613797	501 (C) (3)	29,339.				OPERATIONAL SUPPORT
(10) PETERSBURG MEDICAL CENTER PO BOX 589 PETERSBURG, AK 99833	92-6001607	501 (C) (3)	29,259.				OPERATIONAL SUPPORT
(11) STERLING BAPTIST CHURCH PO BOX 834 STERLING, AK 99672	92-0099526	501 (C) (3)	29,190.				OPERATIONAL SUPPORT
(12) NORTH STAR COMMUNITY FOUNDATION 745 7TH AVENUE FAIRBANKS, AK 99701	87-0761624	501 (C) (3)	28,910.				OPERATIONAL SUPPORT

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

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(1) WEST ANCHORAGE HIGH SCHOOL 1700 HILLCREST DRIVE ANCHORAGE, AK 99517	92-6000078	501 (C) (3)	28,490.				OPERATIONAL SUPPORT
(2) CENTRAL COUNCIL TLINGIT & HAIDA INDIAN TRIB PO BOX 25500 JUNEAU, AK 99802	92-0036506	GOVERNMENT	26,000.				OPERATIONAL SUPPORT
(3) PRINCE WILLIAM SOUND SCIENCE CENTER PO BOX 705 CORDOVA, AK 99574	92-0129853	501 (C) (3)	25,871.				OPERATIONAL SUPPORT
(4) ARMED SERVICES YMCA OF ALASKA PO BOX 6272 JBER, AK 99506	92-0016680	501 (C) (3)	25,750.				OPERATIONAL SUPPORT
(5) GEAR UP PROJECT 554 W POINTE CIR FAIRBANKS, AK 99709-3237	85-3500517	501 (C) (3)	25,500.				OPERATIONAL SUPPORT
(6) THE SHRINERS HOSPITAL FOR CHILDREN PO BOX 947765 ATLANTA, GA 30394	36-2193608	501 (C) (3)	25,336.				OPERATIONAL SUPPORT
(7) LIFE ALASKA DONOR SERVICES 235 EAST 8TH AVENUE, SUITE 100	92-0140815	501 (C) (3)	25,000.				OPERATIONAL SUPPORT
(8) HOPE COMMUNITY RESOURCES INC 540 W INTERNATIONAL AIRPORT ROAD	92-0036594	501 (C) (3)	24,500.				OPERATIONAL SUPPORT
(9) ALASKA PRIMARY CARE ASSOCIATION 3111 C STREET SUITE 500 ANCHORAGE, AK 99503	92-0154822	501 (C) (3)	24,107.				OPERATIONAL SUPPORT
(10) ENTERPRISE SCHOOL DISTRICT 503 RIVER RD. ENTERPRISE, MS 39330	64-0798404	501 (C) (3)	24,000.				OPERATIONAL SUPPORT
(11) ALASKA CENTER FOR THE PERFORMING ARTS 621 W 6TH AVENUE ANCHORAGE, AK 99501	92-0120733	501 (C) (3)	23,650.				OPERATIONAL SUPPORT
(12) SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501 (C) (3)	23,300.				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) (Rev. 12-2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

92-0155067

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR ALASKAN COASTAL STUDIES 708 SMOKEY BAY WAY HOMER, AK 99603	92-0086250	501 (C) (3)	23,250.				OPERATIONAL SUPPORT
(2) OPERATION CHILDREN FIRST 1600 WOODSIDE AVE KENAI, AK 99611	84-3299344	501 (C) (3)	23,197.				OPERATIONAL SUPPORT
(3) FOUR WINDS RESOURCE CENTER HC 60 BOX 2849 HAINES, AK 99827	88-3585259	501 (C) (3)	22,352.				OPERATIONAL SUPPORT
(4) ALEUTIAN PRIBILOF ISLANDS ASSOCIATION, INC. 1131 E. INTERNATIONAL AIRPORT ROAD	92-0073013	501 (C) (3)	22,000.				OPERATIONAL SUPPORT
(5) AWAKEN CHURCH PO BOX 241241 ANCHORAGE, AK 99524	92-0172589	501 (C) (3)	21,336.				OPERATIONAL SUPPORT
(6) ALASKA GEOGRAPHIC 421 W 1ST AVENUE ANCHORAGE, AK 99501	92-0043154	501 (C) (3)	21,111.				OPERATIONAL SUPPORT
(7) SUNSHINE STATION CHILDCARE CENTER HC 89 BOX 8180 TALKIETNA, AK 99676	20-1605266	501 (C) (3)	21,013.				OPERATIONAL SUPPORT
(8) ALASKA CHILDREN'S INSTITUTE FOR THE PERFORM PO BOX 322 KENAI, AK 99611	92-0168259	501 (C) (3)	21,000.				OPERATIONAL SUPPORT
(9) THE COMPASS 51781 KENAI SPUR HWY KENAI, AK 99611	82-3609672	501 (C) (3)	20,928.				OPERATIONAL SUPPORT
(10) NATIONAL MULTIPLE SCLEROSIS SOCIETY - TEXAS PO BOX 88540 CAROL STREAM, IL 60188	13-5661935	501 (C) (3)	20,198.				OPERATIONAL SUPPORT
(11) CALYPSO FARM & ECOLOGY CENTER PO BOX 106 ESTER, AK 99725	92-0169368	501 (C) (3)	20,000.				OPERATIONAL SUPPORT
(12) HTL COALITION 4825 THANE ROAD JUNEAU, AK 99801	92-2105841	501 (C) (3)	20,000.				OPERATIONAL SUPPORT

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

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(1) NORTON SOUND HEALTH CORPORATION PO BOX 966 NOME, AK 99762	92-0041488	501 (C) (3)	20,000.				OPERATIONAL SUPPORT
(2) OLD HARBOR ALLIANCE PO BOX 71 OLD HARBOR, AK 99643	47-1510062	501 (C) (3)	20,000.				OPERATIONAL SUPPORT
(3) RESIDENTIAL YOUTH CARE, INC. PO BOX 7475 KETCHIKAN, AK 99901	92-0146378	501 (C) (3)	20,000.				OPERATIONAL SUPPORT
(4) SERRC - ALASKA'S EDUCATIONAL RESOURCE CENTE 210 FERRY WAY JUNEAU, AK 99801	92-0058572	501 (C) (3)	20,000.				OPERATIONAL SUPPORT
(5) THE ARC OF ANCHORAGE 2211 ARCA DRIVE ANCHORAGE, AK 99508	92-0028571	501 (C) (3)	20,000.				OPERATIONAL SUPPORT
(6) USTA-PACIFIC NORTHWEST SECTION 29030 SW TOWN CENTER LOOP ANCHORAGE, AK 99507	93-0853818	501 (C) (3)	20,000.				OPERATIONAL SUPPORT
(7) TAKSHANUK WATERSHED COUNCIL PO BOX 1029 HAINES, AK 99827	33-1069246	501 (C) (3)	19,920.				OPERATIONAL SUPPORT
(8) KHNS FM PO BOX 1109 HAINES, AK 99827	92-0068956	501 (C) (3)	19,785.				OPERATIONAL SUPPORT
(9) NORDIC SKIING ASSOCIATION OF ANCHORAGE 9170 JEWEL LAKE RD STE 200 ANCHORAGE, AK 99507	23-7232617	501 (C) (3)	19,100.				OPERATIONAL SUPPORT
(10) HOLY TRANSFIGURATION GREEK ORTHODOX 2800 O'MALLEY ROAD ANCHORAGE, AK 99507	92-0092706	501 (C) (3)	19,000.				OPERATIONAL SUPPORT
(11) ANCHORAGE HOCKEY ASSOCIATION PO BOX 202069 ANCHORAGE, AK 99520	92-0031799	501 (C) (3)	18,950.				OPERATIONAL SUPPORT
(12) OLE! PO BOX 240488 ANCHORAGE, AK 99524	20-8897404	501 (C) (3)	18,764.				OPERATIONAL SUPPORT

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(1) SITKA CONSERVATION SOCIETY 201 LINCOLN STREET SITKA, AK 99835	92-0096633	501 (C) (3)	18,650.				OPERATIONAL SUPPORT
(2) AMERICAN RED CROSS OF ALASKA 235 EAST 8TH AVE, STE 200	53-0196605	501 (C) (3)	18,509.				OPERATIONAL SUPPORT
(3) KPBSD - SOLDOTNA HIGH SCHOOL 425 W MARYDALE AVE SOLDOTNA, AK 99669	92-0030923	501 (C) (3)	18,411.				OPERATIONAL SUPPORT
(4) FRIENDS OF CHUGACH NATIONAL FOREST AVALANCH PO BOX 242482 ANCHORAGE, AK 99524	68-0578518	501 (C) (3)	17,984.				OPERATIONAL SUPPORT
(5) NATIVE VILLAGE OF KOYUK PO BOX 53030 KOYUK, AK 99753	92-0061645	NATIVE VILL	16,897.				OPERATIONAL SUPPORT
(6) CHILD EVANGELISM FELLOWSHIP OF AK INC 43687 KALIFORSKY BEACH ROAD SUITE D	92-0038207	501 (C) (3)	16,595.				OPERATIONAL SUPPORT
(7) SAINT ELIZABETH ANN SETON PARISH AND SCHOOL 2901 HUFFMAN ROAD ANCHORAGE, AK 99516-2042	92-0122388	501 (C) (3)	16,580.				OPERATIONAL SUPPORT
(8) SEWARD ARTS COUNCIL PO BOX 794 SEWARD, AK 99664	92-0076287	501 (C) (3)	16,514.				OPERATIONAL SUPPORT
(9) KENAI PENINSULA BOROUGH SCHOOL DISTRICT - K 148 N BINKLEY ST SOLDOTNA, AK 99669-7520	92-0030923	501 (C) (3)	16,250.				OPERATIONAL SUPPORT
(10) ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DRIVE	92-0127531	501 (C) (3)	16,043.				OPERATIONAL SUPPORT
(11) BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA 2300 W 36TH AVENUE ANCHORAGE, AK 99517	92-0036082	501 (C) (3)	15,651.				OPERATIONAL SUPPORT
(12) MATSU FOOD BANK AKA FOOD PANTRY OF WASILLA PO BOX 873280 WASILLA, AK 99654	92-0150918	501 (C) (3)	15,465.				OPERATIONAL SUPPORT

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KEPSD - KENAI CENTRAL HIGH SCHOOL 9583 KENAI SPUR HIGHWAY KENAI, AK 99611	92-0030923	501 (C) (3)	15,450.				OPERATIONAL SUPPORT
(2) BEANS CAFE INC THE CHILDREN'S LUNCHEON 1020 E 4TH AVE ANCHORAGE, AK 99501	92-0072522	501 (C) (3)	15,448.				OPERATIONAL SUPPORT
(3) STAR 1057 W FIREWEED LANE, STE 230	92-0071466	501 (C) (3)	15,406.				OPERATIONAL SUPPORT
(4) TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD	02-0554654	501 (C) (3)	15,150.				OPERATIONAL SUPPORT
(5) LOVE INC OF THE KENAI PENINSULA PO BOX 3052 KENAI, AK 99611	92-0123380	501 (C) (3)	15,080.				OPERATIONAL SUPPORT
(6) KUSPUK SCHOOL DISTRICT PO BOX 49 ANIAK, AK 99557	92-0057610	501 (C) (3)	15,018.				OPERATIONAL SUPPORT
(7) HOSPICE OF ANCHORAGE 2612 E NORTHERN LIGHTS BOULEVARD	92-0018009	501 (C) (3)	15,006.				OPERATIONAL SUPPORT
(8) ALLIANCE FOR THE SUPPORT OF AMERICAN LEGION 1120 E HUFFMAN ROAD, #571	31-1583077	501 (C) (3)	15,000.				OPERATIONAL SUPPORT
(9) BETTY ELIASON CHILD CARE CENTER 607 LINCOLN STREET SITKA, AK 99835	92-0065572	501 (C) (3)	15,000.				OPERATIONAL SUPPORT
(10) SALVATION ARMY - HAINES CORP PO BOX 550 HAINES, AK 99827	94-1156347	501 (C) (3)	15,000.				OPERATIONAL SUPPORT
(11) SITKA HOMELESS COALITION PO BOX 1112 SITKA, AK 99835	83-0674617	501 (C) (3)	15,000.				OPERATIONAL SUPPORT
(12) ANCHORAGE MUSEUM 625 C STREET ANCHORAGE, AK 99501	92-6009317	501 (C) (3)	14,791.				OPERATIONAL SUPPORT

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(1) ACLU OF ALASKA FOUNDATION 1057 W FIREWEED LANE SUITE 207 HUSLIA VILLAGE	23-7113202	501 (C) (3)	14,669.				OPERATIONAL SUPPORT
(2) HUSLIA VILLAGE PO BOX 70 HUSLIA, AK 99746	91-1776426	NATIVE VILL	14,500.				OPERATIONAL SUPPORT
(3) KETCHIKAN WELLNESS COALITION 602 DOCK STREET, SUITE 108	27-0897521	501 (C) (3)	14,416.				OPERATIONAL SUPPORT
(4) UNIVERSITY OF ALASKA FOUNDATION PO BOX 755120 FAIRBANKS, AK 99775	23-7394620	501 (C) (3)	14,349.				OPERATIONAL SUPPORT
(5) YOA ALASKA 2600 CORDOVA STREET	74-2240098	501 (C) (3)	14,000.				OPERATIONAL SUPPORT
(6) COLLEGE HEIGHTS BAPTIST CHURCH 44440 KALIFORSKY BEACH RD	92-0136468	501 (C) (3)	13,867.				OPERATIONAL SUPPORT
(7) PLANNED PARENTHOOD GREAT NORTHWEST HAWAII A 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501 (C) (3)	13,833.				OPERATIONAL SUPPORT
(8) EAGLE RIVER NATURE CENTER 32750 EAGLE RIVER ROAD	92-0156981	501 (C) (3)	13,812.				OPERATIONAL SUPPORT
(9) ALASKA ALL-STAR HOCKEY ASSOCIATION PO BOX 241805 ANCHORAGE, AK 99524	92-0091322	501 (C) (3)	13,500.				OPERATIONAL SUPPORT
(10) ARCTIC GUARDIAN INC PO BOX 771523 EAGLE RIVER, AK 99577-1523	88-3624815	501 (C) (3)	13,500.				OPERATIONAL SUPPORT
(11) SEWARD COMMUNITY HEALTH CENTER PO BOX 2895 SEWARD, AK 99664	27-3912808	501 (C) (3)	13,500.				OPERATIONAL SUPPORT
(12) PENINSULA GRACE BRETHERN CHURCH 44175 KALIFORSKY BEACH ROAD	92-0098019	501 (C) (3)	13,416.				OPERATIONAL SUPPORT

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(1) SOLDOTNA BIBLE CHAPEL 300 W MARYDALE AVENUE SOLDOTNA, AK 99669	23-7209759	501 (C) (3)	13,100.				OPERATIONAL SUPPORT
(2) TLC PRESCHOOL 123 29TH. STREET NE BEMIDJI, MN 56601	41-0828926	501 (C) (3)	13,000.				OPERATIONAL SUPPORT
(3) KING'S CATHEDRAL AND CHAPELS ALASKA 3301 EAST PARKS HIGHWAY WASILLA, AK 99654	45-4146336	501 (C) (3)	12,900.				OPERATIONAL SUPPORT
(4) DOWNTOWN HOPE CENTER PO BOX 202684 ANCHORAGE, AK 99520	92-0141715	501 (C) (3)	12,850.				OPERATIONAL SUPPORT
(5) ABC LIFE CHOICES 501 FRONTAGE ROAD KENAI, AK 99611	92-0113488	501 (C) (3)	12,700.				OPERATIONAL SUPPORT
(6) KPBSD - K-BEACH ELEMENTARY 1049 E POPPY LANE SOLDOTNA, AK 99669	92-0030923	501 (C) (3)	12,557.				OPERATIONAL SUPPORT
(7) ALASKA 4-H YOUTH DEVELOPMENT PROGRAMS INC PO BOX 756180 FAIRBANKS, AK 99775-6180	45-5610010	501 (C) (3)	12,500.				OPERATIONAL SUPPORT
(8) KDLL 919 FM PO BOX 2111 KENAI, AK 99611	92-0100717	501 (C) (3)	12,475.				OPERATIONAL SUPPORT
(9) ALASKA DIVE SEARCH RESCUE AND RECOVERY TEAM 7004-A GOLD KINGS AVE (10) ALASKA NATURAL BURIAL PO BOX 220112 ANCHORAGE, AK 99522	81-4286647	501 (C) (3)	12,240.				OPERATIONAL SUPPORT
(11) FAMILY-DIRECTED EDUCATION FOUNDATION 12345 LAKE VISTA DR WILLIS, TX 77318	92-2207491	501 (C) (3)	12,000.				OPERATIONAL SUPPORT
(12) HOSPICE OF HAINES PO BOX 1034 HAINES, AK 99827	27-1741280	501 (C) (3)	12,000.				OPERATIONAL SUPPORT
	92-0163066	501 (C) (3)	12,000.				OPERATIONAL SUPPORT

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(1) MY HOUSE 300 NORTH WILLOW STREET WASILLA, AK 99654	45-3954205	501 (C) (3)	11,750.				OPERATIONAL SUPPORT
(2) FRIENDSHIP MISSION PO BOX 2634 KENAI, AK 99611	20-3445702	501 (C) (3)	11,725.				OPERATIONAL SUPPORT
(3) ANCHORAGE LIBRARY FOUNDATION PO BOX 244714 ANCHORAGE, AK 99524	92-0081583	501 (C) (3)	11,700.				OPERATIONAL SUPPORT
(4) KENAI PENINSULA FOOD BANK INC 33955 COMMUNITY COLLEGE DRIVE	94-3112445	501 (C) (3)	11,700.				OPERATIONAL SUPPORT
(5) ALASKA'S HEALING HEARTS PO BOX 876061 WASILLA, AK 99687	27-4036000	501 (C) (3)	11,692.				OPERATIONAL SUPPORT
(6) CALISTA EDUCATION AND CULTURE, INC. 5015 BUSINESS PARK BLVD ANCHORAGE, AK 99503	92-0088631	501 (C) (3)	11,500.				OPERATIONAL SUPPORT
(7) NEIGHBORWORKS ALASKA 2515 A STREET ANCHORAGE, AK 99503	92-0082642	501 (C) (3)	11,500.				OPERATIONAL SUPPORT
(8) ALASKA FARMLAND TRUST 248 E DAHLIA AVENUE PALMER, AK 99645	20-2860877	501 (C) (3)	11,100.				OPERATIONAL SUPPORT
(9) RESPONSE CHURCH PO BOX 230852 ANCHORAGE, AK 99523	47-4239641	501 (C) (3)	11,100.				OPERATIONAL SUPPORT
(10) ALASKAN AIDS ASSISTANCE ASSOCIATION FOUR AS 1057 W FIREWEED LANE SUITE 102	92-0113788	501 (C) (3)	11,070.				OPERATIONAL SUPPORT
(11) ALZHEIMERS RESOURCE OF ALASKA 1750 ABBOTT ROAD ANCHORAGE, AK 99507	92-0101736	501 (C) (3)	11,000.				OPERATIONAL SUPPORT
(12) SKIKU PO BOX 231408 ANCHORAGE, AK 99523-1408	46-3175050	501 (C) (3)	11,000.				OPERATIONAL SUPPORT

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(1) HILLTOP SKI AREA 7015 ABBOTT ROAD ANCHORAGE, AK 99507	92-6002989	501 (C) (3)	10,973.				OPERATIONAL SUPPORT
(2) VALDEZ TORPEDOES SWIM CLUB PO BOX 3106 VALDEZ, AK 99686	92-0152408	501 (C) (3)	10,850.				OPERATIONAL SUPPORT
(3) GIRLWOOD FIRE AND RESCUE INC PO BOX 915 GIRLWOOD, AK 99587-0915	92-0164627	501 (C) (3)	10,800.				OPERATIONAL SUPPORT
(4) ACTS 247 SOLDOTNA 373 W VINE AVENUE SOLDOTNA, AK 99611	84-4373737	501 (C) (3)	10,750.				OPERATIONAL SUPPORT
(5) ANCHORAGE PARK FOUNDATION 3201 C STREET SUITE 111 ANCHORAGE, AK 99503	41-2205907	501 (C) (3)	10,600.				OPERATIONAL SUPPORT
(6) SPIRIT TRC PO BOX 953 ELLENSBURG, WA 98926	20-4210534	501 (C) (3)	10,550.				OPERATIONAL SUPPORT
(7) COOK INLET SOCCER CLUB 907 E DOWLING RD #28 ANCHORAGE, AK 99518	94-3055547	501 (C) (3)	10,500.				OPERATIONAL SUPPORT
(8) EMERGENCY ASSISTANCE AND FOOD BANK OF VALDE PO BOX 848 VALDEZ, AK 99686	34-1986012	501 (C) (3)	10,500.				OPERATIONAL SUPPORT
(9) SOUTHEAST ALASKA INDEPENDENT LIVING (SAIL) 8711 TEAL STREET, SUITE 300	92-0144370	501 (C) (3)	10,500.				OPERATIONAL SUPPORT
(10) LOWER YUKON SCHOOL DISTRICT PO BOX 32089 MOUNTAIN VILLAGE, AK 99632	92-0057691	501 (C) (3)	10,410.				OPERATIONAL SUPPORT
(11) ANCHORAGE FREESTYLE WRESTLING CLUB 6670 WES WAY ANCHORAGE, AK 99518	92-0140691	501 (C) (3)	10,089.				OPERATIONAL SUPPORT
(12) JUSTICE ORGANIZING INTERFAITH NETWORK 225 CORDOVA STREET ANCHORAGE, AK 99501	88-2693363	501 (C) (3)	10,077.				OPERATIONAL SUPPORT

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Schedule I (Form 990) (Rev. 12-2024)

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

Open to Public Inspection

Employer identification number

92-0155067

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) COMMUNITY COVENANT CHURCH 16123 ARTILLERY ROAD EAGLE RIVER, AK 99577	92-0147842	501 (C) (3)	10,046.				OPERATIONAL SUPPORT
(2) ALASKA CHINESE ASSOCIATION PO BOX 91047 ANCHORAGE, AK 99509-1047	92-0135007	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(3) ALASKA LITERACY PROGRAM INC 1345 RUDAKOF CIRCLE ANCHORAGE, AK 99508	23-7451172	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(4) ANNETTE ISLAND SCHOOL DISTRICT PO BOX 338 METLAKATLA, AK 99926-9800	92-0057789	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(5) ATUX FOREVER: RESTORING ATTUANS FREEDOM 2940 SUN SPOT CIR ANCHORAGE, AK 99507	84-3695943	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(6) CIRCLES OF GRACE FOUNDATION 151 E 5600 S SUITE 308 MURRAY, UT 84107	93-4734899	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(7) DATA FOR INDIGENOUS JUSTICE PO BOX 231226 ANCHORAGE, AK 99523	85-0771076	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(8) ENLACES PO BOX 241123 ANCHORAGE, AK 99524	82-3715412	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(9) FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT 520 FIFTH AVENUE FAIRBANKS, AK 99701	92-6000096	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(10) FAITH LUTHERAN CHURCH 5200 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-6010511	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(11) GIRDWOOD FINE ARTS CAMP PO BOX 1034 GIRDWOOD, AK 99587	42-1614179	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(12) GUSTAVUS CHILDREN'S ENHANCEMENT PROGRAM P.O. BOX 353 GUSTAVUS, AK 99826	32-0205731	501 (C) (3)	10,000.				OPERATIONAL SUPPORT

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Schedule I (Form 990) (Rev. 12-2024)

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

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Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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(1) KAWERAK, INC PO BOX 948 NOME, AK 99762	92-0047009	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(2) LITTLE CITY FOUNDATION 1610 COLONIAL PARKWAY INVERNESS, IL 60067	36-2434562	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(3) MANILA ASSOCIATION PO BOX 256 KOTZEBUE, AK 99752	92-0041461	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(4) MUNICIPALITY OF ANCHORAGE PO BOX 196650 ANCHORAGE, AK 99519-6650	92-0059987	GOVERNMENT	10,000.				OPERATIONAL SUPPORT
(5) NAMI JUNEAU 8711 TEAL STREET CENTER JUNEAU, AK 99801	31-1765419	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(6) NATIVE VILLAGE OF ELIM ELIM IRA COMPLEX #1 ELIM, AK 99739	99-9999999	NATIVE VILL.	10,000.				OPERATIONAL SUPPORT
(7) NEW HOPE EVANGELICAL FREE CHURCH PO BOX 542 CEDAREDGE, CO 81413	84-1519020	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(8) PACIFIC COMMUNITY OF ALASKA 3001 PORCUPINE DRIVE ANCHORAGE, AK 99501	87-1247167	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(9) SEWARD PTA PO BOX 409 SEWARD, AK 99664	92-0134935	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(10) SUNSHINE COMMUNITY HEALTH CENTER HC 89 BOX 8190 TALKIETNA, AK 99676	92-0117838	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(11) TRANSITION SITKA 417 ARROWHEAD STREET SITKA, AK 99835	92-1060566	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(12) UNIVERSITY OF ALASKA FAIRBANKS P.O. BOX 757880 FAIRBANKS, AK 99775	92-6000147	501 (C) (3)	10,000.				OPERATIONAL SUPPORT

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Schedule I (Form 990) (Rev. 12-2024)

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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**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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Part I General Information on Grants and Assistance

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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) WILDLANDSCAPES INTERNATIONAL 113 SOUTH MONROE STREET	82-3941613	501 (C) (3)	10,000.				OPERATIONAL SUPPORT
(2) COPPER RIVER EMERGENCY MEDICAL SERVICES COU PO BOX 529 GLENNALLEN, AK 99588	92-0102938	501 (C) (3)	9,920.				OPERATIONAL SUPPORT
(3) SOUTH ANCHORAGE HOCKEY ASSOCIATION 11111 O'MALLEY CENTRE DRIVE	92-01167954	501 (C) (3)	9,885.				OPERATIONAL SUPPORT
(4) GIRDWOOD, INC. PO BOX 1102 GIRDWOOD, AK 99587	77-0631498	501 (C) (3)	9,800.				OPERATIONAL SUPPORT
(5) SINGLETRACK ADVOCATES PO BOX 221382 ANCHORAGE, AK 99522	26-1437999	501 (C) (3)	9,500.				OPERATIONAL SUPPORT
(6) YAKUTAT TLINGIT TRIBE PO BOX 418 YAKUTAT, AK 99689	92-0170735	NATIVE VILL	9,441.				OPERATIONAL SUPPORT
(7) ALASKA STATE HOCKEY ASSOCIATION C/O 237 E FIREWEED LANE STE 200	92-0129499	501 (C) (3)	9,379.				OPERATIONAL SUPPORT
(8) KENAI PENINSULA HOCKEY ASSOCIATION BOOSTER 35230 KENAI SPUR HWY, STE 1	82-2787152	501 (C) (3)	9,375.				OPERATIONAL SUPPORT
(9) CASCADE HIGH SCHOOL 10226 MARION RD SE TURNER, OR 97392	93-6000973	501 (C) (3)	9,250.				OPERATIONAL SUPPORT
(10) KENAI PENINSULA HOCKEY ASSOCIATION TIER 2 B 35230 KENAI SPUR HWY SOLDOTNA, AK 99669	82-2787152	501 (C) (3)	9,227.				OPERATIONAL SUPPORT
(11) CATHOLIC SCHOOLS OF FAIRBANKS 615 MONROE ST FAIRBANKS, AK 99701	26-0772064	501 (C) (3)	9,200.				OPERATIONAL SUPPORT
(12) SOLID ROCK MINISTRIES INC 36251 SOLID ROCK ROAD UNIT 1	92-0056492	501 (C) (3)	9,153.				OPERATIONAL SUPPORT

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

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Rev. December 2024)

Department of the Treasury
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(1) WATER FOR PEOPLE 7100 E BELLEVIEW AVENUE	84-1166148	501 (C) (3)	9,120.				OPERATIONAL SUPPORT
(2) EAGLE RIVER HIGH SCHOOL FOOTBALL BOOSTER CL PO BOX 770608 EAGLE RIVER, AK 99577	20-3382039	501 (C) (3)	9,000.				OPERATIONAL SUPPORT
(3) FIRST BAPTIST CHURCH OF SOLDOTNA ALASKA PO BOX 186 SOLDOTNA, AK 99669	92-0095284	501 (C) (3)	9,000.				OPERATIONAL SUPPORT
(4) JUNIOR ACHIEVEMENT OF ALASKA, INC. 639 W. INTERNATIONAL AIRPORT ROAD SUITE 38	92-0045091	501 (C) (3)	9,000.				OPERATIONAL SUPPORT
(5) THE AUGUST FUND PO BOX 672369 CHUGIAK, AK 99567	46-3701510	501 (C) (3)	9,000.				OPERATIONAL SUPPORT
(6) THREAD 111 W 16TH AVENUE ANCHORAGE, AK 99501	92-0113419	501 (C) (3)	9,000.				OPERATIONAL SUPPORT
(7) KNOM RADIO MISSION PO BOX 190649 ANCHORAGE, AK 99519-0649	27-0518406	501 (C) (3)	8,950.				OPERATIONAL SUPPORT
(8) CHILDRENS SURGICAL CENTER USA OVERSEAS PO BOX 2545 KODIAK, AK 99615	71-0897496	501 (C) (3)	8,871.				OPERATIONAL SUPPORT
(9) CHRIST CHURCH EPISCOPAL PO BOX 11963 ANCHORAGE, AK 99511	92-0016730	501 (C) (3)	8,800.				OPERATIONAL SUPPORT
(10) VALLEY ASSEMBLY PO BOX 637 SHERIDAN, MT 59749	20-4070952	501 (C) (3)	8,766.				OPERATIONAL SUPPORT
(11) BEACON HILL 2807 ARCTIC BOULEVARD, SUITE A	27-1779531	501 (C) (3)	8,765.				OPERATIONAL SUPPORT
(12) 907 BASEBALL CLUB PO BOX 871098 WASILLA, AK 99687-1098	82-4725338	501 (C) (3)	8,750.				OPERATIONAL SUPPORT

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**SCHEDULE I
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Rev. December 2024)

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(1) INSIDE CLIMATE NEWS 26 COURT ST BROOKLYN, NY 11242-1116	56-2451141	501 (C) (3)	8,750.				OPERATIONAL SUPPORT
(2) YOUTH WITH A MISSION PO BOX 3000 GARDEN VALLEY, TX 75771	23-7136015	501 (C) (3)	8,600.				OPERATIONAL SUPPORT
(3) BIRCHWOOD CHRISTIAN SCHOOL 22208 N BIRCHWOOD LOOP RD CHUGIAK, AK 99567	36-4585830	501 (C) (3)	8,500.				OPERATIONAL SUPPORT
(4) NEW CHANCE INC 1540 C STREET ANCHORAGE, AK 99501	37-2040108	501 (C) (3)	8,500.				OPERATIONAL SUPPORT
(5) SHEPHERDS PIE INC PO BOX 202 LIBUSE, LA 71348	81-3585937	501 (C) (3)	8,500.				OPERATIONAL SUPPORT
(6) HOMER FOUNDATION PO BOX 2600 HOMER, AK 99603	92-0139183	501 (C) (3)	8,411.				OPERATIONAL SUPPORT
(7) GRACE CHURCH OF SIMI VALLEY 2900 SYCAMORE DRIVE SIMI VALLEY, CA 93065	95-3218679	501 (C) (3)	8,400.				OPERATIONAL SUPPORT
(8) ALASKA COALITION ON HOUSING AND HOMELESSNES 319 SEWARD ST, STE 7 JUNEAU, AK 99801	92-0137326	501 (C) (3)	8,370.				OPERATIONAL SUPPORT
(9) WILD ABOUT GYMNASTICS BOOSTER CLUB 42215 K-BEACH ROAD SUITE 1A	92-0151271	501 (C) (3)	8,300.				OPERATIONAL SUPPORT
(10) CENTRAL ALASKA RETIRED TEACHERS' ASSOCIATIO PO BOX 93610 ANCHORAGE, AK 99509	26-0650015	501 (C) (3)	8,289.				OPERATIONAL SUPPORT
(11) INDEPENDENT BAPTIST CHURCH OF ANCHORAGE 1801 E 68TH AVE ANCHORAGE, AK 99507	92-0129047	501 (C) (3)	8,230.				OPERATIONAL SUPPORT
(12) BONUS YEARS INC PO BOX 110522 ANCHORAGE, AK 99511-0522	93-2232349	501 (C) (3)	8,150.				OPERATIONAL SUPPORT

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(1) KENAI CLASSICAL INC 35555 KENAI SPUR HIGHWAY	83-3643214	501 (C) (3)	8,150.				OPERATIONAL SUPPORT
(2) ALASKA BAPTIST CONVENTION INC. 1750 O'WALLEY RD ANCHORAGE, AK 99507	92-6001032	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(3) ANCHORAGE SCHOOL DISTRICT-EDUCATION CENTER 5530 EAST NORTHERN LIGHTS BLVD	92-6000078	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(4) ARCTIC AIR WALKERS LLC 685 BIRCH ST ANCHORAGE, AK 99501	73-1711554	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(5) BACKCOUNTRY HUNTERS AND ANGLERS 725 W ALDER SUITE 11 MISSOULA, MT 59802	20-1037177	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(6) CHUGACH EDUCATIONAL CORPORATION 1205 E STREET ANCHORAGE, AK 99501	92-0156985	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(7) FRIENDS OF THE CAMPBELL CREEK SCIENCE CENTE 5600 SCIENCE CENTER DRIVE	20-3140552	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(8) HOMER COUNCIL ON THE ARTS 355 W PIONEER AVENUE HOMER, AK 99603	51-0152554	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(9) MOUNTAIN CITY CHURCH INC 6401 E NORTHERN LIGHTS BLVD	92-0036966	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(10) PRATT MUSEUM 3779 BARTLETT STREET HOMER, AK 99603	92-6002856	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(11) WALLGRASS THEATRE COMPANY PO BOX 65932 DES MOINES, IA 50265	30-0206334	501 (C) (3)	8,000.				OPERATIONAL SUPPORT
(12) PROJECT 8P FOUNDATION 787 SEVENTH AVENUE NEW YORK, NY 10019	83-2545342	501 (C) (3)	7,982.				OPERATIONAL SUPPORT

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(1) ALASKA STATE ELKS ASSOCIATION TRUST FUND 21237 MCKINLEY VIEW CHUGIAK, AK 99567	92-6026104	501 (C) (3)	7,950.				OPERATIONAL SUPPORT
(2) ELDRED ROCK LIGHHOUSE PRESERVATION ASSOCIATION PO BOX 1593 HAINES, AK 99827	47-1895203	501 (C) (3)	7,824.				OPERATIONAL SUPPORT
(3) FIRST BAPTIST CHURCH OF LOEB PO BOX 8124 LUMBERTON, TX 77657	71-0147997	501 (C) (3)	7,789.				OPERATIONAL SUPPORT
(4) ST. BENEDICT CATHOLIC CHURCH 8110 JEWEL LAKE ROAD BLDG D (5) JUNTA COUNTY SCHOOL DISTRICT NO. 1 537 10TH STREET EVANSTON, WY 82931	92-0122543	501 (C) (3)	7,750.				OPERATIONAL SUPPORT
(6) AMERICAN INSTITUTE FOR AVALANCHE RESEARCH A PO BOX 3744 MOUNT CRESTED BUTTE, CO 81225	83-6000649	501 (C) (3)	7,750.				OPERATIONAL SUPPORT
(7) MUNICIPALITY OF ANCHORAGE PARKS AND RECREATION 632 W. 6TH AVE SUITE 630	84-1469504	501 (C) (3)	7,700.				OPERATIONAL SUPPORT
(8) COUGAR GRIDIRON BOOSTER CLUB PO BOX 232435 ANCHORAGE, AK 99523	92-0059987	GOVERNMENT	7,516.				OPERATIONAL SUPPORT
(9) NEW LIFE MINISTRIES PO BOX 1029 LAKE FOREST, CA 92609	36-4490501	501 (C) (3)	7,500.				OPERATIONAL SUPPORT
(10) RIPE FOR HARVEST WORLD OUTREACH PO BOX 62009	75-2785010	501 (C) (3)	7,500.				OPERATIONAL SUPPORT
(11) SEWARD NORDIC SKI CLUB PO BOX 2082 SEWARD, AK 99664	20-2322235	501 (C) (3)	7,500.				OPERATIONAL SUPPORT
(12) THE STUDY PO BOX 1612 SOLDOTNA, AK 99669	92-0114714	501 (C) (3)	7,500.				OPERATIONAL SUPPORT
	92-0151271	501 (C) (3)	7,500.				OPERATIONAL SUPPORT

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

92-0155067

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRINITY PRESBYTERIAN CHURCH 3004 NEDERLAND AVENUE NEDERLAND, TX 77627	74-2164789	501 (C) (3)	7,500.				OPERATIONAL SUPPORT
(2) MAT-SU SEA HAWKERS, INC. PO BOX 1832 PALMER, AK 99645	20-5446248	501 (C) (3)	7,436.				OPERATIONAL SUPPORT
(3) ROCKPOINTE CHURCH 1070 COUNTY RD 177 LEANDER, TX 78641	74-3011768	501 (C) (3)	7,400.				OPERATIONAL SUPPORT
(4) BROTHER FRANCIS SHELTER 4600 DEBARR ROAD, SUITE #200	92-0037322	501 (C) (3)	7,219.				OPERATIONAL SUPPORT
(5) FAR EAST CHRISTIAN CENTER PO BOX 3000 GARDEN VALLEY, TX 75771	47-4648047	501 (C) (3)	7,200.				OPERATIONAL SUPPORT
(6) UNITED ANCHORAGE YOUTH SOCCER LEAGUE PO BOX 243565 ANCHORAGE, AK 99524	72-1621225	501 (C) (3)	7,195.				OPERATIONAL SUPPORT
(7) ALASKA AVALANCHE INFORMATION CENTER, INC. PO BOX 911 VALDEZ, AK 99686	80-0674646	501 (C) (3)	7,100.				OPERATIONAL SUPPORT
(8) DONORSCHOOSE 134 W. 37TH ST. NEW YORK, NY 10018	13-4129457	501 (C) (3)	7,000.				OPERATIONAL SUPPORT
(9) FISHER PTA 501 N 14TH STREET LYNDEN, WA 98264	27-4851470	501 (C) (3)	7,000.				OPERATIONAL SUPPORT
(10) KENAI CLASSICAL 35555 KENAI SPUR HWY #522	83-3643214	501 (C) (3)	7,000.				OPERATIONAL SUPPORT
(11) MOUNTAIN HOME FELLOWSHIP 10856 N WOLVERINE RD PALMER, AK 99645	84-3553981	501 (C) (3)	7,000.				OPERATIONAL SUPPORT
(12) RED HILL LUTHERAN CHURCH 13200 RED HILL AVE TUSTIN, CA 92780	95-2158367	501 (C) (3)	7,000.				OPERATIONAL SUPPORT

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

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

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Schedule I (Form 990) (Rev. 12-2024)

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

Open to Public Inspection

Employer identification number

92-0155067

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SHRINERS HOSPITALS FOR CHILDREN, PORTLAND 3101 SW SAM JACKSON PARK RD	36-2193608	501 (C) (3)	7,000.				OPERATIONAL SUPPORT
(2) WOUNDED WARRIOR PROJECT, INC. 4899 BELFORT ROAD JACKSONVILLE, FL 32256	20-2370934	501 (C) (3)	7,000.				OPERATIONAL SUPPORT
(3) MARATHON WRESTLING CLUB 12796 MADERA LANE SEWARD, AK 99664	46-1804803	501 (C) (3)	6,973.				OPERATIONAL SUPPORT
(4) ST. BALDRICK'S FOUNDATION 1333 S MAYFLOWER AVE, SUITE 400	20-1173824	501 (C) (3)	6,950.				OPERATIONAL SUPPORT
(5) THE CROSSING AT BIRCHWOOD PO BOX 670489 CHUGIAK, AK 99567	92-0077916	501 (C) (3)	6,927.				OPERATIONAL SUPPORT
(6) KENAI PENINSULA ANIMAL LOVERS RESCUE PO BOX 1876 KENAI, AK 99611	83-3038642	501 (C) (3)	6,824.				OPERATIONAL SUPPORT
(7) MATSU SKI CLUB PO BOX 364 PALMER, AK 99645	26-1217414	501 (C) (3)	6,800.				OPERATIONAL SUPPORT
(8) MOUNTAIN VIEW HEALTH SERVICES 3521 MOUNTAIN VIEW DR. ANCHORAGE, AK 99508	85-2391237	501 (C) (3)	6,800.				OPERATIONAL SUPPORT
(9) GOLD STAR PEAK, INC. PO BOX 772413 EAGLE RIVER, AK 99577	82-5258523	501 (C) (3)	6,750.				OPERATIONAL SUPPORT
(10) GRACE LUTHERAN CHURCH 47585 CIECHANSKI RD KENAI, AK 99611	15-5671154	501 (C) (3)	6,750.				OPERATIONAL SUPPORT
(11) ARCTIC DIAMONDS OPERATION WARMHEART 15380 AIRLIFTER DRIVE UBER, AK 99506	84-4904547	501 (C) (3)	6,750.				OPERATIONAL SUPPORT
(12) LOST LAKE RUN PO BOX 241367 ANCHORAGE, AK 99524	20-5812503	501 (C) (3)	6,700.				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) (Rev. 12-2024)

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.

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number

92-0155067

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALASKA DANCE THEATRE 550 EAST 33RD AVENUE ANCHORAGE, AK 99503	92-0082397	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(2) BARTLETT HIGH SCHOOL 1101 GOLDEN BEAR DR	92-6000078	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(3) CATHOLIC COMMUNITY SERVICE 1803 GLACIER HIGHWAY JUNEAU, AK 99801	92-0042651	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(4) CHUGIAK AQUATICS CLUB BOOSTERS PO BOX 771434 EAGLE RIVER, AK 99577	51-0487718	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(5) CHUGIAK FOOTBALL BOOSTER CLUB PO BOX 771061 EAGLE RIVER, AK 99577	92-0130490	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(6) EAST HIGH FOOTBALL BOOSTER CLUB PO BOX 141536 ANCHORAGE, AK 99514	35-2346379	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(7) HEARTREACH CENTER 865 S SEWARD MERIDIAN PKWY	92-0115423	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(8) KIDS KUPBOARD 4800 N TANIS WASILLA, AK 99654	81-0989262	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(9) SOAR INTERNATIONAL MINISTRIES 140 BIDARKA ST. #1714 KENAI, AK 99611	92-0165873	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(10) SOUTH ANCHORAGE HIGH SCHOOL 5530 EAST NORTHERN LIGHTS BLVD	92-6000078	501 (C) (3)	6,500.				OPERATIONAL SUPPORT
(11) DELTA COMMUNITY LIBRARY PO BOX 229 DELTA JUNCTION, AK 99737	35-2406996	501 (C) (3)	6,435.				OPERATIONAL SUPPORT
(12) KATIE'S HANDPRINT 4161 MARIAH DRIVE EAGLE RIVER, AK 99577	82-4671210	501 (C) (3)	6,400.				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) (Rev. 12-2024)

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.

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number

92-01155067

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOLY FAMILY OLD CATHEDRAL 811 W 6TH AVE ANCHORAGE, AK 99501	85-3549854	501 (C) (3)	6,310.				OPERATIONAL SUPPORT
(2) ALASKA VILLAGE MISSIONS 1295 MISSION RD HOMER, AK 99603	92-6004559	501 (C) (3)	6,250.				OPERATIONAL SUPPORT
(3) ALASKA HUMANITIES FORUM 421 W 1ST AVENUE ANCHORAGE, AK 99501-1661	92-0042123	501 (C) (3)	6,203.				OPERATIONAL SUPPORT
(4) KETCHIKAN GYMNASTICS CLUB PO BOX 5725 KETCHIKAN, AK 99901	92-0120417	501 (C) (3)	6,180.				OPERATIONAL SUPPORT
(5) HOLY ROSARY ACADEMY 1010 WEST FIREWEED LANE ANCHORAGE, AK 99503	92-0126315	501 (C) (3)	6,138.				OPERATIONAL SUPPORT
(6) NIKITSKI FREESTYLE WRESTLING CLUB 45394 NOLA STREET KENAI, AK 99611	47-4738617	501 (C) (3)	6,115.				OPERATIONAL SUPPORT
(7) KITNA TALKETNA PO BOX 300 TALKETNA, AK 99676	94-3099330	501 (C) (3)	6,100.				OPERATIONAL SUPPORT
(8) PROCLAIM AVIATION MINISTRIES INC PO BOX 356 WORTHINGTON, MN 56187	20-0764068	501 (C) (3)	6,100.				OPERATIONAL SUPPORT
(9) BETH C WRIGHT CANCER RESOURCE CENTER 23 COMMERCE PARK ELLSWORTH, ME 04605	26-0074846	501 (C) (3)	6,090.				OPERATIONAL SUPPORT
(10) CORNERSTONE CHURCH 10431 BRAYTON DRIVE ANCHORAGE, AK 99507	92-6010291	501 (C) (3)	6,065.				OPERATIONAL SUPPORT
(11) AMERICAN LUNG ASSOCIATION IN ALASKA 5601 6TH AVE S, SUITE 460 SEATTLE, WA 98108	13-1632524	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(12) ANCHORAGE CONCERT ASSOCIATION 430 WEST 7TH AVENUE SUITE 200	92-6002302	501 (C) (3)	6,000.				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) (Rev. 12-2024)

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

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**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FREEDOM MINISTRIES 9788 RIVER DR DESCANSO, CA 91916	81-0551565	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(2) FRIENDS OF THE ISRAEL DEFENSE FORCES PO BOX 4224 NEW YORK, NY 10163	13-3156445	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(3) KENNY LAKE PUBLIC LIBRARY HC 60, BOX 223 COPPER CENTER, AK 99573	92-0111084	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(4) LEAKE TEMPLE AME ZION PO BOX 211763 ANCHORAGE, AK 99508	92-0108558	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(5) MAKE-A-WISH OF OHIO KENTUCKY AND INDIANA IN 1230 LIBERTY BANK LANE LOUISVILLE, KY 40222	34-1471131	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(6) MAT-SU GUNS N HOSES PO BOX 874893 WASILLA, AK 99687	99-4414128	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(7) PETERSVILLE COMMUNITY NON-PROFIT CORPORATIO PO BOX 13392 TRAPPER CREEK, AK 99683	47-3996136	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(8) THREE WAY INDEPENDENT SCHOOL DISTRICT 247 CR 207 STEPHENVILLE, TX 76401	75-6000938	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(9) COTTONWOOD CREEK ELEMENTARY PTO INC 800 N SEWARD MERIDIAN PKWY	52-2408701	501 (C) (3)	6,000.				OPERATIONAL SUPPORT
(10) ALASKA ESKIMO WHALING COMMISSION PO BOX 570 BARROW, AK 99723	92-0081760	501 (C) (3)	5,988.				OPERATIONAL SUPPORT
(11) FIRST ALASKANS INSTITUTE 2525 C ST, SUITE 400 ANCHORAGE, AK 99503	92-0174854	501 (C) (3)	5,945.				OPERATIONAL SUPPORT
(12) HEALTHY FUTURES 11901 INDUSTRY WAY, SUITE A9	81-0649085	501 (C) (3)	5,925.				OPERATIONAL SUPPORT

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

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**SCHEDULE I
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Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INSPIRE VOLLEYBALL CLUB 17346 KAHILTNA DRIVE EAGLE RIVER, AK 99577	81-1807748	501 (C) (3)	5,900.				OPERATIONAL SUPPORT
(2) PETERSBURG BOROUGH SCHOOL DISTRICT PO BOX 289 PETERSBURG, AK 99833	92-6000110	501 (C) (3)	5,880.				OPERATIONAL SUPPORT
(3) FAIRBANKS RESCUE MISSION INC PO BOX 73250 FAIRBANKS, AK 99707	23-7326856	501 (C) (3)	5,750.				OPERATIONAL SUPPORT
(4) MOOSE PASS PUBLIC LIBRARY PO BOX 154 MOOSE PASS, AK 99631-0154	92-6002638	501 (C) (3)	5,684.				OPERATIONAL SUPPORT
(5) ALASKA SKI EDUCATIONAL FOUNDATION INC 2245 CHURCHILL STREET ANCHORAGE, AK 99517	23-7378119	501 (C) (3)	5,500.				OPERATIONAL SUPPORT
(6) KEYS TO LIFE 200 W 34TH AVENUE SUITE 902	47-5263304	501 (C) (3)	5,500.				OPERATIONAL SUPPORT
(7) LITERACY COUNCIL OF ALASKA 724 27TH AVENUE FAIRBANKS, AK 99701	92-6010100	501 (C) (3)	5,500.				OPERATIONAL SUPPORT
(8) SAND LAKE ELEMENTARY PTA 7500 JEWEL LAKE ROAD ANCHORAGE, AK 99502	92-0089548	501 (C) (3)	5,500.				OPERATIONAL SUPPORT
(9) SOLDOTNA SILVER SALMON SWIM TEAM PO BOX 1692 SOLDOTNA, AK 99669	92-0113212	501 (C) (3)	5,500.				OPERATIONAL SUPPORT
(10) TRINITY CHRISTIAN CENTER 37710 KENAI SPUR HWY SOLDOTNA, AK 99669	92-0124047	501 (C) (3)	5,500.				OPERATIONAL SUPPORT
(11) PEACE LUTHERAN CHURCH - LITTLE LAMBES OF PEA 11555 BIRCH HILLS DRIVE	92-0059330	501 (C) (3)	5,485.				OPERATIONAL SUPPORT
(12) CRU 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501 (C) (3)	5,300.				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) (Rev. 12-2024)

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

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**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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(1) ALEUT COMMUNITY OF ST. PAUL ISLAND TRIBAL G 4720 BUSINESS PARK BLVD, SUITE G42	92-0060403	501 (C) (3)	5,299.				OPERATIONAL SUPPORT
(2) ANCHORAGE YOUTH COURT 838 WEST 4TH AVENUE ANCHORAGE, AK 99501	92-0129615	501 (C) (3)	5,250.				OPERATIONAL SUPPORT
(3) LUMEN CHRISTI HIGH SCHOOL 8110 JEWEL LAKE ROAD	85-3549854	501 (C) (3)	5,250.				OPERATIONAL SUPPORT
(4) FRIENDS OF THE SUTTON LIBRARY 11301 CHICKALOON WAY SUPTON, AK 99674	82-0153777	501 (C) (3)	5,200.				OPERATIONAL SUPPORT
(5) WRANGLER JUNIOR RODEO ASSOCIATION OF NEVADA PO BOX 122 ALAMO, NV 89001	81-5082719	501 (C) (3)	5,165.				OPERATIONAL SUPPORT
(6) WASILLA YOUTH SOCCER ASSOCIATION 2521 E. MOUNTAIN VILLAGE DRIVE	92-0122491	501 (C) (3)	5,100.				OPERATIONAL SUPPORT
(7) SEWARD SENIOR CENTER PO BOX 1195 SEWARD, AK 99664	92-0072425	501 (C) (3)	5,019.				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

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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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

92-0155067

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	126	886,199.			
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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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? **4a** **4b**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a** **5b**
- b** Any related organization? **5b**
- 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? **6a** **6b**
- b** Any related organization? **6b**
- 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 **7** **8**

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 **8** **9**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input type="checkbox"/>

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

Schedule J (Form 990) (Rev. 12-2024)

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				
	ALEXANDRA MCKAY	(i) 219,115.	(ii) 6,750.	(iii)	6,261.	20,022.	252,148.	
1	PRESIDENT/CEO	(ii)						
	KEVIN GRAY	(i) 199,808.	(ii) 15,750.	(iii)	8,622.	15,526.	239,706.	
2	CFO	(ii)						
	ELIZABETH MILLER	(i) 139,692.	(ii) 10,750.	(iii)	4,880.	15,771.	171,093.	
3	VP DEVELOPMENT & COMMUNICATION	(ii)						
	MEGAN CACCIOLA	(i) 131,731.	(ii) 15,750.	(iii)	5,899.	21,525.	174,905.	
4	VP OF PROGRAM & GRANTS	(ii)						
5		(i)						
6		(ii)						
7		(i)						
8		(ii)						
9		(i)						
10		(ii)						
11		(i)						
12		(ii)						
13		(i)						
14		(ii)						
15		(i)						
16		(ii)						

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2024

**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	31	6,056,102.	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	X	1	12,445.	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>IN-KIND</u>)	X	8	24,029.	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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, LINE 32B:

THE FOUNDATION HIRES APPRAISERS FOR STOCK VALUATION.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

92-0155067

FORM 990, PART III, LINE 1:

TOGETHER WITH OUR ELEVEN LOCAL COMMUNITY FOUNDATIONS, WE CONNECT PEOPLE WHO CARE WITH CAUSES THAT MATTER, BY ENCOURAGING AND NURTURING PHILANTHROPY, AND PROVIDING DONORS WITH GRANT OPTIONS THAT ARE STRATEGIC TO THEIR PHILANTHROPIC OBJECTIVES. ALASKA COMMUNITY FOUNDATION (ACF) IS COMPRISED OF MORE THAN 2,500 FUNDS AND MANAGES APPROXIMATELY \$200 MILLION IN PHILANTHROPIC ASSETS. IN THE PAST TWO DECADES, ACF HAS AWARDED MORE THAN \$200 MILLION IN GRANTS TO IMPROVE THE LIVES OF ALASKANS.

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

- BOARD MEMBER DAVE SHAFTEL HAS SEVERAL CLIENTS OF THE SHAFTEL DELMAN LAW FIRM THAT ARE ACF BOARD MEMBERS.
- BOARD MEMBER JIM PALMER CURRENTLY HOLD FUNDS AT ACF, THE ANCHORAGE FUND AND THE PALMER FAMILY FUND, RESPECTIVELY.

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.

**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

2024

**Open to Public
Inspection**

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS TO HIRE THE CEO BEGAN WITH THE FORMATION OF AN EXECUTIVE SEARCH COMMITTEE OF THE BOARD OF DIRECTORS. THAT COMMITTEE WORKED WITH AN EXECUTIVE SEARCH FIRM. CANDIDATES WERE SOUGHT FROM ACROSS THE STATE AND ACROSS THE COUNTRY. THE COMMITTEE SOUGHT THE ADVICE AND ASSISTANCE OF THE FORAKER GROUP AND THE COUNCIL ON FOUNDATIONS AND USED COMPARATIVE SALARY AND BENEFITS INFORMATION PROVIDED BY BOTH ORGANIZATIONS. THE PROCESS FOR REVIEWING EXECUTIVE COMPENSATION IS GUIDED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. A PERFORMANCE REVIEW IS BASED ON INPUT FROM ALL BOARD MEMBERS AND FROM SELECT STAFF, FUNDERS, DONORS, AND GRANTEES. INPUT IS ALSO RECEIVED FROM THE PRESIDENT/CEO AND STATE AND NATIONAL COMPENSATION SURVEYS ARE CONSIDERED BY THE COMMITTEE, IN ORDER TO DETERMINE FAIR AND REASONABLE COMPENSATION.

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).

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

2024

**Open to Public
Inspection**

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XI, LINE 9:

INCOME FROM K-1S:

RESOURCE LAND FUND V, LP	207,294
PRINCIPAL REAL ESTATE DEBT FUND III LP	78,974
WCP NEWCOLD II	(17,717)
WCP NEWCOLD II-A	1,076,970
SECONDARY OPPORTUNITIES FUND III, LP	(40,786)
GOLDENTREE SELECT OFFSHORE FUND	577,587
TOTAL:	1,882,322

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4A, PROGRAM SERVICE

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.

LINE 4B, PROGRAM SERVICE

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 2024, 40,095 PEOPLE GAVE \$2,438,779 TO 612 NON-PROFIT ORGANIZATIONS STATEWIDE THROUGH THIS PROGRAM.

LINE 4C, PROGRAM SERVICE

SUPPORT CAMP ORGANIZATIONS STATEWIDE. THE ALASKA COMMUNITY FOUNDATION HAS PARTNERED WITH RASMUSON FOUNDATION, MAT-SU HEALTH FOUNDATION, AND THE GEORGE AND STEPHANIE SUDDOCK FOUNDATION TO PROVIDE SUPPORT TO SUMMER CAMPS ACROSS ALASKA. SUMMER CAMPS ARE A RITE OF PASSAGE FOR ALASKAN YOUTH AND ESSENTIAL CHILDCARE INFRASTRUCTURE FOR ALASKAN FAMILIES. THE CAMP INITIATIVE SUPPORTS SUMMER ENRICHMENT PROGRAMMING FOR ALASKAN YOUTH, INCLUDING BOTH OVERNIGHT AND DAY CAMPS.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

=====

CAYMAN ISLANDS
IRELAND

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
JL PROPERTIES, INC. 813 D STREET, SUITE 200 ANCHORAGE, AK 99501	BUILDING MAINTENANCE	228,482.
R.W. BAIRD & CO. 3800 CENTERPOINT DRIVE, SUITE 1120 ANCHORAGE, AK 99503	ADVISORY SERVICES	177,958.
BRILLIANT MEDIA STRATEGIES 900 WEST 5TH AVE, SUITE 100 ANCHORAGE, AK 99501	MEDIA MARKETING	163,910.
CLASSIC FOUNDRY 9688 MARTIN LUTHER KING JR. WAY S. SEATTLE, WA 98118	ARTISTIC COMMISSION	131,932.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
SEE DETAIL IN PART XIII	155,675,935.	FMV
TOTALS	----- 155,675,935. =====	

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number

92-0155067

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACF PROPERTIES, LLC 3201 C ST, SUITE 110 ANCHORAGE, AK 99503	RE HOLDING CO	AK	462,124.	208,667.	ACF
(2) ACF PROPERTIES B, LLC 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	BP ENERGY	AK	110,014.	19,345,907.	ACF
(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) ENDEAVOR FOUNDATION 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	INVESTMENTS	AK	501 (C) (3)	LINE 12, I	ACF		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) (Rev. 12-2024)

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

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

Part VII **Supplemental Information**

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



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

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990-T
For the year ended December 31, 2024

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

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

BDO USA
3601 C STREET, STE 600
ANCHORAGE AK 99503

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

The return shows a \$4,126 overpayment. Of this amount, \$4,126 will be refunded to you. Also, has been applied to your 2025 estimated tax.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 17, 2025. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____ and ending _____

2024

Department 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

ALEXANDRA MCKAY, 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 type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part 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 checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>NONE</u>
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 2024 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 to enter my PIN 94221 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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.

92135313538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 Matthew Frenke

Date 10/25/2025

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.

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

2024

For calendar year 2024 or other tax year beginning _____, 2024, and ending _____, 20____

Department of the Treasury Internal Revenue Service

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

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

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

Form header section including: A Check box if address changed, B Exempt under section (501(C)(3)), C Book value of all assets at end of year (243886396), D Employer identification number (92-0155067), E Group exemption number, F Check box if an amended return.

G Check organization type (501(c) corporation), H Check if filing only to claim (Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800), I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) (1), K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No).

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

Part I Total Unrelated Business Taxable Income 3201 C STREET, SUITE 110, ANCHORAGE, AK 99503

Table for Part I: 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 21,766.

Table for Part I: 2 Reserved, 3 Add lines 1 and 2 (21,766), 4 Charitable contributions (see instructions for limitation rules), 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 (21,766).

Table for Part I: 6 Deduction for net operating loss. See instructions. STMT. 1. (21,766), 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.

Table for Part I: 8 Specific deduction (generally \$1,000, but see instructions for exceptions) (1,000), 9 Trusts. Section 199A deduction. See instructions.

Table for Part I: 10 Total deductions. Add lines 8 and 9 (1,000), 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. (NONE)

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21). (NONE)

2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041).

3 Proxy tax. See instructions

4a Amount from Form 4255, Part I, line 3, column (q)

4b Other tax amounts. See instructions

5 Alternative minimum tax.

6 Tax on noncompliant facility income. See instructions

7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies. (NONE)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

1b Other credits (see instructions)

1c General business credit. Attach Form 3800 (see instructions)

1d Credit for prior-year minimum tax (attach Form 8801 or 8827).

1e Total credits. Add lines 1a through 1d.

2 Subtract line 1e from Part II, line 7. (NONE)

3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)

3b Amount due from Form 8611

3c Amount due from Form 8697

3d Amount due from Form 8866

3e Other amounts due (see instructions)

3f Total amounts due. Add lines 3a through 3e

4 Total tax. Add lines 2 and 3f (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here. (NONE)

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e	4,126.	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7		4,126.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		4,126.
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11		4,126.

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

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>IE, CAYMAN ISLANDS</u>	Yes	No
		X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>627,813.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	900099	\$ 181,362.	
		\$ _____	
		\$ _____	
		\$ _____	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	ALEXANDRA MCKAY Signature of officer	Date	PRESIDENT/CEO Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MATTHEW FRERKER, CPA	MATTHEW FRERKER, CPA	10/25/2025
	Firm's name	Firm's EIN	
	BDO USA	13-5381590	
Firm's address	Phone no.		
3601 C STREET, STE 600, ANCHORAGE, AK 99503	907-278-8878		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990T, PART I, LINE 6 DETAIL

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LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
12/31/2004		NONE	NONE
12/31/2005		NONE	NONE
12/31/2006		NONE	NONE
12/31/2007		NONE	NONE
12/31/2008		NONE	NONE
12/31/2009		NONE	NONE
12/31/2010		NONE	NONE
12/31/2011		NONE	NONE
12/31/2012		NONE	NONE
12/31/2013		NONE	NONE
12/31/2014		NONE	NONE
12/31/2015	103,292.	31,943.	21,766.
12/31/2016	280,573.	280,573.	
12/31/2017	315,297.	315,297.	
12/31/2018		NONE	

TOTAL:	699,162.	627,813.	21,766.
=====			
NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS BEFORE 2018			627,813.
TAXABLE INCOME (LINE 5 ON PAGE 1, 990-T)			21,766.
NET OPERATING LOSS DEDUCTION			21,766.
=====			

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

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

E Describe the unrelated trade or business INVESTMENTS IN PARTNERSHIPS

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales _____			
b	Less returns and allowances _____ c Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions.	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts.	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) . SEE STATEMENT. 1.	5	108,828.	108,828.
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI).	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).	9		
10	Exploited exempt activity income (Part VIII).	10		
11	Advertising income (Part IX).	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	108,828.	108,828.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).	16	108,828.
17	Deduction for net operating loss. See instructions	17	87,062.
18	Unrelated business taxable income. Subtract line 17 from line 16.	18	21,766.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2	Rent received or accrued			
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income).			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)			
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2	Gross income from or allocable to debt-financed property			
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5			
7	Gross income reportable. Multiply line 2 by line 6			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)			
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)			
11	Total dividends - received deductions included in line 10			

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

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

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

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

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

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

SCHEDULE A: INCOME (LOSS) FROM K-1S

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
INCOME (LOSS) FROM K-1S	340,106.	231,278.	108,828.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

108,828.

FEDERAL FOOTNOTES

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POST-2017 NOL CARRYFORWARD

=====

TAX YEAR	LOSS SUSTAINED	LOSS UTILIZED	LOSS REMAINING	CARRYOVER TO 2025
12/31/2018	145,655	87,062	58,593	58,593
12/31/2019	33,703	-	33,703	33,703
12/31/2020	2,004	-	2,004	2,004
TOTAL NOL CARRYOVER TO 12/31/2025			----- 94,300 =====	----- 94,300 =====

Statement of Specified Foreign Financial Assets
 ▶ Go to www.irs.gov/Form8938 for instructions and the latest information.
 ▶ Attach to your tax return.

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

If you have attached additional statements, check here Number of additional statements 5

1 Name(s) shown on return
THE ALASKA COMMUNITY FOUNDATION

2 Taxpayer identification number (TIN)
92-0155067

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

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

a Name _____ b TIN _____

Part I Foreign Deposit and Custodial Accounts Summary

5	Number of deposit accounts (reported in Part V)	▶	
6	Maximum value of all deposit accounts		\$ _____
7	Number of custodial accounts (reported in Part V)	▶	<u>2</u>
8	Maximum value of all custodial accounts		\$ <u>9,746,813.</u>
9	Were any foreign deposit or custodial accounts closed during the tax year?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part II Other Foreign Assets Summary

10	Number of foreign assets (reported in Part VI)	▶	<u>5</u>
11	Maximum value of all assets (reported in Part VI)		\$ <u>4,923,077.</u>
12	Were any foreign assets acquired or sold during the tax year?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$ _____		
	b Dividends	\$ _____		
	c Royalties	\$ _____		
	d Other income	\$ _____		
	e Gains (losses)	\$ _____		
	f Deductions	\$ _____		
	g Credits	\$ _____		
14 Other foreign assets	a Interest	\$ <u>8,664.</u>	<u>990, PG 9, 11A</u>	
	b Dividends	\$ <u>2,476.</u>	<u>990, PG 9, 11A</u>	
	c Royalties	\$ _____		
	d Other income	\$ <u>483,123.</u>	<u>990, PG 9, 11A</u>	
	e Gains (losses)	\$ <u>68,649.</u>	<u>990, PG 9, 11A</u>	
	f Deductions	\$ <u>26,111.</u>	<u>990, PG 9, 11A</u>	
	g Credits	\$ _____		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

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

15 Number of Forms 3520 _____ 16 Number of Forms 3520-A _____ 17 Number of Forms 5471 _____
 18 Number of Forms 8621 _____ 19 Number of Forms 8865 _____

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

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account Deposit Custodial X 21 Account number or other designation 854599CX
22 Check all that apply a Account opened during tax year b Account closed during tax year c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 6,567,653.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes X No
25 If you answered "Yes" to line 24, complete all that apply. (a) Foreign currency in which account is maintained (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26 a Name of financial institution in which account is maintained GOLDENTREE SELECT OFFSHORE, LTD. b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 300 PARK AVENUE, 21ST FLOOR
28 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022

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

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 50 SOUTH CAPITAL ADVISORS, LLC 30 Identifying number or other designation 13633
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable. b Date asset disposed of during tax year, if applicable. c Check if asset jointly owned with spouse d X Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies) a \$0-\$50,000 b \$50,001-\$100,000 c \$100,001-\$150,000 d \$150,001-\$200,000 e If more than \$200,000, list value \$ 2,015,242.
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes X No
34 If you answered "Yes" to line 33, complete all that apply. (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity 50 SOUTH CAPITAL ADVISORS, b GIIN (Optional) c Type of foreign entity (1) X Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. 50 SOUTH LASALLE STREET e City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60603
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions. a Name of issuer or counterparty Check if information is for Issuer Counterparty b Type of issuer or counterparty (1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate c Check if issuer or counterparty is a U.S. person Foreign person d Mailing address of issuer or counterparty. Number, street, and room or suite no. e City or town, state or province, country, and ZIP or foreign postal code

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

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account		Deposit Custodial <input checked="" type="checkbox"/>	21 Account number or other designation NONE
22 Check all that apply	a	Account opened during tax year	Account closed during tax year
	c	Account jointly owned with spouse	No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year		\$ 3,179,160.	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
25 If you answered "Yes" to line 24, complete all that apply.			
(a) Foreign currency in which account is maintained		(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26 a Name of financial institution in which account is maintained RIMROCK HIGH INC PLUS (CAYMAN) FUND, LTD	b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O MOURANT OZANNES CORP SVC, 94 SOLARIS AVE BOX 1348	
28 City or town, state or province, country, and ZIP or foreign postal code CAMANA BAY, GRAND CAYMAN KY1-1108 CJ	

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

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset COLLER INTERNATIONAL PARTNERS VII	30 Identifying number or other designation LP7452
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable. _____	
b Date asset disposed of during tax year, if applicable. _____	
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
32 Maximum value of asset during tax year (check box that applies)	
a <input type="checkbox"/> \$0-\$50,000 b <input type="checkbox"/> \$50,001-\$100,000 c <input type="checkbox"/> \$100,001-\$150,000 d <input type="checkbox"/> \$150,001-\$200,000	
e If more than \$200,000, list value \$ 697,052.	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34 If you answered "Yes" to line 33, complete all that apply.	
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	

35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity COLLER INTERNATIONAL PARTN	b GIIN (Optional)
c Type of foreign entity (1) <input checked="" type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate	
d Mailing address of foreign entity. Number, street, and room or suite no. P.O. BOX 255, TRAFALGAR COURT, LES BANQUES	
e City or town, state or province, country, and ZIP or foreign postal code SAINT PETER PORT, GUERNSEY GY1 3QL GK FR	

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
a Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____	
e City or town, state or province, country, and ZIP or foreign postal code _____	

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

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account		Deposit Custodial	21 Account number or other designation
22 Check all that apply	a	Account opened during tax year	b Account closed during tax year
	c	Account jointly owned with spouse	d No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$			
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?			Yes <input type="checkbox"/> No <input type="checkbox"/>
25 If you answered "Yes" to line 24, complete all that apply.			
(a) Foreign currency in which account is maintained		(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26 a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
28 City or town, state or province, country, and ZIP or foreign postal code			

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

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset <u>INDABA CAPITAL PARTNERS (CAYMAN), L</u>	30 Identifying number or other designation <u>00050874</u>
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable. _____	
b Date asset disposed of during tax year, if applicable _____	
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
32 Maximum value of asset during tax year (check box that applies)	
a <input type="checkbox"/> \$0-\$50,000 b <input type="checkbox"/> \$50,001-\$100,000 c <input type="checkbox"/> \$100,001-\$150,000 d <input type="checkbox"/> \$150,001-\$200,000	
e If more than \$200,000, list value \$ <u>818,933.</u>	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34 If you answered "Yes" to line 33, complete all that apply.	
(a) Foreign currency in which asset is denominated	
(b) Foreign currency exchange rate used to convert to U.S. dollars	
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity <u>INDABA CAPITAL PARTNERS (C</u>	
b GIIN (Optional)	
c Type of foreign entity (1) <input checked="" type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate	
d Mailing address of foreign entity. Number, street, and room or suite no. <u>P.O. BOX 309</u>	
e City or town, state or province, country, and ZIP or foreign postal code <u>UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ</u>	
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
a Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no.	
e City or town, state or province, country, and ZIP or foreign postal code	

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

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account	<input type="checkbox"/>	Deposit	21 Account number or other designation
	<input type="checkbox"/>	Custodial	
22 Check all that apply	a <input type="checkbox"/>	Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/>	Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$		
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?		<input type="checkbox"/> Yes <input type="checkbox"/> No
25 If you answered "Yes" to line 24, complete all that apply.			
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
26 a Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)		
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
28 City or town, state or province, country, and ZIP or foreign postal code			

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

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset	30 Identifying number or other designation	
SECONDARY OPPORTUNITIES FUND III		
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.		
a Date asset acquired during tax year, if applicable.		
b Date asset disposed of during tax year, if applicable		
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)		
a <input type="checkbox"/> \$0-\$50,000 b <input type="checkbox"/> \$50,001-\$100,000 c <input type="checkbox"/> \$100,001-\$150,000 d <input type="checkbox"/> \$150,001-\$200,000		
e If more than \$200,000, list value \$ 278,870.		
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34 If you answered "Yes" to line 33, complete all that apply.		
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
a Name of foreign entity	b GIIN (Optional)	
SECONDARY OPPORTUNITIES FU		
c Type of foreign entity (1) <input checked="" type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate		
d Mailing address of foreign entity. Number, street, and room or suite no.		
WINCHESTER HOUSE, 1 GREAT WINCHESTER STREET		
e City or town, state or province, country, and ZIP or foreign postal code		
LONDON EC2N 2DB UK		
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.		
a Name of issuer or counterparty		
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty		
(1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no.		
e City or town, state or province, country, and ZIP or foreign postal code		

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

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account		Deposit Custodial	21 Account number or other designation
22 Check all that apply	a	Account opened during tax year	b Account closed during tax year
	c	Account jointly owned with spouse	d No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$			
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?			Yes <input type="checkbox"/> No <input type="checkbox"/>
25 If you answered "Yes" to line 24, complete all that apply.			
(a) Foreign currency in which account is maintained		(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26 a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
28 City or town, state or province, country, and ZIP or foreign postal code			

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

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset VISTA EQUITY PARTNERS FUND VIII-A	30 Identifying number or other designation 8870-5015
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable. 05/09/2024	
b Date asset disposed of during tax year, if applicable	
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
32 Maximum value of asset during tax year (check box that applies)	
a <input type="checkbox"/> \$0-\$50,000 b <input type="checkbox"/> \$50,001-\$100,000 c <input type="checkbox"/> \$100,001-\$150,000 d <input type="checkbox"/> \$150,001-\$200,000	
e If more than \$200,000, list value \$ 1,112,980.	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34 If you answered "Yes" to line 33, complete all that apply.	
(a) Foreign currency in which asset is denominated	
(b) Foreign currency exchange rate used to convert to U.S. dollars	
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity VISTA EQUITY PARTNERS FUND	
b GIIN (Optional)	
c Type of foreign entity (1) <input checked="" type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate	
d Mailing address of foreign entity. Number, street, and room or suite no. PO BOX 309	
e City or town, state or province, country, and ZIP or foreign postal code UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ	
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
a Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no.	
e City or town, state or province, country, and ZIP or foreign postal code	

FinCEN Form 114

Department of the Treasury
OMB no. 1506-0009
(Rev. September 2013)

**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return
Do not use previous editions of this form

OMB No. 1545-2038

1 This report is for calendar year ended 12/31
2 0 2 4
Amended

Part I Filer information

2 Type of filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or other - Enter type 501 (C) (3)

3 U.S. Taxpayer identification Number

92-0155067
If filer has no U.S. Identification number complete item 4

3a TIN type

SSN/ITIN
 EIN

4 Foreign identification (Complete only if item 3 is not applicable)

a Type: Passport Foreign TIN Other _____
b Number c Country of Issue

5 Individual's date of birth MM/DD/YYYY

6 Last name or organization name

THE ALASKA COMMUNITY FOUNDATION

7 First name

8 Middle initial

8a Suffix

9 Mailing address (number, street, and apt. or suite no.)

3201 C STREET, STE 110

10 City

ANCHORAGE

11 State

AK

12 ZIP/Postal Code

99503

13 Country

US

14 a) Does the filer have a financial interest in 25 or more financial accounts?

Yes Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes Enter number of accounts _____ Complete Part IV, items 34 through 43 for each person on whose behalf the filer has signature authority.
No

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)

6,567,653.

15a Amount unknown

16 Type of account a Bank b Securities c Other - Enter type below

MUTUAL FUND

17 Name of financial institution in which account is held

GOLDENTREE SELECT OFFSHORE, LTD.

18 Account number or other designation

854599CX

19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held

C/O 300 PARK AVENUE, 21ST FLOOR

20 City

NEW YORK, NY

21 State, if known

22 Foreign postal code, if known

23 Country

IE

Signature

44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature

45 Filer title, if not reporting a personal account

PRESIDENT & CEO

46 Date (MM/DD/YYYY)

10/15/2025

Third Party Preparer Use Only

47 Preparer's last name

FREKER

48 First name

MATTHEW

49 MI

50 Check if self-employed

51 TIN

P01677675

51a TIN type PTIN

SSN/ITIN Foreign

52 Contact phone no.

907-278-8878

52a Ext.

53 Firm's name

BDO USA

54 Firm's TIN

13-5381590

54a TIN type EIN

Foreign

55 Mailing address (number, street, apt. or suite no.)

3601 C STREET, STE 600

56 City

ANCHORAGE

57 State

AK

58 ZIP/Postal Code

99503

59 Country

US

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

**Do NOT file with your Federal Tax Return
Do not use previous editions of this form**

1 This report is for calendar year ended 12/31

Amended

Part I Filer information

2 Type of filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or other - Enter type _____

3 U.S. Taxpayer identification Number

3a TIN type

SSN/ITIN
 EIN

If filer has no U.S. Identification number complete item 4

4 Foreign identification (Complete only if item 3 is not applicable)

a Type: Passport Foreign TIN Other _____
b Number c Country of Issue

5 Individual's date of birth MM/DD/YYYY

6 Last name or organization name

7 First name

8 Middle initial

8a Suffix

9 Mailing address (number, street, and apt. or suite no.)

10 City

11 State

12 ZIP/Postal Code

13 Country

14 a) Does the filer have a financial interest in 25 or more financial accounts?

Yes Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes Enter number of accounts _____ Complete Part IV, items 34 through 43 for each person on whose behalf the filer has signature authority.
No

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)

3,179,160.

15a Amount unknown

16 Type of account a Bank b Securities c Other - Enter type below

MUTUAL FUND

17 Name of financial institution in which account is held

RIMROCK HIGH INCOME PLUS (CAYMAN) FUND, LTD.

18 Account number or other designation

NONE

19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held

94 SOLARIS AVENUE, CAMANA BAY
P.O. BOX 1348

20 City

GRAND CAYMAN

21 State, if known

22 Foreign postal code, if known

KY1-1108

23 Country

KY

Signature

44a Check here

if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature

45 Filer title, if not reporting a personal account

46 Date (MM/DD/YYYY)

Third Party Preparer Use Only

47 Preparer's last name

48 First name

49 MI

50 Check if self-employed

51 TIN

51a TIN type PTIN
 SSN/ITIN Foreign

52 Contact phone no.

52a Ext.

53 Firm's name

54 Firm's TIN

54a TIN type EIN
 Foreign

55 Mailing address (number, street, apt. or suite no.)

56 City

57 State

58 ZIP/Postal Code

59 Country

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.



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

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form 6000
Alaska Corporation Net Income Tax Return
for the year ended December 31, 2024

There is no tax due for the current year.

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

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

BDO USA refers to BDO USA, P.C., a Virginia professional corporation, also doing business in certain jurisdictions with an alternative identifying abbreviation, such as Corp. or P.S.C.

BDO USA, P.C. is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2024 or the taxable year beginning _____, 2024, ending _____, 20____

2024

EIN 92-0155067		NAICS Code 900099	Contact Person ALEXANDRA MCKAY	
Name THE ALASKA COMMUNITY FOUNDATION			Title PRESIDENT/CEO	
Mailing Address 3201 C STREET, SUITE 110		<input type="checkbox"/> Check if new address	Contact Email Address N/A	
City ANCHORAGE	State AK	Zip Code 99503	Contact Telephone Number 9072746703	Contact Fax Number N/A

Return Information (check applicable boxes)

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

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

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

1. Alaska income (loss) from Schedule H, line 12	1	NONE
2. Alaska net operating loss utilized: carryover (<u> NONE </u>) carryback (<u> </u>). Total. Carryback use limited. See instructions	2	SEE STATEMENT 1 (<u> NONE </u>)
3. Alaska taxable income. Add lines 1-2	3	NONE
4. Alaska income tax from Schedule D, line 2	4	NONE
5. Other taxes from Schedule E, line 7.	5	
6. Total tax. Add lines 4-5	6	NONE
7. Alaska incentive credits applied against tax from Form 6300, line 49	7	
8. Federal-based credits from Form 6390, line 33	8	
9. Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220	9	NONE
10. Payments from page 3, Schedule C.	10	
11. Alaska credit for prior minimum tax (see instructions)	11	
12. Alaska incentive credits claimed as refund from Form 6300, line 38	12	
13. Tax due (overpaid). Subtract the sum of lines 10-12 from line 9	13	NONE
14. Penalty for underpayment of estimated tax (see instructions).	14	
15. Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP	15	NONE
16. Overpayment credited to 2025 estimated tax (enter as positive number)	16	
17. Refund. Add lines 15-16	17	NONE

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

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

Officer's Signature		Date	Title PRESIDENT/CEO	
Preparer's Signature MATTHEW FRERKER, CPA		Date 10/25/2025	Preparer Firm's Name BDO USA	Preparer's SSN or PTIN P01677675
Preparer Firm's Address 3601 C STREET, STE 600			EIN 13-5381590	Phone 907-278-8878
City ANCHORAGE	State AK	Zip Code 99503		

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE B - ALASKA TAXPAYER INFORMATION

1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.

A Name of each corporation with nexus in Alaska	B P.L. 86-272 applies	C Alaska Insurance Company	D EIN	E NAICS Code		
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll					<input type="checkbox"/> sales	
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll					<input type="checkbox"/> sales	
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll					<input type="checkbox"/> sales	
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll					<input type="checkbox"/> sales	

2. If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

EIN	Name		
Address	City	State	Zip Code

3. If this is the first return, indicate if: Successor to previously existing business (Enter name, address, and EIN of previous business)

EIN	Name		
Address	City	State	Zip Code

4. Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

EIN	Name		
Reason			

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

Estimated Payments	Date	Amount	Summary	Date	Amount
First			Payment with extension		
Second			Total estimated tax payments		
Third			Overpayment from prior year		
Fourth			Less: Quick Refund from Form 6230	()
Total estimated tax payments			Amended return only:		
			Tax paid with original return and additional tax paid		
			Less: Overpayment previously credited to 2025	()
			Less: Refund from original return and additional refunds	()
			Total net payments to Schedule A, line 10		

SCHEDULE D - ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

1. Alaska taxable income from Schedule A, line 3	1	NONE
2. Tax. Use Tax Rate Table to compute tax. Enter here and on Schedule A, line 4	2	NONE

SCHEDULE E - OTHER TAXES

1a. Alternative Minimum Tax from federal Form 4626	1a	
1b. Multiply line 1a by 18%	1b	
1c. Apportionment factor, from Schedule I, line 14	1c	1.000000
1d. Multiply line 1b by line 1c	1d	
2a. Base Erosion and Anti-Abuse Tax (BEAT) from federal Form 8991	2a	
2b. Apportionment factor from Schedule I, line 14	2b	1.000000
2c. Multiply line 2a by line 2b	2c	
3. Add lines 1d and 2c.	3	
4. Personal Holding Company tax (see instructions)	4	
5. Tax on early cessation of operations - LNG storage facility	5	
6. Other taxes (see instructions)	6	
7. Add lines 3-6. Enter here and on Schedule A, line 5	7	

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

1. Federal taxable income (loss) (see instructions)		1	NONE
Combined Reporting	2a. Federal taxable income (loss) of corporations not included in line 1	2a	
	2b. Foreign corporations with 20% or greater U.S. factors	2b	
	2c. Income from tax haven corporations and any FSC profit	2c	
	2d. Federal taxable (income) loss of non-unitary corporations	2d	
	2e. Federal taxable (income) loss of corporations with U.S. factors of less than 20%	2e	
	2f. Intercompany eliminations (see instructions).	2f	
	2g. Total adjustments for combined reporting. Add lines 2a-2f.	2g	
3. Net income before state modifications and adjustments. Add lines 1 and 2g		3	NONE
Additions	4a. Taxes based on or measured by net income	4a	
	4b. Expenses incurred to produce non-business income	4b	
	4c. Federal charitable contributions from federal Form 1120, line 19	4c	
	4d. Net Section 1231 losses from federal Form 4797, line 11	4d	NONE
	4e. Oil and gas service industry expenditures. Enter amount from Form 6327, line 2	4e	
	4f. Expenditures from Form 6310 (see instructions)	4f	
	4g. Other (attach schedule).	4g	
	4h. Total additions. Add lines 4a-4g	4h	NONE
5. Total. Add lines 3 and 4h		5	NONE
Subtractions	6a. Interest from obligations of the United States	6a	
	6b. Intercompany dividends	6b	
	6c. Section 78 gross-up dividends	6c	
	6d. 80% of dividends received from foreign corporations.	6d	
	6e. 80% of royalties accrued or received from foreign corporations	6e	
	6f. Non-business income (attach schedule)	6f	
	6g. Federal Form 1120, line 8 capital gain income.	6g	
	6h. Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12.	6h	
	6i. Other (attach schedule).	6i	
	6j. Total subtractions. Add lines 6a-6i	6j	
	7. Apportionable income (loss). Subtract line 6j from line 5.		7
8. Apportionment factor from Schedule I, line 14.		8	1.000000
9. Income (loss) apportioned to Alaska. Multiply line 7 by line 8		9	NONE
10. Non-business income (loss) net of expenses allocable to Alaska (attach schedule)		10	
Alaska Items	11a. Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	11a	NONE
	11b. Alaska charitable contribution deduction from Schedule K, line 10	11b	()
	11c. Alaska dividends-received deduction (see instructions)	11c	()
	11d. Total Alaska items (add lines 11a-11c)	11d	NONE
12. Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1		12	NONE

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

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

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

Section 1231 Gains and Losses

	A Combined	B AK factor	C Alaska Gain or (loss)
1. Current Section 1231 gains and (losses). If a loss enter the result on line 19.	1	NONE	NONE
2. Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number		2	
3. If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15		3	NONE
4. If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero		4	

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

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

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

11. Total current LTCG/(L).	11		
12. Non-business LTCG/(L)	12		
13. Apportionable LTCG/(L). Subtract line 12 from line 11	13	1.000000	
14. Non-business LTCG/(L) allocable to Alaska		14	
15. Enter amount from line 3		15	NONE
16. Net LTCG/(L). Add lines 13C, 14, and 15		16	NONE

Summary

17. Excess net short-term capital gain, line 10, over net long-term capital loss, line 16	17		
18. Excess net long-term capital gain, line 16, over net short-term capital loss, line 10	18		NONE
19. If line 1C is a loss, enter here, otherwise enter the amount from line 4	19		
20. Add lines 17-19. Enter here and on Schedule H, line 11a	20		NONE

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

1. Current charitable contributions	1	
2. Education credit contributions from Form 6310 (see instructions)	2	
3. Subtract line 2 from line 1	3	
4. Apportionment factor from Schedule I, line 14	4	1.000000
5. Current Alaska charitable contributions. Multiply line 3 by line 4	5	
6. Alaska charitable contribution carryover from Form 6385, line 18	6	
7. Add lines 5-6	7	
8. Taxable income for deduction limitation purposes (see instructions)	8	NONE
9. Multiply line 8 by 10%.	9	NONE
10. Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 here and on Schedule H, line 11b.	10	

SCHEDULE L - ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)

1. Dividend income included in Schedule H, line 3

1	
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Not Eligible	2a. Intercompany dividends from Schedule H, line 6b	2a	
	2b. Section 78 gross-up dividends from Schedule H, line 6c	2b	
	2c. 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80%.	2c	
	2d. Dividends subtracted on Schedule H, line 6f as non-business income	2d	
	2e. Total dividends not eligible for DRD. Add lines 2a-2d.	2e	

3. Total dividends eligible for DRD. Subtract line 2e from line 1	3	
4. Apportionment factor from Schedule I, line 14	4	1.000000
5. Apportioned dividends. Multiply line 3 by line 4	5	
6. Dividends allocable to Alaska included on Schedule H, line 10	6	
7. Total dividends included in taxable income. Add lines 5-6	7	

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

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

9	
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Tax Attribute Carryovers

Form **6385**

For calendar year 2024 or the taxable year beginning _____, ending _____

2024

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

Enter all numbers as positive numbers

1. Net operating loss (NOL) carryover generated prior to tax years beginning 01/01/2018.

Tax Year-End of NOL mm/dd/yyyy A	NOL Generated B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B + C - D = E
12/31/2015	183,221.		149,460.	33,761.
12/31/2016	280,573.			280,573.
12/31/2017	315,297.		3,239.	312,058.

2. Sum of line 1, column E 2 626,392.

3. Alaska income from Schedule A, line 1 3 NONE

4a. Enter the lesser of line 2 or line 3 4a NONE

4b. Subtract line 4a from line 3 4b NONE

4c. Multiply line 4b by 80% 4c NONE

4d. NOL carryover generated on tax years beginning after 12/31/2017.

Tax Year-End of NOL mm/dd/yyyy A	NOL Generated B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B + C - D = E
12/31/2018	152,925.		601.	152,324.
12/31/2019	33,703.			33,703.
12/31/2020	2,004.			2,004.

4e. Sum of line 4d, column E 4e 188,031.

4f. Enter the lesser of line 4c or 4e 4f NONE

4g. Sum of line 2 and line 4e. Total NOL carryover available 4g 814,423.

4h. Sum of line 4a and line 4f. NOL carryover to be utilized. Enter here and on Schedule A, line 2 4h NONE

5. Net operating loss (NOL) for carryback. Only for insurance companies that qualify. See instructions.

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

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

7. Subtract line 4h from line 3 7 NONE

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

Tax Attribute Carryovers

Form **6385**

2024

EIN 92-0155067	Name Shown on Return THE ALASKA COMMUNITY FOUNDATION
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9. Unused capital loss carryover.

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

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

11. Net Alaska capital and section 1231 gains (see instructions) NONE

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

13. Unused capital loss for carryback.

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

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

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

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

17. Excess charitable contributions.

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

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

19. Alaska net alternative minimum tax (AMT) paid on tax returns began after 12/31/2022.

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

20. Total Alaska AMT previously paid. Sum of line 19, column D

LINE 2 - NOL CARRYOVER

CARRYOVER GENERATED IN TAX YEAR 2015		183,221.	
NOL UTILIZED IN 2021	79,929.		
NOL UTILIZED IN 2022	69,531.		
NOL UTILIZED IN 2024	NONE		
	-----	-----	
TOTAL NOL UTILIZED		149,460.	
NOL CARRIED FORWARD TO 2025			-----
			33,761.

CARRYOVER GENERATED IN TAX YEAR 2016		280,573.	
NOL UTILIZED IN 2024	NONE		
	-----	-----	
TOTAL NOL UTILIZED		NONE	
NOL CARRIED FORWARD TO 2025			-----
			280,573.

CARRYOVER GENERATED IN TAX YEAR 2017		315,297.	
NOL UTILIZED IN 2019	18.		
NOL UTILIZED IN 2020	3,221.		
NOL UTILIZED IN 2024	NONE		
	-----	-----	
TOTAL NOL UTILIZED		3,239.	
NOL CARRIED FORWARD TO 2025			-----
			312,058.

CARRYOVER GENERATED IN TAX YEAR 2018		152,925.	
NOL UTILIZED IN 2020	28.		
NOL UTILIZED IN 2021	573.		
NOL UTILIZED IN 2024	NONE		
	-----	-----	
TOTAL NOL UTILIZED		601.	
NOL CARRIED FORWARD TO 2025			-----
			152,324.

ALASKA FORM 6000, PAGE 1 DETAIL

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LINE 2 - NOL CARRYOVER (CONT'D)

CARRYOVER GENERATED IN TAX YEAR 2019		33,703.	
NOL UTILIZED IN 2024	NONE		
TOTAL NOL UTILIZED		NONE	
NOL CARRIED FORWARD TO 2025			33,703.
CARRYOVER GENERATED IN TAX YEAR 2020		2,004.	
NOL UTILIZED IN 2024	NONE		
TOTAL NOL UTILIZED		NONE	
NOL CARRIED FORWARD TO 2025			2,004.
TOTAL NOL CARRIED FORWARD TO 2025			814,423.

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

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form DR 8454
Colorado Income Tax Declaration for Online Electronic Filing
for the year ended December 31, 2024

The original form should be signed (using full name and title) and dated by an authorized officer of the corporation.

The signed form should be returned as soon as possible to:

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

We must receive your signed Form DR 8454 before we can electronically transmit your return.

This return indicates tax due in the amount of \$2,453. Please remit the balance due to the "Colorado Department of Revenue" using Form DR 900C. The corporation's employer identification number (EIN) should be included on the check.

Mail your check or money order with your payment voucher as soon as possible to:

Colorado Department of Revenue
Denver, CO 80261-0008

The amount payable includes:

Tax	\$2,189
Failure to pay penalty	\$175
Interest due	\$89
Total Amount Payable	\$2,453

DO NOT separately file Form 112 with the state of Colorado. Doing so will delay the processing of your return.

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



248454 11062

State of Colorado Income Tax Declaration
for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY) 01/01/24 or Fiscal Year beginning (MM/DD/YY)

Income Tax Type

Individual (DR 0104) [] C-Corporation (DR 0112) [x] Partnership/S-Corp (DR 0106) [] Fiduciary (DR 0105) [] Exempt Entity (DR 0990) []

Taxpayer's Last Name or Business Name First Name or Business DBA if different from Business Name Middle Initial

THE ALASKA COMMUNITY FOUNDATION

Spouse's Last Name (if applicable) First Name Middle Initial

Taxpayer's SSN or ITIN Spouse's SSN or ITIN (if applicable) FEIN

92-0155067

Taxpayer's or Business's Address City State ZIP

3201 C STREET, SUITE 110

ANCHORAGE

AK

99503

Part I - Tax Return Information

Table with 4 rows: 1. Total Income from your federal return (see instructions for more information) 1 \$; 2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 51514; 3. Colorado Tax (or recapture of prior year credits) from your Colorado return (see instructions for more information) 3 \$ 2189; 4. Colorado Tax Withheld, Payments, or Credits from your Colorado return (see instructions for more information) 4 \$

Part II - Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of taxpayer, fiduciary officer, or partner Title Date (MM/DD/YY)

PRESIDENT/CEO

Spouse's Signature (If Joint Return, Both Must Sign) Date (MM/DD/YY)

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here []

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief.

ERO's Signature Preparer Identification Number, Your SSN, or ITIN

Matthew Frenken

P01677675

Date (MM/DD/YY)

Check if also Preparer [x]

10/25/2025



240900C 11062

(0021)

2024 C Corporation or Exempt Entity Income Tax Payment Form

Caution!

This form **must** accompany your payment if you filed electronically and wish to pay by check. If you paid electronically or do not owe a payment do not return this form.

The Department strongly recommends that you file using Revenue Online (Colorado.gov/RevenueOnline) or by another electronic filing method and remit your payment electronically.

To pay by mail, make your check or money order payable to the "Colorado Department of Revenue." Be sure to round your payment to the nearest dollar. Clearly write your Colorado Account Number or Federal Employer Identification Number (FEIN) and "2024 DR 0112" or "2024 DR 0990" on the memo line.

Complete the form below. The amount on the check and the amount entered on the payment document must be the same. This will help maintain accuracy in your tax account. Be sure to keep a copy of the money order or note the check number with your tax records.

Do Not submit the DR 0112 if you have already filed and paid electronically.

DO NOT CUT - Return Full Page

DR 0900C			
For tax period: (MM/DD/24)		Ending: (MM/DD/YY)	
01/01/24		12/31/24	
Return the DR 0900C with your check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. This address and ZIP code are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Colorado Account Number or FEIN and "2024 DR 0112" or "2024 DR 0990" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form.			
FEIN			
	92-0155067		
Colorado Account Number			
Corporation Name			
	THE ALASKA COMMUNITY FOUNDATION		
Address			
	3201 C STREET, SUITE 110		
City	State	ZIP	
ANCHORAGE	AK	99503	
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			Amount of Payment
			\$ 2453.00

4D0750 3.000

DO NOT CUT - Return Full Page. IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.



240112 11062

2024 Colorado C Corporation Income Tax Return

Do not submit federal return, forms or schedules when filing this return.

(0023)

Form fields for Fiscal Year Beginning/Ending, Name of Corporation (THE ALASKA COMMUNITY FOUNDATION), Address (3201 C STREET, SUITE 110), City (ANCHORAGE), State (AK), ZIP (99503), and checkboxes for Final Return and listed transactions.

Section A: Apportionment of Income. This return is being filed for: (42) A corporation not apportioning income; (43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment; (44) A corporation engaged in interstate business apportioning income using special rule; (46) A corporation claiming an exemption under P.L. 86-272; (47) Other apportionment method.

Section B: Separate/Consolidated/Combined Filing. This return is being filed for: (X) A single corporation filing a separate return; An affiliated group of corporations electing to file a consolidated report; An affiliated group of corporations required to file a combined return (Schedule C required); An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required); Enter the year of election (YYYY).

Table with 3 columns: Description, Line Number, and Amount. Row 1: Federal taxable income from Federal form 1120 line 30 or Form 990-T, Part I, line 11. Row 2: Federal taxable income of companies not included in this return. Row 3: Net federal taxable income, subtract line 2 from line 1.



240112 21062

Name of Corporation (match page 1)		CAN or FEIN (match page 1)	
THE ALASKA COMMUNITY FOUNDATION			
Additions			
4. Federal net operating loss deduction	• 4		00
5. Colorado income tax deduction	• 5		00
6. Business meals deducted pursuant to section 274(k) of the Internal Revenue Code	• 6		00
7. Other additions, submit explanation	• 7		00
8. Sum of lines 3 through 7	8	51514	00
Subtractions			
9. Exempt federal interest	• 9		00
10. Excludable foreign source income	• 10		00
11. Colorado Marijuana and Natural Medicine Business Deduction	• 11		00
12. Other subtractions, explanation required below	• 12		00
Explain:			
13. Sum of lines 9 through 12	13		00
Taxable Income			
14. Modified federal taxable income, subtract line 13 from line 8	14	51514	00
15. Colorado taxable income before net operating loss deduction	• 15	51514	00
16. Colorado net operating loss deduction: (see instructions)			
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018 • 16(a)			00
(b) Subtract line 16(a) from line 15, if zero skip to 16(d) • 16(b)		51514	00
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018 • 16(c)			00
(d) Colorado net operating loss deduction, sum of (a) and (c) • 16(d)			00
17. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions) • 17			00
18. Colorado taxable income, subtract the sum of lines 16(d) and 17 from line 15 • 18		51514	00
19. Tax, 4.25% of the amount on line 18 • 19		2189	00



240112 31062

Name of Corporation (match page 1)	CAN or FEIN (match page 1)	
THE ALASKA COMMUNITY FOUNDATION		
Credits		
20. Sum of nonrefundable credits from DR 0112CR line 28B, the sum of lines 20, 21, 22 and 23 cannot exceed tax on line 19, you must submit the DR 0112CR with your return. ● 20		00
21. Nonrefundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 26, the sum of lines 20, 21, 22 and 23 cannot exceed tax on line 19, you must submit the DR 1366 with your return. ● 21		00
22. Nonrefundable CHIPS Zone Credits from the DR 1370 line 22, the sum of lines 20, 21, 22 and 23 cannot exceed line 19, you must submit the DR 1370 with your return. ● 22		00
23. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 20, 21, 22 and 23 cannot exceed line 19, you must submit the DR 1330 with your return. ● 23		00
24. Net tax, sum of lines 20, 21, 22 and 23. Subtract that sum from line 19. ● 24	2189	00
25. Recapture of prior year credits ● 25		00
26. Sum of lines 24 and 25 ● 26	2189	00
27. Estimated tax, extension payments, and credits ● 27		00
28. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return. ● 28		00
29. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. ● 29		00
30. Innovative Motor Vehicle and Innovative Truck Credit for a vehicle you purchased or leased from form DR 0617, you must submit the DR 0617(s) with your return. ● 30		00
31. Business Personal Property Credit: Use the calculation in the 112 book instructions to calculate, you must submit a copy of the assessor's statement with your return. ● 31		00
32. Renewable Energy Tax Credit from form DR 1366 line 28, you must submit the DR 1366 with your return. ● 32		00
33. SALT Parity Act Credit (see instructions). ● 33		00
34. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return. ● 34		00
35. Alternative Transportation Options Credit. ● 35		00
36. Refundable Residential Energy Storage Systems Credit (assigned to you by the building owner) from line 10 of DR 1307, which you must submit with your return. ● 36		00
37. Heat Pump Credit for Registered Contractors from DR 1322, line 7 ● 37		00
38. Colorado Film Incentive Credit. ● 38		00
39. Food Accessibility Credit, certified by the Department of Agriculture ● 39		00
40. Refundable CHIPS Zone Credit(s) from the DR 1370 line 24, you must submit the DR 1370 with your return. ● 40		00
41. Certified Greenhouse Gas Avoidance Credits, you must submit certificate(s) from the Colorado Energy Office with your return. ● 41		00
42. Additional credit from form DR 0619, line 3 and 10, you must submit the DR 0619 with your return. ● 42		00
43. Electric-Powered Lawn Equipment Credit for qualified retailers. ● 43		00



240112 41062

Name of Corporation (match page 1)	CAN or FEIN (match page 1)	
THE ALASKA COMMUNITY FOUNDATION		
44. Sum of lines 27 through 43	44	00
45. Net tax due. Subtract line 44 from line 26	45	2189 00
46. Penalty	• 46	175 00
47. Interest SEE STATEMENT 1	• 47	89 00
48. Estimated tax penalty due	• 48	00
49. Total due. Enter the sum of lines 45 through 48	• 49	2453.00
50. Overpayment, subtract line 26 from line 44	50	00
51. Amount from line 50 to carry forward to the next year's estimated tax	• 51	00
52. Amount from line 50 to be refunded	• 52	00

Direct Deposit

Routing Number

Type: Checking Savings

Account Number

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

File and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/revenueonline) or
Mail and Make Checks Payable to: Colorado Department of Revenue
Denver, CO 80261-0006



240112 51062

Form 112 fields including: Name of Corporation (THE ALASKA COMMUNITY FOUNDATION), C. The corporation's books are in care of (GREY, KEVIN), D. Business code number (900099), E. Year corporation began (2024), F. Do you want to allow the paid preparer... (Yes), G. Kind of business (TAX-EXEMPT), H. Has the Internal Revenue Service made any adjustments... (No), Preparer information (BDO USA), and Signature of Officer (ALEXANDRA MCKAY).

Do Not Submit Federal Return, Forms or Schedules when Filing this Return

Instructions for mailing the return: If you are filing this return with a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE, Denver, CO 80261-0006. If you are filing this return without a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE, Denver, CO 80261-0005.

These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



240112RF11062

2024 Schedule RF — Apportionment Schedule

Complete this form in accordance with section 39-22-303.6 C.R.S., and the regulations thereunder.

Name of Corporation		CAN or FEIN		
THE ALASKA COMMUNITY FOUNDATION				
1. Total modified federal taxable income from the DR 0112 line 14		1	51514	
Apportionable Income Apportioned to Colorado By Use of the Receipts Factor Do not include foreign source income modified out on the DR 0112 line 10.				
		• Colorado	• Everywhere	
2. Gross receipts from the sale of tangible personal property	• 2			
3. Gross receipts from the sale of services	• 3			
4. Gross receipts from the sale, rental, lease, or license of real property	• 4			
5. Gross receipts from the rental, lease, or license of tangible personal property	• 5			
6. Gross receipts from the sale, rental, lease, or license of intangible property	• 6			
7. Distributive share of partnership factors	• 7			
8. Total receipts (total of lines 2 through 7 in each column)	8			
9. Line 8 (Colorado) divided by line 8 (Everywhere)		9	NONE	
Complete Lines 10 and 13 only if nonapportionable income is being directly allocated. If all income is being treated as apportionable income, enter 0 (Zero) on Lines 10 and 13.				
10. Less income directly allocable to any state, including Colorado				
Nonapportionable Income Only	(a) Net rents and royalties from real or tangible property	•		
	(b) Capital gains and losses	•		
	(c) Interest and dividends	•		
	(d) Patents and copyright royalties	•		
	(e) Other nonapportionable income	•	51514	STMT 2
	(f) Total income directly allocable [add lines (a) through (e)]	10		51514
11. Modified federal taxable income subject to apportionment, line 1 less line 10		11		
12. Income apportioned to Colorado, line 9 multiplied by line 11		12	NONE	

Do not submit federal return, forms or schedules when filing this return.



240112RF21062

Name of Corporation (match page 1) | CAN or FEIN (match page 1)

THE ALASKA COMMUNITY FOUNDATION

13. Add income directly allocable to Colorado:

Nonapportionable Income Only	(a) Net rents and royalties from real or tangible property •		
	(b) Capital gains and losses •		
	(c) Interest and dividends •		
	(d) Patents and copyright royalties •		
	(e) Other nonapportionable income •	51514	STMT 3
	(f) Total income directly allocable to Colorado [add lines (a) through (e)]	13	51514

14. Total income apportioned and allocated to Colorado, sum of lines 12 and 13(f).
Enter here and on the DR 0112 line 15 **14** 51514

15. Pursuant to §39-22-303.6(8) C.R.S., taxpayer elects to treat all income as apportionable income for the tax year covered by this return

LINE 46, 47 & 48 - PENALTY AND INTEREST SUMMARY

PENALTY FOR FAILURE TO FILE AND/OR TO PAY	175.
INTEREST ON FAILURE TO FILE AND/OR PAY ON TIMELY FILE	89.

TOTAL PENALTY AND INTEREST	264.
	=====

LINE 10 (E) - OTHER NONAPPORTIONABLE INCOME

EVERYWHERE

PARTNERSHIP INCOME

51514

TOTAL

51514

LINE 13(E) - OTHER NONAPPORTIONABLE INCOME

COLORADO

PARTNERSHIP INCOME

51514

TOTAL

51514

=====



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

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form CD405
North Carolina Corporation Tax Return
for the year ended December 31, 2024

This return indicates tax due in the amount of \$170. Please remit the balance due to the "NCDOR" using Form CD-V. The corporation's employer identification number (EIN) should be included on the check.

Mail your check or money order with your payment voucher as soon as possible to:

NCDOR
P.O. Box 25000
Raleigh, NC 27640-0500

The amount payable includes:

Tax	\$156
Failure to pay penalty	\$8
Interest due	\$6
Total Amount Payable	\$170

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

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

CD-V (40)

8-12-24

Corporate Income Tax Payment Voucher

North Carolina Department of Revenue

Instructions for Form CD-V, Payment Voucher

Pay Online Now for Free!

Did you know you can submit your payment online for free? If you pay online, you do not have to print and mail the voucher.

To pay online, visit ncdor.gov or use your mobile device to scan the QR code below.



Benefits of Paying Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive a payment confirmation

Prefer to Mail Your Payment?

1. Make the check or money order payable in U.S. dollars to the **NC Department of Revenue. Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
2. Enter the last four digits of the corporation's FEIN, Tax Year, and "CD-V Corp" on the memo line of the check or money order.
3. Make sure the check or money order is signed.
4. Make sure the correct name, address, and contact phone number appear on the check or money order.
5. Cut across the dotted line and send the completed voucher and check or money order to **N.C. Department of Revenue, P.O. Box 25000, Raleigh, N.C. 27640-0650.**

Important Reminders

- Do not print double sided.
- Do not mail the voucher if you submitted an electronic payment.
- Do not staple, tape, paper clip or otherwise attach the check to the voucher.
- Do not fold the voucher or check.
- Do not use a photocopy of the voucher.
- Do not use another corporation's voucher.
- Do not send cash.
- Do not make any modifications to the voucher.
- **Make sure** an authorized signature appears on the check or money order.
- **Make sure** the correct name, address, contact phone number, and tax year appear on the voucher and the check or money order.
- **Make sure** the corporation's full FEIN is printed on the voucher and the last four digits of the FEIN appear on the check or money order.

Cut Here

CD-V (40)

9-24-12

Corporate Income Tax Payment Voucher

North Carolina Department of Revenue

For calendar year	2024	or other tax year beginning	and ending
THE ALASKA COMMUNITY FOUNDATION		920155067	
3201 C STREET SUITE 110		Y NP/TE	N NF N CO/MA
ANCHORAGE	AK 99503	Total Corporate Income Tax Due	\$ 170.00

6620140004



12246 9201550677 0000000 06505

CD-405 (40)

9-10-24

C Corporation Tax Return 2024

North Carolina Department of Revenue

DOR Use Only

For calendar year 2024, or other tax year beginning 24 and ending

THE ALASKA COMMUNITY FOUNDATION
3201 C STREET SUITE 110
ANCHORAGE AK 99503
Federal Employer ID Number 920155067
N.C. Secretary of State ID Number
NAICS Code 900099

Initial Return Short Year Return Captive REIT Non U.S./Foreign NC-Rehab NC-478 is attached
Final Return Amended Return Tax Exempt Combined Return (Approved Taxpayers Only) Has Escheatable Property

Federal Extension Were you granted an automatic extension to file your 2024 federal income tax return (Form 1120)? Yes No

THE 3201 99503 920155067 900099
PP P01677675 PFSP P IR N FR N SR N AR N
TN 9072746703 RE N TE Y NF N CR N NCR N 478 N EP N FDEXT Y
THE ALASKA COMMUNITY FOUNDATION

Table with columns for tax items and amounts. Includes rows for GR, TA, HCE, and various tax credits/overpayments.



Sch. A Computation of Franchise Tax table with 6 rows and 2 columns of amounts.

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Refund Due 0 Payment Due 170

PRESIDENT/CEO Signature and Title of Officer: Date Corporate Phone Number 907-274-6703

PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. MATTHEW FRERKER, CPA Signature of Paid Preparer: Date Preparer's Phone Number 907-278-8878 Preparer's FEIN, SSN, or PTIN P01677675

CD-405 Line-by-Line Information

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

Sch. B Computation of Corporate Income Tax	Sch. C Net Worth
7. Federal Taxable Income Before NOL	NONE
8. Adjustments to Federal Taxable Income	0
9. Net Income Before Contributions	NONE
10. Contributions to Donees Outside N.C.	0
11. N.C. Taxable Income	NONE
12. Nonapportionable Income	6246
13. Apportionable Income	-6246
14. Apportionment Factor	NONE %
15. Income Apportioned to N.C.	NONE
16. Nonapportionable Income Allocated to N.C.	6246
17. Income Subject to N.C. Tax	6246
18. % Depletion over Cost - N.C. Property	0
19. State Net Loss (Attach schedule)	0
20. Income Before Contributions to N.C. Donees	6246
21. Contributions to N.C. Donees	0
22. Net Taxable Income	6246
23. N.C. Net Income Tax	156
24. Payments and Credits	
a. Income Tax Extension	0
b. 2024 Estimated Tax (previous payments if amended)	0
c. Partnership (include Form D-403, NC K-1)	0
d. Nonresident Withholding (include 1099 or W-2)	0
e. Tax Credits	0
25. Add Lines 24a through 24e	0
26. Income Tax Due	156
27. Income Tax Overpaid	0
Tax Due or Refund	
28. Franchise Tax Due or Overpayment	0
29. Income Tax Due or Overpayment	156
30. Balance of Tax Due or Overpayment	156
31. Underpayment of Estimated Income Tax	0
EU. Exception to Underpayment of Estimated Tax	
32. a. Interest	6
b. Penalties	8
c. Add Lines 32a and 32b	14
33. Total Due	170
34. Overpayment	0
35. 2025 Estimated Income Tax	0
36. N.C. Nongame and Endangered Wildlife Fund	0
37. N.C. Education Endowment Fund	0
38. Amount to be Refunded	0
Sch. C Net Worth	
1. Total assets	245059923
2. Total liabilities	3512240
3. Line 1 minus Line 2	241547683
4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach schedule)	0
5. Line 3 minus Line 4	241547683
6. Affiliated indebtedness (Attach schedule)	0
7. Line 5 plus (or minus) Line 6	241547683
8. Apportionment factor	0 %
9. Net Worth	0
Sch. G Federal Taxable Income Before NOL Deduction	
1. a. Gross receipts or sales	0
b. Returns and allowances	0
c. Balance - Line 1a minus Line 1b	0
2. Cost of goods sold (Attach schedule)	0
3. Gross Profit (Line 1c minus Line 2)	0
4. Dividends (Attach schedule)	0
5. a. Interest on obligations of U.S. and its instrumentalities	0
b. Other interest	0
6. Gross rents	0
7. Gross royalties (Attach schedule)	0
8. Capital gain net income (Attach schedule)	0
9. Net gain (loss) (Attach schedule)	0
10. Other income (Attach schedule)	0
11. Total Income	0
12. Compensation of officers (Attach sch., including addresses)	0
13. Salaries and wages (less employment credits)	0
14. Repairs and maintenance	0
15. Bad debts	0
16. Rents	0
17. Taxes and licenses	0
18. Interest	0
19. Charitable contributions	0
20. a. Depreciation	0
b. Depreciation included in cost of goods sold	0
c. Balance - Line 20a minus 20b	0
21. Depletion	0
22. Advertising	0
23. Pension, profit-sharing, and similar plans	0
24. Employee benefit programs	0
25. Energy efficient commercial buildings (Attach Form 7205)	0
26. Other deductions (Attach schedule)	0
27. Total Deductions	0
28. Taxable Income Per Federal Return Before NOL and Special Deductions	0
29. Special Deductions	0
30. Federal Taxable Income Before NOL	0

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

Sch. H Adjustments to Federal Taxable Income

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

Sch. I Contributions

1. Contributions to Donees Outside N.C.		
a. Total contributions to donees outside N.C.	1a.	0
b. Multiply Schedule B, Line 9 by 5%, if Line 9 is greater than zero. Otherwise enter zero.	1b.	0
c. Amount Deductible	1c.	0
2. Contributions to N.C. Donees		
a. Total contributions to N.C. donees other than those listed in Line 2d	2a.	0
b. Multiply Sch. B, Line 20 by 5%, if Line 20 is greater than zero. Otherwise enter zero.	2b.	0
c. Enter the lesser of Line 2a or 2b	2c.	0
d. Total contributions to the State of N.C. and its political subdivisions	2d.	0
e. Amount Deductible	2e.	0

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

1. a. State of incorporation	AK		8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation)	N
b. Date incorporated		041495		
2. Date of N.C. Certificate of Authority				
3. a. Regular or principal trade or business in N.C.	N/A		9. Officers' names and addresses:	
b. Regular or principal trade or business everywhere	TAX-EXEMPT		President	ALEXANDRA MCKAY 3201 C ST ANCHORAGE AK 99503
4. Principal place business is directed or managed	ANCHORAGE, A		Vice-President	
5. What was the last year the IRS redetermined the corporation's federal taxable income?			Secretary	KIM REITMEIER 3201 C ST ANCHORAGE AK 99503
6. a. Were adjustments reported to N.C.?			Treasurer	AARON KUSANO 3201 C ST ANCHORAGE AK 99503
b. If so, when?				
7. Does this corporation finance or discount its receivables through a related or an affiliated company?		N		

Explanation of Changes for Amended Return:

This page must be filed with this form.

Sch. L Balance Sheet per Books

	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
Assets				
1. Cash		23809609		21422726
2. a. Trade notes and accounts receivable	532964		612127	
b. Less allowance for bad debts	(0)	532964	(0)	612127
3. Inventories		0		0
4. a. U.S. government obligations		0		0
b. State and other obligations		0		0
5. Tax-exempt securities		0		0
6. Other current assets (Attach end of year schedule) STMT 1		153392		175345
7. Loans to shareholders		0		0
8. Mortgage and real estate loans		0		0
9. Other investments (Attach end of year schedule)		175409573		208200917
10. a. Buildings and other depreciable assets	5669762		5703449	
b. Less accumulated depreciation	(948061)	4721701	(1173527)	4529922
11. a. Depletable assets	0		0	
b. Less accumulated depletion	(0)	0	(0)	0
12. Land (net of any amortization)		8490000		8490000
13. a. Intangible assets (amortizable only)	0		0	
b. Less accumulated amortization	(0)	0	(0)	0
14. Other assets (Attach end of year schedule)		577987		455359
15. Total Assets		213695226		243886396
Liabilities and Shareholders' Equity				
16. Accounts payable		1100617		1119534
17. Mortgages, notes, and bonds payable in less than 1 year		0		0
18. Other current liabilities (Attach end of year schedule)		0		0
19. Loans from shareholders		0		0
20. Mortgages, notes, and bonds payable in 1 year or more		0		0
21. Other liabilities (Attach end of year schedule)		2166799		2392706
22. Capital stock: a. Preferred Stock	0		0	
b. Common Stock	0	0	0	0
23. Additional paid-in capital		0		0
24. Retained earnings - Appropriated (Attach end of year sch.)		0		0
25. Retained earnings - Unappropriated		210427810		240374156
26. Adjustments to shareholders' equity (Attach end of year sch.)		0		0
27. Less cost of treasury stock		(0)		(0)
28. Total Liabilities and Shareholders' Equity		213695226		243886396

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

1. Net income (loss) per books	29946346	7. Income recorded on books this year not included on this return:	
2. Federal income tax	0	Tax-exempt interest	\$ 0
3. Excess of capital losses over capital gains	0		
4. Income subject to tax not recorded on books this year:	0		0
5. Expenses recorded on books this year not deducted on this return:		8. Deductions on this return not charged against book income this year:	
a. Depreciation	\$ 0	a. Depreciation	\$ 0
b. Charitable Contributions	\$ 0	b. Charitable Contributions	\$ 0
c. Travel and entertainment	\$ 0		
	0	9. Add Lines 7 and 8	0
6. Add Lines 1 through 5	29946346	10. Income	29946346

This page must be filed with this form.

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

Sch. M-2 Retained Earnings Analysis

1. Balance at beginning of year	210427810	5. Distributions:	a. Cash	0
2. Net income (loss) per books	29946346		b. Stock	0
3. Other increases:			c. Property	0
		6. Other decreases:		0
	0	7. Add Lines 5 and 6		0
4. Add Lines 1, 2, and 3	240374156	8. Balance at End of Year		240374156

Sch. N Nonapportionable Income

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated Directly to N.C.
PARTNERSHIP	6246		6246	6246
1. Nonapportionable Income			6246	
2. Nonapportionable Income Allocated to N.C.				6246

Explanation of why income listed is nonapportionable income rather than apportionable income:
 ALLOCATED INCOME FROM A PARTNERSHIP.

Sch. O Computation of Apportionment Factor

Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C. 0 %

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

	1. Within North Carolina	2. Total Everywhere
1. Gross Receipts Subject to Apportionment	0	0
2. Gross Rents Subject to Apportionment	0	0
3. Gross Royalties Subject to Apportionment	0	0
4. Dividends Subject to Apportionment	0	0
5. Interest Subject to Apportionment	0	0
6. Other Apportionable Income	0	0
7. Share of Receipts from Noncorporate Entities Subject to Apportionment	0	0
8. Total	0	0
9. N.C. Apportionment Factor		0 %

Part 3. Special Apportionment Formulas NONE %

This page must be filed with this form.

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

For calendar year 2024 , or other tax year beginning _____, 2024 , and ending _____	<i>DOR Use Only</i>
Legal Name THE ALASKA COMMUNITY FOUNDATION	Federal Employer ID Number 920155067

Part 1. Computation of Underpayment

1. 2024 net income tax (From 2024 Form CD-405, Schedule B, Line 23)	1.		156.	
2. 2024 tax credits (From 2024 Form CD-405, Schedule B, Line 24e)	2.			
3. 2024 net tax due. Line 1 minus Line 2	3.		156.	
4. Multiply Line 3 by 90%. If less than \$500, do not complete this form; the corporation does not owe interest on the underpayment of estimated tax	4.		140.	
5. 2023 net tax due (From 2023 Form CD-405, Schedule B, Line 23 minus Line 24e) If corporation is a "large corporation" as defined in IRC Section 6655, enter the amount from Line 4 on Line 5	5.			
6. Enter the smaller of Line 4 or Line 5	6.			
		(a)	(b)	(c)
		(d)		
7. Installment due dates Enter in columns (a) through (d) the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year	7.			
8. Required installments Enter 25% of Line 6 above in each column. If corporation is using the annualized income installment method, enter the computed installment amounts on Line 8, Columns (a) - (d) and attach schedule showing computations	8.			
9. Estimated tax paid or credited for each period	9.			
10. Overpayment of previous installment Enter amount from Line 13 of the preceding column. For Lines 10-13, complete one column before going to the next	10.			
11. Add Lines 9 and 10	11.			
12. Underpayment If Line 11 is less than or equal to Line 8, subtract Line 11 from Line 8; otherwise, go to Line 13	12.			
13. Overpayment If Line 8 is less than Line 11, subtract Line 8 from Line 11	13.			

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

14. Enter the installment dates from Line 7	14.			
15. Enter the amount of underpayment from Line 12	15.			
16. Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier	16.			
17. Number of days from due date of installment to the date shown on Line 16	17.			
18. <u>Days on Line 17(a)</u> x interest rate x amount on Line 15(a) Days in the tax year	18.	\$		
19. <u>Days on Line 17(b)</u> x interest rate x amount on Line 15(b) Days in the tax year	19.		\$	
20. <u>Days on Line 17(c)</u> x interest rate x amount on Line 15(c) Days in the tax year	20.			\$
21. <u>Days on Line 17(d)</u> x interest rate x amount on Line 15(d) Days in the tax year	21.			\$
22. Underpayment of Estimated Tax. Add Lines 18-21. Enter amount here and on Form CD-405, Schedule B, Line 31	22.			\$

	BEGINNING	ENDING
SCH L, LINE 6 - OTHER CURRENT ASSETS		

OTHER CURRENT ASSETS	153,392.	175,345.
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TOTAL	153,392.	175,345.
	=====	=====