



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

3601 C Street, Suite 600  
Anchorage, AK 99503

October 10, 2024

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, 2023.

- 2023 990-T - Exempt Organization Business Income Tax Return
- 2023 990 - Return of Organization Exempt from Income Tax
- 2023 8879-TE - IRS E-file Signature Authorization Form
- 2023 8879-TE - IRS E-file Signature Authorization Form
- 2023 Schedule A - Public Charity Status and Public Support
- 2023 Schedule B - Schedule of Contributors
- 2023 Schedule D - Supplemental Financial Statements
- 2023 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
- 2023 Schedule J - Compensation Information
- 2023 Schedule M - Noncash Contributions
- 2023 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2023 Schedule R - Related Organizations and Unrelated Partnerships
- 2023 Georgia Exempt Organization Unrelated Business Income Tax Return

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



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Fax: 907-278-5779  
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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, 2023

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 15, 2024. 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 2023, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://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.

<b>1a</b> Form 990 check here . . . . .	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<u>27187413.</u>
<b>2a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9). . . . .	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here . . . . .	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5). . . . .	<b>4b</b>	_____
<b>5a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5b</b>	_____
<b>6a</b> Form 990-T check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6b</b>	_____
<b>7a</b> Form 4720 check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7b</b>	_____
<b>8a</b> Form 5227 check here . . . . .	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D). . . . .	<b>8b</b>	_____
<b>9a</b> Form 5330 check here . . . . .	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .	<b>9b</b>	_____
<b>10a</b> Form 8038-CP check here . . . . .	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b>	_____

## 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 2023 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 2023 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 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

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

92085313538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 10/10/2024

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

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: THE ALASKA COMMUNITY FOUNDATION. D Employer identification number: 92-0155067. E Telephone number: (907) 274-6703. G Gross receipts \$: 43,137,757. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: X 501(c)(3). J Website: WWW.ALASKACF.ORG. K Form of organization: X Corporation. L Year of formation: 1995. M State of legal domicile: AK.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Summary of mission and governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: ALEXANDRA MCKAY, PRESIDENT/CEO. Date: 10/10/2024. Paid Preparer Use Only: Print/Type preparer's name: MATTHEW FRERKER, CPA. Preparer's signature: MATTHEW FRERKER, CPA. Date: 10/10/2024. Check self-employed: No. PTIN: P01677675.

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 17,618,544. including grants of \$ 10,217,214. ) (Revenue \$ 2,471,332. )

PHILANTHROPIC FUNDS - DONATIONS AND/OR GRANTS EXPENDED FROM THE HOLDINGS OF ENDOWED OR NON-ENDOWED CHARITABLE FUNDS FOR THE SOLE PURPOSE OF MAKING GRANTS TO 501(C)(3) CHARITABLE ORGANIZATIONS IN PERPETUITY OR OTHERWISE.

4b (Code: ) (Expenses \$ 3,072,486. including grants of \$ 2,837,507. ) (Revenue \$ 3,192,282. )

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 2023, 22,690 PEOPLE GAVE \$3,218,075 TO 614 NON-PROFIT ORGANIZATIONS STATEWIDE THROUGH THIS PROGRAM

4c (Code: ) (Expenses \$ 1,000,524. including grants of \$ 949,010. ) (Revenue \$ 1,358. )

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.

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

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

4e Total program service expenses 21,691,554.

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.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	44		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		X	
<b>b</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> . . . . .	<b>3b</b>		X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	<b>4a</b>		X	
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.	<b>17</b>			

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

KEVIN GRAY, CFO 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503
907-334-6700

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 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			
<b>(1)</b> KEVIN GRAY CFO	45.00 NONE			X				209,981.	NONE	23,312.
<b>(2)</b> NINA KEMPEL CEO	40.00 NONE			X				187,930.	NONE	4,539.
<b>(3)</b> KATHRYN KAVANAUGH VP INNOVATION & ADMIN	45.00 NONE					X		147,750.	NONE	25,539.
<b>(4)</b> ELIZABETH MILLER VP DEVELOPMENT & COMMUNICATION	45.00 NONE					X		140,750.	NONE	20,124.
<b>(5)</b> MEGAN CACCIOLA VP OF PROGRAM & GRANTS	45.00 NONE					X		125,750.	NONE	27,866.
<b>(6)</b> JANEL HODGE DIRECTOR OF FINANCE	45.00 NONE					X		109,212.	NONE	19,208.
<b>(7)</b> JESSIE LAVOIE DIRECTOR OF PROGRAM & GRANTS	45.00 NONE					X		102,712.	NONE	25,063.
<b>(8)</b> GABE KOMP KOFF CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
<b>(9)</b> JIM PALMER PAST CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
<b>(10)</b> CAROL GORE VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
<b>(11)</b> AARON KUSANO SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
<b>(12)</b> TOM BARRETT TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
<b>(13)</b> BARBARA DONATELLI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
<b>(14)</b> ANTHONY MALLOTT 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 ) KRISTINE NOROSZ ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 16 ) KIM REITMEIER ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 17 ) DAVE SHAFTEL ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 18 ) MONICA SHAH ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 19 ) JESSICA GRAHAM ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 20 ) BERNARD GATEWOOD ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 21 ) KATIE CARRIGAN ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 22 ) MARGO BELLAMY ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 23 ) LUKE BLOMFIELD ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 24 ) HAVEN HARRIS ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 25 ) SHAUNA HEGNA ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							1,024,085.	NONE	145,651.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,024,085.	NONE	145,651.	

**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 **▶** 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	462,944.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	15,605,853.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 455,395.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		16,068,797.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		PICK.CLICK.GIVE. PROGRAM REVENUE		522298	2,837,507.	2,837,507.		
<b>b</b>		FUND ADMINISTRATION FEES		561000	2,732,810.	2,732,810.		
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			5,570,317.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			6,081,354.		6,081,354.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .			NONE			
	<b>5</b>	Royalties . . . . .			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .			NONE			
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						15,431,647.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>			15,950,344.		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>			-518,697.		
	<b>d</b>	Net gain or (loss) . . . . .				-518,697.		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .				NONE			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .				NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .				NONE			
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	K-1 INCOME		523920	-109,013.	9,088.	-118,101.	
	<b>b</b>	OTHER REVENUE		900099	94,655.	NONE	NONE	
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .				-14,358.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				27,187,413.	5,664,972.	9,088.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	13,283,523.	13,283,523.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	720,208.	720,208.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
<b>4</b> Benefits paid to or for members . . . . .	NONE			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	425,763.	122,577.	214,031.	89,155.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
<b>7</b> Other salaries and wages . . . . .	1,617,994.	465,820.	813,365.	338,809.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	243,353.	70,061.	122,334.	50,958.
<b>9</b> Other employee benefits . . . . .	54,208.	15,607.	27,250.	11,351.
<b>10</b> Payroll taxes . . . . .	155,435.	44,750.	78,137.	32,548.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	NONE			
<b>b</b> Legal . . . . .	14,926.	8,231.	6,003.	692.
<b>c</b> Accounting . . . . .	82,188.	45,322.	33,058.	3,808.
<b>d</b> Lobbying . . . . .	NONE			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
<b>f</b> Investment management fees . . . . .	299,466.	299,466.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	864,721.	399,443.	424,708.	40,570.
<b>12</b> Advertising and promotion . . . . .	180,577.	80,562.	83,206.	16,809.
<b>13</b> Office expenses . . . . .	59,915.	6,609.	40,414.	12,892.
<b>14</b> Information technology . . . . .	115,776.	63,843.	46,568.	5,365.
<b>15</b> Royalties . . . . .	NONE			
<b>16</b> Occupancy . . . . .	175,866.	53,539.	80,766.	41,561.
<b>17</b> Travel . . . . .	101,075.	48,848.	47,161.	5,066.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
<b>19</b> Conferences, conventions, and meetings . . . . .	NONE			
<b>20</b> Interest . . . . .	NONE			
<b>21</b> Payments to affiliates . . . . .	NONE			
<b>22</b> Depreciation, depletion, and amortization . . . . .	202,036.	183,098.	16,006.	2,932.
<b>23</b> Insurance . . . . .	29,397.	20,907.	5,760.	2,730.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PICK.CLICK.GIVE EXPENSE	2,837,507.	2,837,507.		
<b>b</b> FOUNDATION ADMIN. FEES	2,692,766.	2,692,766.		
<b>c</b> EQUIPMENT	192,179.	170,759.	17,777.	3,643.
<b>d</b> SPECIAL EVENTS	140,809.	54,680.	64,681.	21,448.
<b>e</b> All other expenses _____	17,351.	3,428.	10,463.	3,460.
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,507,039.	21,691,554.	2,131,688.	683,797.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	796,329.	<b>1</b>	614,152.
	<b>2</b> Savings and temporary cash investments . . . . .	29,876,347.	<b>2</b>	23,195,457.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	57,760.	<b>4</b>	532,964.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	144,981.	<b>9</b>	153,392.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 14,159,762.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 948,061.	13,197,736.	<b>10c</b> 13,211,701.
	<b>11</b> Investments - publicly traded securities. . . . .	SEE SCHEDULE O	105,796,223.	<b>11</b> 132,137,717.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		41,343,012.	<b>12</b> 43,271,856.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .		NONE	<b>13</b> NONE
	<b>14</b> Intangible assets . . . . .		NONE	<b>14</b> NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		617,831.	<b>15</b> 577,987.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		191,830,219.	<b>16</b> 213,695,226.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	288,264.	<b>17</b>	268,430.
	<b>18</b> Grants payable . . . . .	631,143.	<b>18</b>	832,187.
	<b>19</b> Deferred revenue . . . . .	862,501.	<b>19</b>	1,660,517.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		619,539.	<b>25</b> 506,282.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .		2,401,447.	<b>26</b> 3,267,416.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .		165,495,091.	<b>27</b> 186,197,784.
	<b>28</b> Net assets with donor restrictions. . . . .		23,933,681.	<b>28</b> 24,230,026.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .			<b>29</b>
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .			<b>30</b>
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>31</b>
<b>32</b> Total net assets or fund balances . . . . .		189,428,772.	<b>32</b> 210,427,810.	
<b>33</b> Total liabilities and net assets/fund balances. . . . .		191,830,219.	<b>33</b> 213,695,226.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	27,187,413.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	24,507,039.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,680,374.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	189,428,772.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	18,209,651.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	109,013.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	210,427,810.

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

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

OMB No. 1545-0047

**2023**

**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)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	35,001,233.	82,136,664.	43,913,185.	52,072,336.	16,068,797.	229,192,215.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	35,001,233.	82,136,664.	43,913,185.	52,072,336.	16,068,797.	229,192,215.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). <small>SEE SUPP PAGE</small> . . . . .						36,730,786.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						192,461,429.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	35,001,233.	82,136,664.	43,913,185.	52,072,336.	16,068,797.	229,192,215.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,690,353.	3,382,836.	6,494,702.	4,110,467.	6,081,354.	23,759,712.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .			79,929.	69,531.	9,088.	158,548.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	305,938.	1,620,303.	832,257.	518,492.	-118,101.	3,158,889.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						256,269,364.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	28,042,589.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	75.10 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	73.98 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b>	A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b>	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>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 . . . . .			
<b>b</b>	From 2019 . . . . .			
<b>c</b>	From 2020 . . . . .			
<b>d</b>	From 2021 . . . . .			
<b>e</b>	From 2022 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 . . . . .			
<b>b</b>	Excess from 2020 . . . . .			
<b>c</b>	Excess from 2021 . . . . .			
<b>d</b>	Excess from 2022 . . . . .			
<b>e</b>	Excess from 2023 . . . . .			

**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	17431635.	5,125,387.	12306248.
THE HILDEBRAND FUND	16599275.	5,125,387.	11473888.
BP EXPLORATION (ALASKA), INC.	13662000.	5,125,387.	8,536,613.
ESTATE OF SEGELHORST	7,263,441.	5,125,387.	2,138,054.
ESTATE OF MLAKAR, FRANCES B.	6,554,864.	5,125,387.	1,429,477.
HILCORP ALASKA, LLC	5,971,893.	5,125,387.	846,506.
<b>TOTALS</b>	<b>67,483,108.</b>		<b>36,730,786.</b>

**Schedule B  
(Form 990)**

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

OMB No. 1545-0047

**2023**

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).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a small table for 'Held at the End of the Tax Year'.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and amounts required to be reported.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance . . . . .	106,623,182.	116,796,457.	102,066,976.	76,822,185.	48,828,804.
<b>b</b> Contributions . . . . .	7,432,262.	4,938,288.	8,947,937.	17,264,502.	23,929,283.
<b>c</b> Net investment earnings, gains, and losses . . . . .	16,238,603.	-11,515,387.	9,650,222.	11,503,199.	8,987,326.
<b>d</b> Grants or scholarships . . . . .	1,966,543.	2,277,093.	2,740,755.	2,650,149.	4,180,425.
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	1,406,956.	1,319,083.	1,127,923.	872,761.	742,803.
<b>g</b> End of year balance . . . . .	126,920,548.	106,623,182.	116,796,457.	102,066,976.	76,822,185.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 5.1700 %
  - b** Permanent endowment 94.8300 %
  - c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations? . . . . .   | <b>3a(i)</b>  | X  |
| <b>(ii)</b> Related organizations? . . . . .  | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		8,490,000.		8,490,000.
<b>b</b> Buildings . . . . .		5,123,063.	612,985.	4,510,078.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		546,699.	335,076.	211,623.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				13,211,701.

**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	43,271,856.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	43,271,856.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	506,282.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	506,282.

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	10,643,894	FMV
CERTIFICATE OF DEPOSIT	1,121,020	FMV
U.S. TREASURIES	20,246,101	FMV
SHORT TERM BONDS	5,691,053	FMV
MUNICIPAL OBLIGATIONS	30,400	FMV
CORPORATE OBLIGATIONS	7,204,251	FMV
US AGENCY FUNDS	2,827,007	FMV
ASSET BACK SECURITIES	2,031,905	FMV
COMMON EQUITY	87,192,207	FMV
DEBT BOND	173,985	FMV
DIVERSIFIED HEDGED STRATEGIES	7,176,931	FMV
PRIVATE REAL ESTATE	6,984,995	FMV
PRIVATE EQUITY	2,918	FMV
PRIVATE DEBT	2,463,468	FMV
CLOSELY HELD STOCK	8,225,545	FMV
INVESTMENTS CARRIED AT NAV	13,393,893	COST
TOTAL:	175,409,573	

**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, 2023 OR 2022.

THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2023 AND 2022, 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:

COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	9,894
RESOURCE LAND FUND V, LP	(134,931)
SECONDARY OPPORTUNITIES FUND III, LP	(44,763)
PRINCIPAL REAL ESTATE DEBT FUND III LP	97,423
WCP NEWCOLD II	(36,636)

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

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TOTAL : (109,013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CATHOLIC SOCIAL SERVICES BROTHER FRANCIS SH 4600 DEBARR RD, STE 201 ANCHORAGE, AK 99508	92-0037322	501(C)(3)	1,707,412.				OPERATIONAL SUPPORT
<b>(2)</b> PROVIDENCE ALASKA FOUNDATION 3760 PIPER STREET SUITE 2021	92-0093565	501(C)(3)	1,011,918.				OPERATIONAL SUPPORT
<b>(3)</b> ALASKA CHILDREN'S TRUST 6591 A STREET #110 ANCHORAGE, AK 99518	91-1765129	501(C)(3)	462,339.				OPERATIONAL SUPPORT
<b>(4)</b> YMCA ANCHORAGE 5353 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-0034878	501(C)(3)	394,354.				OPERATIONAL SUPPORT
<b>(5)</b> LOVE INC OF THE KENAI PENINSULA PO BOX 3052 KENAI, AK 99611	92-0123380	501(C)(3)	222,700.				OPERATIONAL SUPPORT
<b>(6)</b> ALASKA TRAILS PO BOX 100627 ANCHORAGE, AK 99510	73-1677483	501(C)(3)	210,259.				OPERATIONAL SUPPORT
<b>(7)</b> ALASKA SEALIFE CENTER PO BOX 1329 SEWARD, AK 99664	92-0132479	501(C)(3)	210,069.				OPERATIONAL SUPPORT
<b>(8)</b> ALASKA KIDNEY PATIENTS ASSOCIATION 205 E DIMOND BLVD #820 ANCHORAGE, AK 99515	26-3251948	501(C)(3)	200,000.				OPERATIONAL SUPPORT
<b>(9)</b> KAWERAK, INC PO BOX 948 NOME, AK 99762	92-0047009	501(C)(3)	200,000.				OPERATIONAL SUPPORT
<b>(10)</b> FAITH PRESBYTERIAN CHURCH 2150 E DOWLING ROAD ANCHORAGE, AK 99507	92-0161429	501(C)(3)	186,000.				OPERATIONAL SUPPORT
<b>(11)</b> COOK INLET TRIBAL COUNCIL 3600 SAN JERONIMO DRIVE ANCHORAGE, AK 99508	92-0094184	501(C)(3)	179,264.				OPERATIONAL SUPPORT
<b>(12)</b> PETERSBURG CITY SCHOOL DISTRICT PO BOX 289 PETERSBURG, AK 99833	92-6000110	501(C)(3)	149,952.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 375

3 Enter total number of other organizations listed in the line 1 table 14

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> EAGLE RIVER NATURE CENTER 32750 EAGLE RIVER ROAD	92-0156981	501(C)(3)	140,200.				OPERATIONAL SUPPORT
<b>(2)</b> DOWNTOWN HOPE CENTER PO BOX 202684 ANCHORAGE, AK 99520	92-0141715	501(C)(3)	138,563.				OPERATIONAL SUPPORT
<b>(3)</b> THREAD 111 W 16TH AVENUE SUITE 205	92-0113419	501(C)(3)	125,000.				OPERATIONAL SUPPORT
<b>(4)</b> SOUTHEAST ALASKA INDEPENDENT LIVING (SAIL) 8711 TEAL STREET, SUITE 300	92-0144370	501(C)(3)	120,250.				OPERATIONAL SUPPORT
<b>(5)</b> FRIENDS OF ALASKA'S CHILDREN IN CARE 2019 BRANDILYN STREET ANCHORAGE, AK 99516	92-0133200	501(C)(3)	119,317.				OPERATIONAL SUPPORT
<b>(6)</b> COVENANT HOUSE ALASKA PO BOX 100620 ANCHORAGE, AK 99510	13-3419755	501(C)(3)	113,007.				OPERATIONAL SUPPORT
<b>(7)</b> BEANS CAFE INC THE CHILDREN'S LUNCHBOX 1020 E 4TH AVE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	109,228.				OPERATIONAL SUPPORT
<b>(8)</b> ALASKA CHILDREN'S INSTITUTE FOR THE PERFORM PO BOX 322 KENAI, AK 99611	92-0168259	501(C)(3)	107,000.				OPERATIONAL SUPPORT
<b>(9)</b> ANCHORAGE CONCERT ASSOCIATION 430 WEST 7TH AVENUE SUITE 200	92-6002302	501(C)(3)	105,000.				OPERATIONAL SUPPORT
<b>(10)</b> IONIA INC. 54932 BURDOCK ROAD KASILOF, AK 99610	92-0159153	501(C)(3)	104,148.				OPERATIONAL SUPPORT
<b>(11)</b> UNITED WAY OF ANCHORAGE PO BOX 200108 ANCHORAGE, AK 99520	92-0027948	501(C)(3)	87,817.				OPERATIONAL SUPPORT
<b>(12)</b> BRIDGES COMMUNITY RESOURCE NETWORK, INC. PO BOX 1612 SOLDOTNA, AK 99669	92-0151271	501(C)(3)	85,530.				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) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	82,091.				OPERATIONAL SUPPORT
<b>(2)</b> ALASKA SUDAN MEDICAL PROJECT - ALASKA HEALT PO BOX 230183 ANCHORAGE, AK 99523	26-2862955	501(C)(3)	80,000.				OPERATIONAL SUPPORT
<b>(3)</b> JUNEAU COMMUNITY FOUNDATION 350 N FRANKLIN STREET SUITE 4	52-2395867	501(C)(3)	75,572.				OPERATIONAL SUPPORT
<b>(4)</b> ALASKA PRESS CLUB PO BOX 143426 ANCHORAGE, AK 99514	92-0098754	501(C)(3)	73,800.				OPERATIONAL SUPPORT
<b>(5)</b> BOYS AND GIRLS CLUBS OF THE KENAI PENINSULA 320 S SPRUCE STREET KENAI, AK 99611	94-3067142	501(C)(3)	67,675.				OPERATIONAL SUPPORT
<b>(6)</b> AMERICAN CANCER SOCIETY INC 3851 PIPER STREET, SUITE U240	13-1788491	501(C)(3)	67,307.				OPERATIONAL SUPPORT
<b>(7)</b> UA FOUNDATION - ANCHORAGE 1815 BRAGAW ST SUITE 203	23-7394620	501(C)(3)	63,750.				OPERATIONAL SUPPORT
<b>(8)</b> PETERSBURG MEDICAL CENTER PO BOX 589 PETERSBURG, AK 99833	92-6001607	501(C)(3)	60,000.				OPERATIONAL SUPPORT
<b>(9)</b> KENAI PENINSULA FOOD BANK INC 33955 COMMUNITY COLLEGE DRIVE	94-3112445	501(C)(3)	59,550.				OPERATIONAL SUPPORT
<b>(10)</b> AWAIC 100 W 13TH AVENUE ANCHORAGE, AK 99501	92-0061049	501(C)(3)	55,700.				OPERATIONAL SUPPORT
<b>(11)</b> AFN EDUCATION FUND 3000 A STREET, SUITE 210	26-1460192	501(C)(3)	54,900.				OPERATIONAL SUPPORT
<b>(12)</b> BRISTOL BAY REGIONAL CAREER AND TECHNICAL E PO BOX 90 DILLINGHAM, AK 99576	92-0057379	501(C)(3)	53,876.				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) 2023

**SCHEDULE I  
(Form 990)**

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

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Name of the organization

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THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CROOKED CREEK TRADITIONAL COUNCIL PO BOX 69 CROOKED CREEK, AK 99575	00-0000000	GOVERNMENT	53,400.				OPERATIONAL SUPPORT
<b>(2)</b> ALUTIIQ MUSEUM AND ARCHAEOLOGICAL REPOSITOR 215 MISSION ROAD SUITE 101 KODIAK, AK 99615	92-0150422	501(C)(3)	53,209.				OPERATIONAL SUPPORT
<b>(3)</b> BEAN'S CAFE 1020 E 4TH AVENUE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	52,432.				OPERATIONAL SUPPORT
<b>(4)</b> GIRL SCOUTS OF ALASKA 2000 W INTERNATIONAL AIRPORT ROAD, C-1	92-6000179	501(C)(3)	50,100.				OPERATIONAL SUPPORT
<b>(5)</b> ALASKA HEALTH FAIR, INC. 720 W 58TH AVENUE, STE J	92-0118421	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(6)</b> CITY OF KIVALINA PO BOX 50079 KIVALINA, AK 99750	92-0048266	GOVERNMENT	50,000.				OPERATIONAL SUPPORT
<b>(7)</b> CITY OF KOTZEBUE PO BOX 46 KOTZEBUE, AK 99752	00-0000000	GOVERNMENT	50,000.				OPERATIONAL SUPPORT
<b>(8)</b> HELP ME GROW ALASKA 4141 B STREET SUITE 409 ANCHORAGE, AK 99503	47-3428822	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(9)</b> PERSEVERANCE THEATRE 914 3RD STREET DOUGLAS, AK 99824	92-0071124	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(10)</b> SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQUARE CLARK HALL, SUITE 300	83-0403915	501(C)(3)	50,000.				OPERATIONAL SUPPORT
<b>(11)</b> CHAPMAN UNIVERSITY - ARGYROS SCHOOL OF BUSI ONE UNIVERSITY DRIVE BECKMAN HALL 303E	95-1643992	501(C)(3)	49,685.				OPERATIONAL SUPPORT
<b>(12)</b> FOOD BANK OF ALASKA 2192 VIKING DRIVE ANCHORAGE, AK 99501	92-0073175	501(C)(3)	47,885.				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) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SEWARD COMMUNITY LIBRARY ASSOCIATION, INC. PO BOX 2023 SEWARD, AK 99664	92-0018660	501(C)(3)	47,668.				OPERATIONAL SUPPORT
<b>(2)</b> KENAI PENINSULA ANIMAL LOVERS RESCUE PO BOX 1876 KENAI, AK 99611	83-3038642	501(C)(3)	46,830.				OPERATIONAL SUPPORT
<b>(3)</b> INSTITUTE OF THE NORTH 715 L STREET, SUITE 300 ANCHORAGE, AK 99501	75-3155877	501(C)(3)	46,651.				OPERATIONAL SUPPORT
<b>(4)</b> GREAT ALASKA COUNCIL BOY SCOUTS OF AMERICA 3117 PATTERSON STREET ANCHORAGE, AK 99504	92-0016314	501(C)(3)	46,500.				OPERATIONAL SUPPORT
<b>(5)</b> SITKA COMMUNITY LAND TRUST PO BOX 6461 SITKA, AK 99835	35-2292107	501(C)(3)	46,500.				OPERATIONAL SUPPORT
<b>(6)</b> ALASKA EXCEL 4101 UNIVERSITY DRIVE ANCHORAGE, AK 99508	46-1486834	501(C)(3)	45,000.				OPERATIONAL SUPPORT
<b>(7)</b> BRISTOL BAY FOUNDATION 111 WEST 16TH AVENUE SUITE 400	92-0141709	501(C)(3)	45,000.				OPERATIONAL SUPPORT
<b>(8)</b> UA FOUNDATION - FAIRBANKS PO BOX 755080 FAIRBANKS, AK 99775	23-7394620	501(C)(3)	45,000.				OPERATIONAL SUPPORT
<b>(9)</b> GREATER HOUSTON COMMUNITY FOUNDATION 515 POST OAK BLVD, STE 1000	23-7160400	501(C)(3)	44,389.				OPERATIONAL SUPPORT
<b>(10)</b> SOLDOTNA HIGH SCHOOL 425 W MARYDALE AVE SOLDOTNA, AK 99669	92-0030923	501(C)(3)	43,901.				OPERATIONAL SUPPORT
<b>(11)</b> ALASKA RESOURCE EDUCATION 601 E 57TH PLACE, STE 104	92-0117527	501(C)(3)	42,250.				OPERATIONAL SUPPORT
<b>(12)</b> PURDUE UNIVERSITY 128 MEMORIAL MALL ROOM 194	35-6002041	501(C)(3)	41,275.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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<b>(1)</b> UNIVERSITY OF ALASKA FOUNDATION PO BOX 755120 FAIRBANKS, AK 99775	23-7394620	501(C)(3)	41,003.				OPERATIONAL SUPPORT
<b>(2)</b> PRINCE WILLIAM SOUND ECONOMIC DEVELOPMENT D PO BOX 1059 CORDOVA, AK 99574	92-0137903	501(C)(3)	40,700.				OPERATIONAL SUPPORT
<b>(3)</b> NATIVE VILLAGE OF SCAMMON BAY PO BOX 126 SCAMMON BAY, AK 99662	92-0066184	NATIVE VILL	40,400.				OPERATIONAL SUPPORT
<b>(4)</b> NORDIC SKIING ASSOCIATION OF ANCHORAGE 9170 JEWEL LAKE RD STE 200	23-7232617	501(C)(3)	39,725.				OPERATIONAL SUPPORT
<b>(5)</b> KENAI PENINSULA HOMELESSNESS COALITION, INC PO BOX 1612 SOLDOTNA, AK 99669	92-0531633	501(C)(3)	39,286.				OPERATIONAL SUPPORT
<b>(6)</b> PEACEHEALTH KETCHIKAN MEDICAL CENTER FOUNDA 3100 TONGASS AVE KETCHIKAN, AK 99901	65-1225184	501(C)(3)	38,850.				OPERATIONAL SUPPORT
<b>(7)</b> KENAI CENTRAL HIGH SCHOOL 9583 KENAI SPUR HIGHWAY KENAI, AK 99611	92-0030923	501(C)(3)	38,400.				OPERATIONAL SUPPORT
<b>(8)</b> KENAI MOUNTAINS -TURNAGAIN ARM NATIONAL HER PO BOX 1934 GIRDWOOD, AK 99587	92-0173900	501(C)(3)	38,000.				OPERATIONAL SUPPORT
<b>(9)</b> ALASKA PUBLIC MEDIA KSKA KAKM 3877 UNIVERSITY DRIVE	23-7394629	501(C)(3)	37,923.				OPERATIONAL SUPPORT
<b>(10)</b> NATIONAL MULTIPLE SCLEROSIS SOCIETY - TEXAS PO BOX 88540 CAROL STREAM, IL 60188	13-5661935	501(C)(3)	35,933.				OPERATIONAL SUPPORT
<b>(11)</b> CHALLENGE ALASKA 740 BONANZA AVENUE ANCHORAGE, AK 99518	92-0080897	501(C)(3)	35,866.				OPERATIONAL SUPPORT
<b>(12)</b> CAMP FIRE ALASKA 161 KLEVIN STREET, SUITE 100	92-0029613	501(C)(3)	35,850.				OPERATIONAL SUPPORT

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<b>(1)</b> LIFE ALASKA DONOR SERVICES 235 EAST 8TH AVENUE, SUITE 100	92-0140815	501(C)(3)	35,287.				OPERATIONAL SUPPORT
<b>(2)</b> SOLDOTNA MONTESSORI CHARTER SCHOOL 158 E. PARK AVE SOLDOTNA, AK 99669	92-0030923	501(C)(3)	35,227.				OPERATIONAL SUPPORT
<b>(3)</b> ANCHORAGE OPERA COMPANY 1507 SPAR AVENUE ANCHORAGE, AK 99501	51-0175124	501(C)(3)	35,000.				OPERATIONAL SUPPORT
<b>(4)</b> ALASKA ARTS AND CULTURE FOUNDATION 161 S KLEVIN ST 102	92-0171993	501(C)(3)	34,778.				OPERATIONAL SUPPORT
<b>(5)</b> MUNICIPALITY OF ANCHORAGE, PARKS AND RECREA PO BOX 196650 ANCHORAGE, AK 99519-6650	92-0059987	GOVERNMENT	33,000.				OPERATIONAL SUPPORT
<b>(6)</b> TROUT UNLIMITED 1777 N. KENT STREET SUITE 100 ARL, VA 22209	38-1612715	501(C)(3)	33,000.				OPERATIONAL SUPPORT
<b>(7)</b> OPERATION CHILDREN FIRST 1600 WOODSIDE AVE KENAI, AK 99611-6601	84-3299344	501(C)(3)	31,707.				OPERATIONAL SUPPORT
<b>(8)</b> TRAILSIDE DISCOVERY CAMP 808 E STREET SUITE 100 ANCHORAGE, AK 99501	23-7380045	501(C)(3)	31,360.				OPERATIONAL SUPPORT
<b>(9)</b> CHEVAK TRADITIONAL COUNCIL PO BOX 140 CHEVAK, AK 99563	00-0000000	GOVERNMENT	30,400.				OPERATIONAL SUPPORT
<b>(10)</b> EMMONAK VILLAGE PO BOX 126 EMMONAK, AK 99581	00-0000000	NATIVE VILL	30,400.				OPERATIONAL SUPPORT
<b>(11)</b> IQUGMIUT TRADITIONAL COUNCIL PO BOX 9 RUSSIAN MISSION, AK 99657	00-0000000	GOVERNMENT	30,400.				OPERATIONAL SUPPORT
<b>(12)</b> NATIVE VILLAGE OF HOOPER BAY PO BOX 69 HOOPER BAY, AK 99604	92-0063052	NATIVE VILL	30,400.				OPERATIONAL SUPPORT

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<b>(1)</b> NATIVE VILLAGE OF KIPNUK PO BOX 57 KIPNUK, AK 99614	00-0000000	NATIVE VILL	30,400.				OPERATIONAL SUPPORT
<b>(2)</b> NATIVE VILLAGE OF KOTLIK PO BOX 20210 KOTLIK, AK 99620	92-0074249	NATIVE VILL	30,400.				OPERATIONAL SUPPORT
<b>(3)</b> NATIVE VILLAGE OF NUNAM IQUA PO BOX 27 NUNAM IQUA, AK 99666	00-0000000	NATIVE VILL	30,400.				OPERATIONAL SUPPORT
<b>(4)</b> NEWTOK VILLAGE COUNCIL PO BOX 5596 NEWTOK, AK 99559	00-0000000	GOVERNMENT	30,400.				OPERATIONAL SUPPORT
<b>(5)</b> ORGANIZED VILLAGE OF KWETHLUK PO BOX 130 KWETHLUK, AK 99621-0130	00-0000000	NATIVE VILL	30,400.				OPERATIONAL SUPPORT
<b>(6)</b> UMKUMIUT NATIVE VILLAGE PO BOX 90062 NIGHTMUTE, AK 99690	00-0000000	NATIVE VILL	30,400.				OPERATIONAL SUPPORT
<b>(7)</b> VILLAGE OF ALAKANUK PO BOX 149 ALAKANUK, AK 99554-0149	00-0000000	NATIVE VILL	30,400.				OPERATIONAL SUPPORT
<b>(8)</b> VILLAGE OF BILL MOORE'S SLOUGH PO BOX 20288 KOTLIK, AK 99620	00-0000000	NATIVE VILL	30,400.				OPERATIONAL SUPPORT
<b>(9)</b> HOSPICE OF HAINES PO BOX 1034 HAINES, AK 99827	92-0163066	501(C)(3)	30,250.				OPERATIONAL SUPPORT
<b>(10)</b> ANCHORAGE SCHOOL DISTRICT-EDUCATION CENTER 5530 EAST NORTHERN LIGHTS BLVD	92-6000078	501(C)(3)	30,100.				OPERATIONAL SUPPORT
<b>(11)</b> ANCHORAGE AFFORDABLE HOUSING AND LAND TRUST PO BOX 91871 ANCHORAGE, AK 99509	88-4139039	501(C)(3)	30,000.				OPERATIONAL SUPPORT
<b>(12)</b> FAIRBANKS COMMUNITY FOOD BANK SERVICE INC 725 26TH AVENUE SUITE 1	92-0088266	501(C)(3)	30,000.				OPERATIONAL SUPPORT

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<b>(1)</b> GAMERS SPORTS TRAVEL/RBI ALASKA PO BOX 221342 ANCHORAGE, AK 99522	47-3168191	501(C)(3)	30,000.				OPERATIONAL SUPPORT
<b>(2)</b> KENAI CHRISTIAN CHURCH 104 MCKINLEY ST KENAI, AK 99611	92-0096721	501(C)(3)	29,100.				OPERATIONAL SUPPORT
<b>(3)</b> HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	28,950.				OPERATIONAL SUPPORT
<b>(4)</b> ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DRIVE	92-0127531	501(C)(3)	28,869.				OPERATIONAL SUPPORT
<b>(5)</b> ANCHORAGE YOUTH COURT 838 WEST 4TH AVENUE ANCHORAGE, AK 99501	92-0129615	501(C)(3)	28,744.				OPERATIONAL SUPPORT
<b>(6)</b> CUREPSP 325 HUDSON STREET, 4TH FLOOR	52-1704978	501(C)(3)	28,413.				OPERATIONAL SUPPORT
<b>(7)</b> PENINSULA SPAY NEUTER FUND PO BOX 750 KENAI, AK 99611	86-1360182	501(C)(3)	28,100.				OPERATIONAL SUPPORT
<b>(8)</b> HOPE COMMUNITY RESOURCES INC 540 W INTERNATIONAL AIRPORT ROAD	92-0036594	501(C)(3)	28,050.				OPERATIONAL SUPPORT
<b>(9)</b> SEWARD PREVENTION COALITION PO BOX 482 SEWARD, AK 99664	47-5624328	501(C)(3)	27,545.				OPERATIONAL SUPPORT
<b>(10)</b> SAINT ELIZABETH ANN SETON PARISH AND SCHOOL 2901 HUFFMAN ROAD ANCHORAGE, AK 99516-2042	92-0122388	501(C)(3)	27,120.				OPERATIONAL SUPPORT
<b>(11)</b> BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA 2300 W 36TH AVENUE ANCHORAGE, AK 99517	92-0036082	501(C)(3)	26,677.				OPERATIONAL SUPPORT
<b>(12)</b> SPECIAL OLYMPICS ALASKA INC 3200 MOUNTAIN VIEW DRIVE	92-0057197	501(C)(3)	26,675.				OPERATIONAL SUPPORT

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<b>(1)</b> R.E.A.C.H. 907 - RESTORING, EMPOWERING ALAS PO BOX 876646 WASILLA, AK 99687	83-2233177	501(C)(3)	26,500.				OPERATIONAL SUPPORT
<b>(2)</b> THE ROTARY FOUNDATION 1560 SHERMAN AVENUE EVANSTON, IL 60201	36-3245072	501(C)(3)	26,256.				OPERATIONAL SUPPORT
<b>(3)</b> FIRST PRESBYTERIAN CHURCH OF ANCHORAGE 616 W. 10TH AVENUE ANCHORAGE, AK 99501	92-0019607	501(C)(3)	26,000.				OPERATIONAL SUPPORT
<b>(4)</b> KENAI PENINSULA HOCKEY ASSOCIATION TIER 2 B 35230 KENAI SPUR HWY SOLDOTNA, AK 99669	82-2787152	501(C)(3)	25,200.				OPERATIONAL SUPPORT
<b>(5)</b> FREEDOM HOUSE 185 SHADY LANE SOLDOTNA, AK 99669	81-3604382	501(C)(3)	23,364.				OPERATIONAL SUPPORT
<b>(6)</b> ALASKAN ANIMAL RESCUE FRIENDS 2440 E TUDOR ROAD #105 ANCHORAGE, AK 99507	45-4185334	501(C)(3)	23,200.				OPERATIONAL SUPPORT
<b>(7)</b> ANCHORAGE GOSPEL RESCUE MISSION 2823 EAST TUDOR ROAD ANCHORAGE, AK 99507	92-6003040	501(C)(3)	22,977.				OPERATIONAL SUPPORT
<b>(8)</b> ANCHORAGE MUSEUM 625 C STREET ANCHORAGE, AK 99501	92-6009317	501(C)(3)	22,900.				OPERATIONAL SUPPORT
<b>(9)</b> THE COMPASS 51781 KENAI SPUR HWY KENAI, AK 99611	82-3609672	501(C)(3)	22,266.				OPERATIONAL SUPPORT
<b>(10)</b> STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD	02-0554654	501(C)(3)	22,054.				OPERATIONAL SUPPORT
<b>(11)</b> FRIENDSHIP MISSION PO BOX 2634 KENAI, AK 99611	20-3445702	501(C)(3)	21,900.				OPERATIONAL SUPPORT
<b>(12)</b> GOLDBELT HERITAGE FOUNDATION ONE SEALASKA PLAZA SUITE 201	81-0645819	501(C)(3)	21,500.				OPERATIONAL SUPPORT

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<b>(1)</b> SINGLETRACK ADVOCATES PO BOX 221382 ANCHORAGE, AK 99522	26-1437999	501(C)(3)	21,500.				OPERATIONAL SUPPORT
<b>(2)</b> PIONEER AMATEUR HOCKEY ASSOCIATION PO BOX 3912 PALMER, AK 99645	27-3619839	501(C)(3)	21,407.				OPERATIONAL SUPPORT
<b>(3)</b> SUSAN G. KOMEN 3-DAY PO BOX 660843 DALLAS, TX 75266-0843	75-1835298	501(C)(3)	20,824.				OPERATIONAL SUPPORT
<b>(4)</b> STERLING BAPTIST CHURCH PO BOX 834 STERLING, AK 99672	92-0099526	501(C)(3)	20,800.				OPERATIONAL SUPPORT
<b>(5)</b> ALASKA VETERANS MUSEUM PO BOX 773364 EAGLE RIVER, AK 99577	03-0382080	501(C)(3)	20,000.				OPERATIONAL SUPPORT
<b>(6)</b> POLYNESIAN ASSOCIATION OF ALASKA, INC. 8060 COUNTRY WOODS DRIVE	03-0552932	501(C)(3)	20,000.				OPERATIONAL SUPPORT
<b>(7)</b> WASILLA WAVES SWIM CLUB PO BOX 872387 WASILLA, AK 99687	92-0111183	501(C)(3)	20,000.				OPERATIONAL SUPPORT
<b>(8)</b> ROTARY CARES ALASKA PO BOX 72114 FAIRBANKS, AK 99707-2114	82-4028880	501(C)(3)	19,541.				OPERATIONAL SUPPORT
<b>(9)</b> DARE TO CARE FOOD BANK 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	23-7345952	501(C)(3)	19,500.				OPERATIONAL SUPPORT
<b>(10)</b> DONORSCHOOSE 134 W. 37TH ST. FLOOR 11 NEW YORK, NY 10018	13-4129457	501(C)(3)	19,100.				OPERATIONAL SUPPORT
<b>(11)</b> PENINSULA GRACE BRETHREN CHURCH 44175 KALIFORNSKY BEACH ROAD	92-0098019	501(C)(3)	18,734.				OPERATIONAL SUPPORT
<b>(12)</b> ALASKA AVALANCHE INFORMATION CENTER, INC. PO BOX 911 VALDEZ, AK 99686	80-0674646	501(C)(3)	18,250.				OPERATIONAL SUPPORT

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OMB No. 1545-0047

**2023**

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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<b>(1)</b> ALASKA VOCATIONAL TECHNICAL CENTER 809 2ND AVENUE SEWARD, AK 99664	92-6001185	501(C)(3)	17,945.				OPERATIONAL SUPPORT
<b>(2)</b> KDLL 919 FM PO BOX 2111 KENAI, AK 99611	92-0100717	501(C)(3)	17,905.				OPERATIONAL SUPPORT
<b>(3)</b> THE SALVATION ARMY 143 E 9TH AVE ANCHORAGE, AK 99501	94-1156347	501(C)(3)	17,848.				OPERATIONAL SUPPORT
<b>(4)</b> SKIKU 5401 CORDOVA STREET SUITE 305	46-3175050	501(C)(3)	17,800.				OPERATIONAL SUPPORT
<b>(5)</b> LOST LAKE RUN PO BOX 241367 ANCHORAGE, AK 99524	20-5812503	501(C)(3)	17,660.				OPERATIONAL SUPPORT
<b>(6)</b> ALASKA EATING DISORDERS ALLIANCE PO BOX 33953 JUNEAU, AK 99801	84-3178623	501(C)(3)	17,630.				OPERATIONAL SUPPORT
<b>(7)</b> ALASKA ADOPTION SERVICES 4120 LAUREL STREET SUITE 106	84-1831744	501(C)(3)	17,423.				OPERATIONAL SUPPORT
<b>(8)</b> DENALI ARTS COUNCIL PO BOX 404 TALKEETNA, AK 99676	92-0083375	501(C)(3)	17,150.				OPERATIONAL SUPPORT
<b>(9)</b> SITKA CONSERVATION SOCIETY 201 LINCOLN STREET SUITE 4 SITKA, AK 99835	92-0096633	501(C)(3)	17,000.				OPERATIONAL SUPPORT
<b>(10)</b> SOLDOTNA BIBLE CHAPEL 300 W MARYDALE AVENUE SOLDOTNA, AK 99669	23-7209759	501(C)(3)	16,797.				OPERATIONAL SUPPORT
<b>(11)</b> YWCA ALASKA 3400 SPENARD RD SUITE 200	92-0130244	501(C)(3)	16,600.				OPERATIONAL SUPPORT
<b>(12)</b> STONE SOUP GROUP 307 E. NORTHERN LIGHTS BLVD., SUITE 100	92-0149995	501(C)(3)	16,271.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2023

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<b>(1)</b> ANCHORAGE HOCKEY ASSOCIATION PO BOX 202069 ANCHORAGE, AK 99520	92-0031799	501(C)(3)	16,000.				OPERATIONAL SUPPORT
<b>(2)</b> CALYPSO FARM & ECOLOGY CENTER PO BOX 106 ESTER, AK 99725	92-0169368	501(C)(3)	16,000.				OPERATIONAL SUPPORT
<b>(3)</b> CORDOVA ARTS & PAGEANTS LIMITED PO BOX 1053 CORDOVA, AK 99574	23-7338129	501(C)(3)	16,000.				OPERATIONAL SUPPORT
<b>(4)</b> FAMILY-DIRECTED EDUCATION FOUNDATION 12345 LAKE VISTA DR WILLIS, TX 77318	27-1741280	501(C)(3)	16,000.				OPERATIONAL SUPPORT
<b>(5)</b> WEST ANCHORAGE HIGH SCHOOL 1700 HILLCREST DRIVE ANCHORAGE, AK 99517	92-6000078	501(C)(3)	15,800.				OPERATIONAL SUPPORT
<b>(6)</b> SOLDOTNA CHURCH OF THE NAZARENE 229 BELUGA AVE SOLDOTNA, AK 99669	92-6009652	501(C)(3)	15,657.				OPERATIONAL SUPPORT
<b>(7)</b> GRACE EVANGELICAL LUTHERAN CHURCH 47585 CIECHANSKI RD KENAI, AK 99611	39-0842084	501(C)(3)	15,500.				OPERATIONAL SUPPORT
<b>(8)</b> HABITAT FOR HUMANITY 900 E. BENSON BLVD ANCHORAGE, AK 99508	92-0140434	501(C)(3)	15,450.				OPERATIONAL SUPPORT
<b>(9)</b> COVENANT YOUTH OF ALASKA PO BOX 770128 EAGLE RIVER, AK 99577	20-8363626	501(C)(3)	15,300.				OPERATIONAL SUPPORT
<b>(10)</b> PRINCE WILLIAM SOUND SCIENCE CENTER PO BOX 705 CORDOVA, AK 99574	92-0129853	501(C)(3)	15,200.				OPERATIONAL SUPPORT
<b>(11)</b> ALASKA DEVELOPMENT CORPORATION 612 W WILLOUGHBY AVE, STE A	56-2374498	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(12)</b> ALASKA GEOGRAPHIC 421 W 1ST AVENUE SUITE 250	92-0043154	501(C)(3)	15,000.				OPERATIONAL SUPPORT

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<b>(1)</b> ARCTIC EDUCATION FOUNDATION PO BOX 129 BARROW, AK 99723	92-0068447	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(2)</b> CHICKALOON VILLAGE TRADITIONAL COUNCIL PO BOX1105 CHICKALOON, AK 99674	94-3070999	GOVERNMENT	15,000.				OPERATIONAL SUPPORT
<b>(3)</b> CITY OF BETHEL PO BOX 1388 BETHEL, AK 99559	92-6001644	GOVERNMENT	15,000.				OPERATIONAL SUPPORT
<b>(4)</b> CITY OF WAINWRIGHT PO BOX 9 WAINWRIGHT, AK 99782	92-0037299	GOVERNMENT	15,000.				OPERATIONAL SUPPORT
<b>(5)</b> CORDOVA FAMILY RESOURCE CENTER PO BOX 863 CORDOVA, AK 99574	92-0146388	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(6)</b> FREMONT HIGHLANDER SKI CLUB PO BOX 1204 LAKEVIEW, OR 97630	93-0556265	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(7)</b> FRIENDS OF ZACH GORDON YOUTH CENTER INC PO BOX 21153 JUNEAU, AK 99802	92-0014675	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(8)</b> KTOO PUBLIC MEDIA 360 EGAN DRIVE JUNEAU, AK 99801	92-0058054	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(9)</b> NATIVE VILLAGE OF SHAKTOOLIK PO BOX 100 SHAKTOOLIK, AK 99771	92-0010257	NATIVE VILL	15,000.				OPERATIONAL SUPPORT
<b>(10)</b> NORTH OF HOPE 26214 POINTAVISTA DR ANCHOR POINT, AK 99556	83-1910191	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(11)</b> QAWALANGIN TRIBE OF UNALASKA PO BOX 334 UNALASKA, AK 99685	92-0134953	NATIVE VILL	15,000.				OPERATIONAL SUPPORT
<b>(12)</b> SELDOVIA VILLAGE TRIBE PO DRAWER L SELDOVIA, AK 99663-0252	92-0134463	NATIVE VILL	15,000.				OPERATIONAL SUPPORT

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<b>(1)</b> SERRC - ALASKA'S EDUCATIONAL RESOURCE CENTE 210 FERRY WAY JUNEAU, AK 99801	92-0058572	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(2)</b> SITKA FINE ARTS CAMP 110 COLLEGE DRIVE SUITE 111	23-7240278	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(3)</b> THE STUDY PO BOX 4655 SOLDOTNA, AK 99669	92-0151271	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(4)</b> THRIVALASKA 1949 GILLAM WAY, SUITE F	92-0047999	501(C)(3)	15,000.				OPERATIONAL SUPPORT
<b>(5)</b> THE WORKSHOP 1120 HUFFMAN ROAD, SUITE 11	88-3723323	501(C)(3)	14,994.				OPERATIONAL SUPPORT
<b>(6)</b> MATSU FOOD BANK AKA FOOD PANTRY OF WASILLA PO BOX 873280 WASILLA, AK 99654	92-0150918	501(C)(3)	14,850.				OPERATIONAL SUPPORT
<b>(7)</b> YOUNG LIFE ALASKA AND YOUNGLIVES ALASKA PO BOX 92153 ANCHORAGE, AK 99509	84-0385934	501(C)(3)	14,750.				OPERATIONAL SUPPORT
<b>(8)</b> NIKISKI FREESTYLE WRESTLING CLUB 45394 NOLA STREET KENAI, AK 99611	47-4738617	501(C)(3)	14,600.				OPERATIONAL SUPPORT
<b>(9)</b> ALASKA BOTANICAL GARDEN 4601 CAMPBELL AIRSTRIP ROAD	92-0115504	501(C)(3)	14,500.				OPERATIONAL SUPPORT
<b>(10)</b> HOMER FOUNDATION PO BOX 2600 HOMER, AK 99603	92-0139183	501(C)(3)	14,069.				OPERATIONAL SUPPORT
<b>(11)</b> COASTLINE BAPTIST CHURCH 557 VISTA BELLA OCEANSIDE, CA 92057	00-0000000	501(C)(3)	14,000.				OPERATIONAL SUPPORT
<b>(12)</b> KING'S CATHEDRAL AND CHAPELS ALASKA 3301 EAST PARKS HIGHWAY WASILLA, AK 99654	45-4146336	501(C)(3)	14,000.				OPERATIONAL SUPPORT

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<b>(1)</b> MEALS ON WHEELS FAIRBANKS 1424 MOORE STREET FAIRBANKS, AK 99701	92-0037749	501(C)(3)	14,000.				OPERATIONAL SUPPORT
<b>(2)</b> OUR LADY OF PERPETUAL HELP 222 W REDOUBT AVE SOLDOTNA, AK 99669	92-0122488	501(C)(3)	13,857.				OPERATIONAL SUPPORT
<b>(3)</b> JAMM 3019 WOOD DUCK JUNEAU, AK 99801	46-2843219	501(C)(3)	13,500.				OPERATIONAL SUPPORT
<b>(4)</b> NAMI JUNEAU 8711 TEAL STREET CENTER SUITE 200	31-1765419	501(C)(3)	13,500.				OPERATIONAL SUPPORT
<b>(5)</b> RESPONSE CHURCH PO BOX 230852 ANCHORAGE, AK 99523	47-4239641	501(C)(3)	13,200.				OPERATIONAL SUPPORT
<b>(6)</b> SOLID ROCK MINISTRIES INC 36251 SOLID ROCK ROAD UNIT 1	92-0056492	501(C)(3)	13,200.				OPERATIONAL SUPPORT
<b>(7)</b> GOLD STAR PEAK, INC. PO BOX 772413 EAGLE RIVER, AK 99577	82-5258523	501(C)(3)	13,100.				OPERATIONAL SUPPORT
<b>(8)</b> KCHS HOCKEY BOOSTER PO BOX 2083 KENAI, AK 99611	84-3321167	501(C)(3)	13,000.				OPERATIONAL SUPPORT
<b>(9)</b> MT. EDGE CUMBE HIGH SCHOOL 1330 SEWARD AVENUE SITKA, AK 99835	92-6001185	501(C)(3)	13,000.				OPERATIONAL SUPPORT
<b>(10)</b> ACTS 247 SOLDOTNA 373 W VINE AVE SOLDOTNA, AK 99611	84-4373737	501(C)(3)	12,800.				OPERATIONAL SUPPORT
<b>(11)</b> KENAI CLASSICAL INC 35555 KENAI SPUR HIGHWAY 301	83-3643214	501(C)(3)	12,700.				OPERATIONAL SUPPORT
<b>(12)</b> TURKISH PHILANTHROPY FUNDS INC. 1460 BROADWAY 4TH FLOOR NEW YORK, NY 10036	20-8392006	501(C)(3)	12,591.				OPERATIONAL SUPPORT

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<b>(1)</b> ILISAGVIK COLLEGE PO BOX 749 UTQIAGVIK, AK 99723	92-0158414	501(C)(3)	12,500.				OPERATIONAL SUPPORT
<b>(2)</b> AMERICAN RED CROSS OF ALASKA 235 EAST 8TH AVE, STE 200	53-0196605	501(C)(3)	12,277.				OPERATIONAL SUPPORT
<b>(3)</b> ALASKA PEACE OFFICERS ASSOCIATION 327 E. FIREWEED LANE ANCHORAGE, AK 99503	51-0210787	501(C)(3)	12,000.				OPERATIONAL SUPPORT
<b>(4)</b> AMERICAN FOUNDATION FOR SUICIDE PREVENTION 2240 E TUDOR RD #191 ANCHORAGE, AK 99507	13-3393329	501(C)(3)	12,000.				OPERATIONAL SUPPORT
<b>(5)</b> CENTERVILLE FAITH CHURCH PO BOX 804 CENTERVILLE, IA 52544	37-2094321	501(C)(3)	12,000.				OPERATIONAL SUPPORT
<b>(6)</b> CLARE HOUSE 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	12,000.				OPERATIONAL SUPPORT
<b>(7)</b> KENAI MOUNTAINS PUBLIC MEDIA PO BOX 816 SEWARD, AK 99664	47-1173027	501(C)(3)	12,000.				OPERATIONAL SUPPORT
<b>(8)</b> MENTAL HEALTH AMERICA INC. 500 MONTGOMERY ST. SUITE 820	13-1614906	501(C)(3)	12,000.				OPERATIONAL SUPPORT
<b>(9)</b> FAR EAST CHRISTIAN CENTER PO BOX 3000 GARDEN VALLEY, TX 75771	47-4648047	501(C)(3)	11,700.				OPERATIONAL SUPPORT
<b>(10)</b> BIRCH RIDGE COMMUNITY CHURCH 33325 ECHO LAKE RD SOLDOTNA, AK 99669	92-0114261	501(C)(3)	11,600.				OPERATIONAL SUPPORT
<b>(11)</b> WEST VALLEY HIGH SCHOOL 3800 GEIST ROAD FAIRBANKS, AK 99709	92-6000096	501(C)(3)	11,586.				OPERATIONAL SUPPORT
<b>(12)</b> DISTRICT 49A LIONS FOUNDATION INC PO BOX 240613 ANCHORAGE, AK 99524-0613	51-0188867	501(C)(3)	11,500.				OPERATIONAL SUPPORT

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<b>(1)</b> ALASKA POTBELLY PIG RESCUE INC 2521 E MOUNTAIN VILLAGE DRIVE	83-4118551	501(C)(3)	11,412.				OPERATIONAL SUPPORT
<b>(2)</b> HAINES ASSISTED LIVING PO BOX 916 HAINES, AK 99827	20-5805082	501(C)(3)	11,300.				OPERATIONAL SUPPORT
<b>(3)</b> GLOBAL LEADERSHIP NETWORK 67 EAST ALGONQUIN ROAD	36-3799040	501(C)(3)	11,042.				OPERATIONAL SUPPORT
<b>(4)</b> ALASKA SPEEDSKATING CLUB 19550 CHUGACH PARK DRIVE	57-1232509	501(C)(3)	11,000.				OPERATIONAL SUPPORT
<b>(5)</b> ARCTIC GUARDIAN INC PO BOX 771523 EAGLE RIVER, AK 99577-1523	88-3624815	501(C)(3)	11,000.				OPERATIONAL SUPPORT
<b>(6)</b> MY HOUSE 300 NORTH WILLOW STREET WASILLA, AK 99654	45-3954205	501(C)(3)	11,000.				OPERATIONAL SUPPORT
<b>(7)</b> PACIFIC NORTHERN ACADEMY 2511 SENTRY DR, STE 100 ANCHORAGE, AK 99507	92-0145501	501(C)(3)	11,000.				OPERATIONAL SUPPORT
<b>(8)</b> CALVARY ELLENSBURG PO BOX 307 ELLENSBURG, WA 98926	27-0372094	501(C)(3)	10,650.				OPERATIONAL SUPPORT
<b>(9)</b> LEUKEMIA & LYMPHOMA SOCIETY PO BOX 102488 PASADENA, CA 91189-2488	13-5644916	501(C)(3)	10,480.				OPERATIONAL SUPPORT
<b>(10)</b> RUBYS RAINBOW INC PO BOX 153095 AUSTIN, TX 78715	45-3730204	501(C)(3)	10,480.				OPERATIONAL SUPPORT
<b>(11)</b> NORTH STAR UNITED METHODIST CHURCH PO BOX 8122 NIKISKI, AK 99635	92-0119876	501(C)(3)	10,326.				OPERATIONAL SUPPORT
<b>(12)</b> GEAR UP PROJECT 554 W POINTE CIR FAIRBANKS, AK 99709-3237	85-3500517	501(C)(3)	10,323.				OPERATIONAL SUPPORT

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BETHEL COMMUNITY SERVICES FOUNDATION PO BOX 2189 BETHEL, AK 99559	92-0146538	501(C)(3)	10,262.				OPERATIONAL SUPPORT
<b>(2)</b> SEWARD PTA PO BOX 409 SEWARD, AK 99664	92-0134935	501(C)(3)	10,240.				OPERATIONAL SUPPORT
<b>(3)</b> FUNNY RIVER BIBLE CHURCH 35014 GOODYEAR ST S SOLDOTNA, AK 99669	92-0177353	501(C)(3)	10,239.				OPERATIONAL SUPPORT
<b>(4)</b> AFFINITY FILMS, INC PO BOX 1591 HOMER, AK 99603	92-0082476	501(C)(3)	10,125.				OPERATIONAL SUPPORT
<b>(5)</b> BEACON HILL 2807 ARCTIC BOULEVARD SUITE A	27-1779531	501(C)(3)	10,100.				OPERATIONAL SUPPORT
<b>(6)</b> THE DOOR PO BOX 74155 FAIRBANKS, AK 99707-4155	90-0434664	501(C)(3)	10,094.				OPERATIONAL SUPPORT
<b>(7)</b> ATUX FOREVER: RESTORING ATTUANS FREEDOM 2940 SUN SPOT CIR ANCHORAGE, AK 99507	84-3695943	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(8)</b> DATA FOR INDIGENOUS JUSTICE 9205 COMMONS PL ANCHORAGE, AK 99502	85-0771076	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(9)</b> ENLACES PO BOX 241123 ANCHORAGE, AK 99524	82-3715412	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(10)</b> FAITH LUTHERAN CHURCH 5200 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-6010511	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(11)</b> GALLATIN PERFORMANCE ACADEMY 4891 LOYAL DRIVE BOZEMAN, MT 59718	83-3611480	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(12)</b> GRANITE EDUCATION FOUNDATION 2500 S STATE STREET, D-108	94-2951639	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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<b>(1)</b> HINESTON TABERNACLE 7431 HWY 112 ELMER, LA 71424	72-1011440	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(2)</b> HUNT OF A LIFETIME FOUNDATION INC 6297 BUFFALO RD HARBORCREEK, PA 16421	25-1856277	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(3)</b> KNIGHTS FOOTBALL BOOSTER CLUB PO BOX 3760 PALMER, AK 99645	92-0164397	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(4)</b> KUSPUK SCHOOL DISTRICT PO BOX 49 ANIAK, AK 99557	92-0057610	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(5)</b> KYUK PO BOX 468 BETHEL, AK 99559	92-0039676	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(6)</b> LITTLE CITY FOUNDATION 1610 COLONIAL PARKWAY INVERNESS, IL 60067	36-2434562	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(7)</b> MANIILAQ ASSOCIATION PO BOX 256 KOTZEBUE, AK 99752	92-0041461	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(8)</b> MUSKEG WELLNESS PO BOX 1612 SOLDOTNA, AK 99669	92-0151271	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(9)</b> NO LIMIT INC 253 ROMANS WAY FAIRBANKS, AK 99701	46-4889885	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(10)</b> NORTON SOUND HEALTH CORPORATION PO BOX 966 NOME, AK 99762	92-0041488	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(11)</b> ONWARD AND UPWARD INC 777 N CRUSEY STREET, SUITE B105	20-8397173	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(12)</b> OPT-IN KIANA PO BOX 136, CASANOFF KIANA, AK 99749	82-4711825	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2023

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<b>(1)</b> PACIFIC COMMUNITY OF ALASKA 3001 PORCUPINE DRIVE ANCHORAGE, AK 99501	87-1247167	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(2)</b> PALMER CURLING CLUB 1317 S KERRY WEILAND CT PALMER, AK 99645	84-4134522	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(3)</b> PAWS FOR PURPLE HEARTS 7049 ARCTIC BOULEVARD ANCHORAGE, AK 99518	45-3342634	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(4)</b> SEAVIEW COMMUNITY SERVICES PO BOX 1045 SEWARD, AK 99664	92-0043803	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(5)</b> STERLING SENIOR CITIZENS, INC. 34453 STERLING HWY STERLING, AK 99672	94-3100045	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(6)</b> THE B-RAD FOUNDATION PO BOX 5829 SANTA ROSA, CA 95402-5829	47-3536926	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(7)</b> THE DOME 6501 CHANGEPOINT DR ANCHORAGE, AK 99518	30-0274501	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(8)</b> THE NRA FOUNDATION, INC. 11250 WAPLES MILL RD FAIRFAX, VA 22030	52-1710886	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(9)</b> UNIVERSITY OF ALASKA FAIRBANKS PO BOX 757880 FAIRBANKS, AK 99775-7880	92-6000147	501(C)(3)	10,000.				OPERATIONAL SUPPORT
<b>(10)</b> FC BATAVIA 2250 E DEER VALLEY RD UNIT 60	82-3603889	501(C)(3)	9,951.				OPERATIONAL SUPPORT
<b>(11)</b> SEWARD SENIOR CENTER PO BOX 1195 SEWARD, AK 99664	92-0072425	501(C)(3)	9,803.				OPERATIONAL SUPPORT
<b>(12)</b> HATCHER PASS AVALANCHE CENTER INC. 1150 S COLONY WAY STE 3	84-2765579	501(C)(3)	9,631.				OPERATIONAL SUPPORT

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<b>(1)</b> ALASKA'S HEALING HEARTS PO BOX 876061 WASILLA, AK 99687	27-4036000	501(C)(3)	9,600.				OPERATIONAL SUPPORT
<b>(2)</b> CHALLENGER LEARNING CENTER OF ALASKA 9711 KENAI SPUR HIGHWAY KENAI, AK 99611	92-1761906	501(C)(3)	9,600.				OPERATIONAL SUPPORT
<b>(3)</b> WINTERBERRY PARENT GUILD INC 4802 BRYN MAWR COURT ANCHORAGE, AK 99508	20-3900032	501(C)(3)	9,536.				OPERATIONAL SUPPORT
<b>(4)</b> ALZHEIMER'S ASSOCIATION PO BOX 141027 ANCHORAGE, AK 99514	13-3039601	501(C)(3)	9,503.				OPERATIONAL SUPPORT
<b>(5)</b> ALASKA STATE HOCKEY ASSOCIATION C/O 237 E FIREWEED LANE STE 200	92-0129499	501(C)(3)	9,500.				OPERATIONAL SUPPORT
<b>(6)</b> JOURNEYMAN INTERNATIONAL 3471 N MAIN ST PRINEVILLE, OR 97754	27-0478912	501(C)(3)	9,500.				OPERATIONAL SUPPORT
<b>(7)</b> ALASKA ZOO 4731 O'MALLEY RD ANCHORAGE, AK 99507	92-0039344	501(C)(3)	9,361.				OPERATIONAL SUPPORT
<b>(8)</b> KENAI BIBLE CHURCH PO BOX 176 KENAI, AK 99611	92-0097566	501(C)(3)	9,300.				OPERATIONAL SUPPORT
<b>(9)</b> HOLY FAMILY OLD CATHEDRAL 811 W 6TH AVE ANCHORAGE, AK 99501	85-3549854	501(C)(3)	9,250.				OPERATIONAL SUPPORT
<b>(10)</b> SACRED HEART CATHOLIC SCHOOL 608 SOUTHERN AVE HATTIESBURG, MS 39401-3515	64-0868195	501(C)(3)	9,238.				OPERATIONAL SUPPORT
<b>(11)</b> ARMED SERVICES YMCA OF ALASKA PO BOX 6272 JBER, AK 99506	92-0016680	501(C)(3)	9,200.				OPERATIONAL SUPPORT
<b>(12)</b> CIVIL AIR PATROL AKWG CADET PROGRAMS PO BOX 6014 JBER, AK 99506	75-6037853	501(C)(3)	9,184.				OPERATIONAL SUPPORT

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<b>(1)</b> ALASKA WILDLIFE CONSERVATION CENTER PO BOX 949 GIRWOOD, AK 99587	92-0170600	501(C)(3)	9,100.				OPERATIONAL SUPPORT
<b>(2)</b> EAGLE RIVER HIGH SCHOOL FOOTBALL BOOSTER CL PO BOX 770608 EAGLE RIVER, AK 99577	20-3382039	501(C)(3)	9,000.				OPERATIONAL SUPPORT
<b>(3)</b> LEAKE TEMPLE AME ZION PO BOX 211763 ANCHORAGE, AK 99508	92-0108558	501(C)(3)	9,000.				OPERATIONAL SUPPORT
<b>(4)</b> SISAL FOUNDATION 6424 RANCHO SANTE FE DRIVE	86-2384150	501(C)(3)	9,000.				OPERATIONAL SUPPORT
<b>(5)</b> THE SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	36-2193608	501(C)(3)	9,000.				OPERATIONAL SUPPORT
<b>(6)</b> VALLEY CHURCH OF CHRIST PO BOX 876401 WASILLA, AK 99687	92-0096492	501(C)(3)	9,000.				OPERATIONAL SUPPORT
<b>(7)</b> CCHRC PO BOX 758170 FAIRBANKS, AK 99775	92-0169929	501(C)(3)	8,881.				OPERATIONAL SUPPORT
<b>(8)</b> SITKA TRAIL WORKS, INC 801 HALIBUT POINT ROAD SITKA, AK 99835	91-1815739	501(C)(3)	8,875.				OPERATIONAL SUPPORT
<b>(9)</b> MOOSE PASS VOLUNTEER FIRE COMPANY PO BOX 104 MOOSE PASS, AK 99631	92-0073170	501(C)(3)	8,870.				OPERATIONAL SUPPORT
<b>(10)</b> ST. ANDREW CATHOLIC CHURCH 16300 DOMAIN LANE EAGLE RIVER, AK 99577	85-3549854	501(C)(3)	8,850.				OPERATIONAL SUPPORT
<b>(11)</b> HELPING AMERICAN VETERANS EXPERIENCE ALASKA 510 HEMLOCK AVENUE KENAI, AK 99611	83-0861943	501(C)(3)	8,800.				OPERATIONAL SUPPORT
<b>(12)</b> CLEAR CREEK CAT RESCUE PO BOX 231208 ANCHORAGE, AK 99523	27-2265973	501(C)(3)	8,782.				OPERATIONAL SUPPORT

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<b>(1)</b> THREE WAY INDEPENDENT SCHOOL DISTRICT 247 CR 207 STEPHENVILLE, TX 76401	75-6000938	501(C)(3)	8,750.				OPERATIONAL SUPPORT
<b>(2)</b> KIDS KUPBOARD 4800 N TANIS WASILLA, AK 99654	81-0989262	501(C)(3)	8,714.				OPERATIONAL SUPPORT
<b>(3)</b> THE LEESHORE CENTER 325 S SPRUCE ST. KENAI, AK 99611	92-0069306	501(C)(3)	8,535.				OPERATIONAL SUPPORT
<b>(4)</b> CORNERSTONE CHURCH 10431 BRAYTON DRIVE ANCHORAGE, AK 99507	92-6010291	501(C)(3)	8,500.				OPERATIONAL SUPPORT
<b>(5)</b> PLUMAS SKI CLUB INC PO BOX 4003 QUINCY, CA 95971-4003	94-1637680	501(C)(3)	8,500.				OPERATIONAL SUPPORT
<b>(6)</b> CENTER FOR ALASKAN COASTAL STUDIES 708 SMOKEY BAY WAY HOMER, AK 99603	92-0086250	501(C)(3)	8,480.				OPERATIONAL SUPPORT
<b>(7)</b> ABC LIFE CHOICES 501 FRONTAGE ROAD KENAI, AK 99611	92-0113488	501(C)(3)	8,445.				OPERATIONAL SUPPORT
<b>(8)</b> CHRIST CHURCH EPISCOPAL PO BOX 111963 ANCHORAGE, AK 99511	92-0016730	501(C)(3)	8,400.				OPERATIONAL SUPPORT
<b>(9)</b> SEWARD NORDIC SKI CLUB PO BOX 2082 SEWARD, AK 99664	92-0114714	501(C)(3)	8,325.				OPERATIONAL SUPPORT
<b>(10)</b> CYRANO'S THEATRE COMPANY 3800 DEBARR RD ANCHORAGE, AK 99508	92-0154815	501(C)(3)	8,300.				OPERATIONAL SUPPORT
<b>(11)</b> AMERICAN CENTER FOR LAW AND JUSTICE PO BOX 90555 WASHINGTON, DC 20090-0555	52-2042771	501(C)(3)	8,272.				OPERATIONAL SUPPORT
<b>(12)</b> HABITAT FOR HUMANITY, INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	8,100.				OPERATIONAL SUPPORT

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<b>(1)</b> ALEUT COMMUNITY OF ST. PAUL ISLAND 4720 BUSINESS PARK BLVD, SUITE G-42	92-0060403	501(C)(3)	8,000.				OPERATIONAL SUPPORT
<b>(2)</b> FLORIDA STATE UNIVERSITY FOUNDATION, INC. 325 WEST COLLEGE AVENUE	59-6152180	501(C)(3)	8,000.				OPERATIONAL SUPPORT
<b>(3)</b> NEW LIFE FELLOWSHIP 2045 N 800 E NORTH LOGAN, UT 84341	87-0549033	501(C)(3)	8,000.				OPERATIONAL SUPPORT
<b>(4)</b> NORTH STAR INTERIOR PONY BASEBALL 929 TRIANON DRIVE FAIRBANKS, AK 99712	68-0559376	501(C)(3)	8,000.				OPERATIONAL SUPPORT
<b>(5)</b> INDEPENDENT BAPTIST CHURCH OF ANCHORAGE 1801 E 68TH AVE ANCHORAGE, AK 99507	92-0129047	501(C)(3)	7,980.				OPERATIONAL SUPPORT
<b>(6)</b> TYONEK TRIBAL CONSERVATION DISTRICT 101 W BENSON BLVD SUITE 501	27-0671847	501(C)(3)	7,810.				OPERATIONAL SUPPORT
<b>(7)</b> FAMILYLIFE 100 LAKE HART DRIVE ORLANDO, FL 32832	20-5340940	501(C)(3)	7,772.				OPERATIONAL SUPPORT
<b>(8)</b> NEW LIFE MINISTRIES PO BOX 1029 LAKE FOREST, CA 92609	75-2785010	501(C)(3)	7,772.				OPERATIONAL SUPPORT
<b>(9)</b> ALASKA HUTS ASSOCIATION PO BOX 241754 ANCHORAGE, AK 99524	92-0165283	501(C)(3)	7,650.				OPERATIONAL SUPPORT
<b>(10)</b> RURAL CAP 731 EAST 8TH AVENUE ANCHORAGE, AK 99501	92-0033876	501(C)(3)	7,579.				OPERATIONAL SUPPORT
<b>(11)</b> CHILD EVANGELISM FELLOWSHIP OF AK INC 43687 KALIFORNSKY BEACH ROAD SUITE D	92-0038207	501(C)(3)	7,550.				OPERATIONAL SUPPORT
<b>(12)</b> SEWARD ARTS COUNCIL PO BOX 794 SEWARD, AK 99664	92-0076287	501(C)(3)	7,538.				OPERATIONAL SUPPORT

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

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ALYESKA SKI CLUB INC PO BOX 1070 GIRDWOOD, AK 99587	92-0065318	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(2)</b> DENALI EDUCATION CENTER PO BOX 212 DENALI NATIONAL PARK, AK 99755	92-0131177	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(3)</b> FIRST STEP 4 LIFE RECOVERY CENTER LTD 903 D STREET SUITE 201 LEWISTON, ID 83501	83-2521142	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(4)</b> F.I.S.H. 2220 EAST TUDOR ROAD ANCHORAGE, AK 99507	92-0090470	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(5)</b> INTERIOR ALASKA CENTER FOR NON VIOLENT LIVI 726 26TH AVENUE, SUITE 1	92-0063639	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(6)</b> JUNIOR ACHIEVEMENT OF ALASKA, INC. 639 W. INTERNATIONAL AIRPORT ROAD SUITE 38	92-0045091	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(7)</b> MOBILE MEDICS INTERNATIONAL 2435 MARIAN BAY CIRCLE ANCHORAGE, AK 99515	82-1113144	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(8)</b> TLC PRESCHOOL 123 29TH. STREET NE BEMIDJI, MN 56601	41-0828926	501(C)(3)	7,500.				OPERATIONAL SUPPORT
<b>(9)</b> ELDRED ROCK LIGHTHOUSE PRESERVATION ASSOCIA PO BOX 1593 HAINES, AK 99827	47-1895203	501(C)(3)	7,450.				OPERATIONAL SUPPORT
<b>(10)</b> HEALTHY FUTURES 11901 INDUSTRY WAY, SUITE A9	81-0649085	501(C)(3)	7,395.				OPERATIONAL SUPPORT
<b>(11)</b> PLANNED PARENTHOOD GREAT NORTHWEST HAWAII A 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501(C)(3)	7,385.				OPERATIONAL SUPPORT
<b>(12)</b> FIRST BAPTIST CHURCH OF JENNINGS PO BOX 7 JENNINGS, OK 74038	73-1219836	501(C)(3)	7,326.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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<b>(1)</b> ALASKA VILLAGE MISSIONS 1295 MISSION RD HOMER, AK 99603	92-6004559	501(C)(3)	7,200.				OPERATIONAL SUPPORT
<b>(2)</b> KATIE'S HANDPRINT 4161 MARIAH DRIVE EAGLE RIVER, AK 99577	82-4671210	501(C)(3)	7,200.				OPERATIONAL SUPPORT
<b>(3)</b> MOTOR RACING OUTREACH 5555 CONCORD PKWY S STE 405	58-1859610	501(C)(3)	7,200.				OPERATIONAL SUPPORT
<b>(4)</b> NATIVE CONSERVANCY PO BOX 456 CORDOVA, AK 99574	30-0131766	501(C)(3)	7,200.				OPERATIONAL SUPPORT
<b>(5)</b> SHOW HOPE PO BOX 681748 FRANKLIN, TN 37068	32-0011220	501(C)(3)	7,100.				OPERATIONAL SUPPORT
<b>(6)</b> CAT TREE AND BARKERY RESCUE PO BOX 750 KENAI, AK 99611-0000	83-4051007	501(C)(3)	7,097.				OPERATIONAL SUPPORT
<b>(7)</b> ALASKA CHINESE ASSOCIATION PO BOX 91047 ANCHORAGE, AK 99509-1047	92-0135007	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(8)</b> BIG BROTHERS BIG SISTERS OF ALASKA 1057 WEST FIREWEED LANE SUITE 202	80-0064172	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(9)</b> CITY CHURCH OF HONOLULU PO BOX 37536 HONOLULU, HI 96837	99-0332267	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(10)</b> FAIRBANKS DRAMA ASSOCIATION AND FAIRBANKS C 1852 2ND AVE FAIRBANKS, AK 99701	23-7251136	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(11)</b> HOUSTON HOCKEY BOOSTER CLUB PO BOX 520154 BIG LAKE, AK 99652-0154	86-1502028	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(12)</b> INLET VIEW ELEMENTARY PTA - ALASKA PTA 1219 N STREET ANCHORAGE, AK 99501	92-0059089	501(C)(3)	7,000.				OPERATIONAL SUPPORT

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<b>(1)</b> OUTER COAST PO BOX 6573 SITKA, AK 99835	82-3228207	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(2)</b> SKEETAWK PO BOX 924 PALMER, AK 99645	81-1056780	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(3)</b> STERLING COMMUNITY CENTER PO BOX 15 STERLING, AK 99672	92-0154977	501(C)(3)	7,000.				OPERATIONAL SUPPORT
<b>(4)</b> STAR 1057 W FIREWEED LANE, STE 230	92-0071466	501(C)(3)	6,750.				OPERATIONAL SUPPORT
<b>(5)</b> ST. BALDRICK'S FOUNDATION 1333 S MAYFLOWER AVE, SUITE 400	20-1173824	501(C)(3)	6,700.				OPERATIONAL SUPPORT
<b>(6)</b> BROTHER FRANCIS SHELTER 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	6,679.				OPERATIONAL SUPPORT
<b>(7)</b> KIDS CORPS INC 101 DAVIS STREET ANCHORAGE, AK 99508	94-3042122	501(C)(3)	6,600.				OPERATIONAL SUPPORT
<b>(8)</b> BANDERAS BAY CHARITIES INC. 505 N TOMAHAWK ISLAND DRIVE	47-4752247	501(C)(3)	6,550.				OPERATIONAL SUPPORT
<b>(9)</b> AMERICAN LEGION POST 20 KENAI 902 COOK AVE KENAI, AK 99611	92-6002688	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(10)</b> ANCHORAGE PARK FOUNDATION 3201 C STREET SUITE 111 ANCHORAGE, AK 99503	41-2205907	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(11)</b> CHUGIAK FOOTBALL BOOSTER CLUB PO BOX 771061 EAGLE RIVER, AK 99577	92-0130490	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(12)</b> EAST HIGH FOOTBALL BOOSTER CLUB PO BOX 141536 ANCHORAGE, AK 99514	35-2346379	501(C)(3)	6,500.				OPERATIONAL SUPPORT

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<b>(1)</b> FIRST BAPTIST CHURCH 378 MORROW HILL HARTSHORNE, OK 74547	81-0675912	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(2)</b> KFSK COMMUNITY RADIO PO BOX 149 PETERSBURG, AK 99833	92-0064145	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(3)</b> THE AUGUST FUND PO BOX 672369 CHUGIAK, AK 99567	46-3701510	501(C)(3)	6,500.				OPERATIONAL SUPPORT
<b>(4)</b> NORTH POLE HOCKEY BOOSTER CLUB 1124 AZTEC ROAD NORTH POLE, AK 99705	87-2317456	501(C)(3)	6,440.				OPERATIONAL SUPPORT
<b>(5)</b> RIDE NATURE 2464 2ND STREET FORT MYERS, FL 33901	27-2763553	501(C)(3)	6,400.				OPERATIONAL SUPPORT
<b>(6)</b> AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	6,378.				OPERATIONAL SUPPORT
<b>(7)</b> FOUR WINDS RESOURCE CENTER HC 60 BOX 2849 HAINES, AK 99827	88-3585259	501(C)(3)	6,245.				OPERATIONAL SUPPORT
<b>(8)</b> SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	6,212.				OPERATIONAL SUPPORT
<b>(9)</b> COOPER LANDING EMERGENCY SERVICES INC PO BOX 510 COOPER LANDING, AK 99572	92-0170016	501(C)(3)	6,150.				OPERATIONAL SUPPORT
<b>(10)</b> YOUTH WITH A MISSION PO BOX 3000 GARDEN VALLEY, TX 75771	23-7136015	501(C)(3)	6,100.				OPERATIONAL SUPPORT
<b>(11)</b> ALASKA BAPTIST CONVENTION INC. 1750 O'MALLEY RD ANCHORAGE, AK 99507	92-6001032	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(12)</b> ALASKA FOOD POLICY COUNCIL PO BOX 173 HOMER, AK 99603	46-5017514	501(C)(3)	6,000.				OPERATIONAL SUPPORT

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<b>(1)</b> ALASKA PTA - SEWARD PO BOX 409 SEWARD, AK 99664	92-0134935	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(2)</b> ALASKA SUSTAINABLE FISHERIES TRUST PO BOX 2106 SITKA, AK 99835	27-0594449	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(3)</b> COMMUNITY BOATING CENTER BELLINGHAM BAY 555 HARRIS AVE BELLINGHAM, WA 98225	20-4946594	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(4)</b> FREEDOM MINISTRIES 9788 RIVER DR DESCANSO, CA 91916	81-0551565	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(5)</b> HATCHER PASS SNOW RIDERS CLUB PO BOX 876524 WASILLA, AK 99687	82-3130952	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(6)</b> NORTHERN LIGHTS SWIM CLUB BOOSTERS 16349 SEVILLE PARK CIRCLE	92-0132684	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(7)</b> QUTEKCAK NATIVE TRIBE PO BOX 1467 SEWARD, AK 99664-1467	92-0117501	NATIVE VILL	6,000.				OPERATIONAL SUPPORT
<b>(8)</b> ST. JOHN UNITED METHODIST CHURCH 1801 O'MALLEY ROAD ANCHORAGE, AK 99507	92-0060033	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(9)</b> THIS GENERATION MINISTRIES 550 BEAVER BLVD NORTH POLE, AK 99705	01-0883680	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(10)</b> TOMO NO KAI ANCHORAGE C/O SAND LAKE ELEMENT 7500 JEWEL LAKE RD ANCHORAGE, AK 99502	92-0162774	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(11)</b> WESTERN DOMINICAN PROVINCE 5877 BIRCH COURT OAKLAND, CA 94618	94-6081023	501(C)(3)	6,000.				OPERATIONAL SUPPORT
<b>(12)</b> ALASKA SPCA 3710 WOODLAND DRIVE ANCHORAGE, AK 99517	92-0068910	501(C)(3)	5,900.				OPERATIONAL SUPPORT

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<b>(1)</b> AMERICAN CHARTER ACADEMY 7362 W. PARKS HWY #725 WASILLA, AK 99623	92-6000034	501(C)(3)	5,800.				OPERATIONAL SUPPORT
<b>(2)</b> SUNSHINE STATION CHILDCARE CENTER HC 89 BOX 8180 TALKEETNA, AK 99676	20-1605266	501(C)(3)	5,800.				OPERATIONAL SUPPORT
<b>(3)</b> FIRST BAPTIST CHURCH OF LOEB PO BOX 8124 LUMBERTON, TX 77657	71-0147997	501(C)(3)	5,704.				OPERATIONAL SUPPORT
<b>(4)</b> MARATHON WRESTLING CLUB 12796 MADERA LANE SEWARD, AK 99664	46-1804803	501(C)(3)	5,702.				OPERATIONAL SUPPORT
<b>(5)</b> AK CAT AND DOG RESCUE PO BOX 874462 WASILLA, AK 99687	27-3280829	501(C)(3)	5,680.				OPERATIONAL SUPPORT
<b>(6)</b> HOSPICE OF THE CENTRAL PENINSULA PO BOX 2584 SOLDOTNA, AK 99669	92-0118643	501(C)(3)	5,619.				OPERATIONAL SUPPORT
<b>(7)</b> AWAKEN CHURCH PO BOX 241241 ANCHORAGE, AK 99524	92-0172589	501(C)(3)	5,550.				OPERATIONAL SUPPORT
<b>(8)</b> KODIAK ARTS COUNCIL PO BOX 1792 KODIAK, AK 99615	92-6003460	501(C)(3)	5,550.				OPERATIONAL SUPPORT
<b>(9)</b> ALASKA FAMILY SERVICES 1825 SOUTH CHUGACH STREET PALMER, AK 99645	92-0078235	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(10)</b> ALASKA SAFE RIDERS PO BOX 703 PALMER, AK 99645	87-1431686	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(11)</b> ALASKA SKI EDUCATIONAL FOUNDATION 2245 CHURCHILL STREET ANCHORAGE, AK 99517	23-7378119	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(12)</b> AMAZING GRACE LUTHERAN CHURCH 10955 ELMORE RD ANCHORAGE, AK 99516	92-0070210	501(C)(3)	5,500.				OPERATIONAL SUPPORT

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<b>(1)</b> CATHOLIC SCHOOLS OF FAIRBANKS 615 MONROE ST FAIRBANKS, AK 99701	26-0772064	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(2)</b> SAND LAKE ELEMENTARY PTA 7500 JEWEL LAKE ROAD ANCHORAGE, AK 99502	92-0089548	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(3)</b> ST. BENEDICT CATHOLIC CHURCH 8110 JEWELL LAKE ROAD BLDG D	92-0122543	501(C)(3)	5,500.				OPERATIONAL SUPPORT
<b>(4)</b> SUMMIT WORSHIP CENTER 125 WEST RILEY AVE WASILLA, AK 99654	92-0074327	501(C)(3)	5,410.				OPERATIONAL SUPPORT
<b>(5)</b> ARCADIA FIRST BAPTIST CHURCH PO BOX 128 SANTA FE, TX 77517	74-1541264	501(C)(3)	5,403.				OPERATIONAL SUPPORT
<b>(6)</b> BLOOD BANK OF ALASKA 1215 AIRPORT HEIGHTS DRIVE	92-6002175	501(C)(3)	5,400.				OPERATIONAL SUPPORT
<b>(7)</b> KENAI PENINSULA BOROUGH SCHOOL DISTRICT 148 NORTH BINKLEY STREET SOLDOTNA, AK 99669	92-0030923	501(C)(3)	5,400.				OPERATIONAL SUPPORT
<b>(8)</b> ALASKA DIVE SEARCH RESCUE AND RECOVERY TEAM 7004-A GOLD KINGS AVE	81-4286647	501(C)(3)	5,354.				OPERATIONAL SUPPORT
<b>(9)</b> NORDIC SKI CLUB OF FAIRBANKS 101 WILDERNESS DRIVE FAIRBANKS, AK 99712	92-0096061	501(C)(3)	5,331.				OPERATIONAL SUPPORT
<b>(10)</b> HOMER HOCKEY ASSOCIATION PO BOX 2703 HOMER, AK 99603	92-0143117	501(C)(3)	5,292.				OPERATIONAL SUPPORT
<b>(11)</b> BACKCOUNTRY HUNTERS AND ANGLERS 725 W ALDER SUITE 11 MISSOULA, MT 59802	20-1037177	501(C)(3)	5,254.				OPERATIONAL SUPPORT
<b>(12)</b> NIKISKI NAZARENE CHURCH PO BOX 8409 NIKISKI, AK 99635	92-0074741	501(C)(3)	5,250.				OPERATIONAL SUPPORT

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92-0155067

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SEWARD SPORTS ASSOCIATION, INC PO BOX 865 SEWARD, AK 99664	82-4420688	501(C)(3)	5,245.				OPERATIONAL SUPPORT
<b>(2)</b> PENINSULA COMMUNITY HEALTH SERVICES 230 E MARYDALE AVE, STE 3	92-0177803	501(C)(3)	5,236.				OPERATIONAL SUPPORT
<b>(3)</b> POP WARNER MAT-SU STEELERS FOOTBALL 7362 W. PARKS HWY. #585 WASILLA, AK 99623	91-1791440	501(C)(3)	5,200.				OPERATIONAL SUPPORT
<b>(4)</b> NOME COMMUNITY CENTER INC PO BOX 98 NOME, AK 99762	92-0039475	501(C)(3)	5,196.				OPERATIONAL SUPPORT
<b>(5)</b> JR. AVALANCHE HOCKEY ASSOCIATION PO BOX 870936 WASILLA, AK 99687	92-0118104	501(C)(3)	5,100.				OPERATIONAL SUPPORT
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 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) 2023

**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	122	710,208.			
2 ALASKA CENTER FOR EXCELLENCE IN JOURNALISM GRANT	1	10,000.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

ACF PROGRAM STAFF PERFORM DUE DILIGENCE BEFORE AWARDING ANY GRANT, INCLUDING VERIFICATION THAT THE GRANTEE ORGANIZATION IS LISTED IN 170(B)(1)(A) OF THE INTERNAL REVENUE CODE (501(C)(3), 509(A)(1), 509(A)(2), OR 509(A)(3)(THAT DOES NOT REQUIRE EXPENDITURE RESPONSIBILITY) IN GOOD STANDING THROUGH GUIDESTAR, IRS CHARITY SEARCH FUNCTION, OR THE IRS BUSINESS MASTER FILE (BMF)); OR IS AN EQUIVALENT ORGANIZATION (SCHOOLS, CHURCHES, GOVERNMENT AGENCIES AND PROGRAMS, OR A FEDERALLY RECOGNIZED TRIBAL ORGANIZATION). ADDITIONALLY, PROGRAM STAFF CONFIRM THAT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

**Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

92-0155067

**Part I Questions Regarding Compensation**

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

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

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

**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				
1 NINA KEMPPPEL CEO	(i)	61,430.		126,500.	3,496.	1,043.	192,469.	
	(ii)							
2 KEVIN GRAY CFO	(i)	194,231.	15,750.		8,399.	14,913.	233,293.	
	(ii)							
3 KATHRYN KAVANAUGH VP INNOVATION & ADMIN	(i)	137,000.	10,750.		5,910.	19,629.	173,289.	
	(ii)							
4 ELIZABETH MILLER VP DEVELOPMENT & COMMUNICATION	(i)	132,000.	8,750.		4,788.	15,336.	160,874.	
	(ii)							
5 MEGAN CACCIOLA VP OF PROGRAM & GRANTS	(i)	125,000.	750.		5,030.	22,836.	153,616.	
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A:

NINA KEMPEL RECEIVED \$126,500 IN SEVERANCE PAY.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**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	12	443,972.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( <u>IN-KIND</u> ) . . . . .	X	31	11,423.	FMV
26 Other ( _____ ) . . . . .				
27 Other ( _____ ) . . . . .				
28 Other ( _____ ) . . . . .				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**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 III, LINE 2:**

THE OPEN FOR SUMMER CAMP INITIATIVE WAS ORIGINALLY PROPOSED BY RASMUSON IN 2021 TO SUPPORT YOUTH PROGRAMS AFFECTED BY THE PANDEMIC. AS IT BECAME CLEAR THAT ONGOING ASSISTANCE WAS NECESSARY, THE INITIATIVE WAS EXPANDED TO ENSURE THAT QUALITY EXPERIENCES REMAINED AVAILABLE AND ACCESSIBLE TO YOUNG PEOPLE THROUGHOUT THE STATE. THIS YEAR, THE ALASKA COMMUNITY FOUNDATION AND RASMUSON FOUNDATION WORKED TOGETHER TO MAINTAIN THE INITIATIVE AND PROVIDE SAFE AND WELL-STAFFED ENVIRONMENTS FOR YOUNG PEOPLE IN ALASKA. NONPROFITS, TRIBAL GROUPS, FAITH-BASED ORGANIZATIONS AND LOCAL GOVERNMENTS ARE ALL ELIGIBLE TO RECEIVE FUNDS FROM THIS PROGRAM. FIFTY-SEVEN CAMPS, STATEWIDE, WERE AWARDED \$950,000 THROUGH THE INITIATIVE IN 2023.

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

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**2023**

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**THE ALASKA COMMUNITY FOUNDATION**

**92-0155067**

**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.
- BOARD MEMBER CAROL GORE IS A BOARD MEMBERS OF COVENANT HOUSE ALASKA, WHICH RECEIVED DIRECT GRANT SUPPORT FROM ACF.
- BOARD MEMBER KIM REITMEIER IS THE CEO OF THE ANCSA REGIONAL ASSOCIATION, IN WHICH ACF BOARD MEMBERS GABE KOMPKOFF, ANTHONY MALLOTT, AND BARBARA DONATELLI ARE MEMBERS.
- BOARD MEMBER BARBARA DONATELLI IS A COMMISSIONER FOR COOK INLET HOUSING AUTHORITY AND BOARD MEMBER CAROL GORE WAS THE PRESIDENT & CEO OF COOK INLET HOUSING AUTHORITY UNTIL JUNE 2, 2023.

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

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**2023**

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

OMB No. 1545-0047

**2023**

**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:

COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	9,894
RESOURCE LAND FUND V, LP	(134,931)
SECONDARY OPPORTUNITIES FUND III, LP	(44,763)
PRINCIPAL REAL ESTATE DEBT FUND III LP	97,423
WCP NEWCOLD II	(36,636)
TOTAL:	(109,013)

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

=====

THE GAMBIA  
CAYMAN ISLANDS  
UNITED KINGDOM  
GUERNSEY  
NETHERLANDS  
ROMANIA

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE FORAKER GROUP 161 KLEVIN STREET, SUITE 101 ANCHORAGE, AK 99508	MANAGEMENT SERVICES	250,659.
JL PROPERTIES, INC. 813 D STREET, SUITE 200 ANCHORAGE, AK 99501	BUILDING MAINTENANCE	225,459.
R.W. BAIRD & CO. 3800 CENTERPOINT DRIVE, SUITE 1120 ANCHORAGE, AK 99503	ADVISORY SERVICES	147,389.
BRILLIANT MEDIA STRATEGIES 900 WEST 5TH AVE, SUITE 100 ANCHORAGE, AK 99501	MEDIA MARKETING	128,621.

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	132,137,717.	FMV
TOTALS	----- 132,137,717. =====	

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

92-0155067

THE ALASKA COMMUNITY FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACF PROPERTIES, LLC 3201 C ST, SUITE 110 ANCHORAGE, AK 99503 81-3769333	RE HOLDING CO	AK	70,000.	327,897.	ACF
(2) ACF PROPERTIES B, LLC 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503 88-2065050	BP ENERGY	AK	44,769.	19,264,314.	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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

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

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

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

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

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**Statement of Specified Foreign Financial Assets**

Go to [www.irs.gov/Form8938](http://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)	▶	3
8	Maximum value of all custodial accounts		\$ 8,857,690.
9	Were any foreign deposit or custodial accounts closed during the tax year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Other Foreign Assets Summary**

10	Number of foreign assets (reported in Part VI)	▶	4
11	Maximum value of all assets (reported in Part VI)		\$ 5,342,012.
12	Were any foreign assets acquired or sold during the tax year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
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	\$ 8,246.990	990, PG 9, 11A	
	b Dividends	\$ 1,358.990	990, PG 9, 11A	
	c Royalties	\$		
	d Other income	\$ -492.990	990, PG 9, 11A	
	e Gains (losses)	\$ -15,170.990	990, PG 9, 11A	
	f Deductions	\$ 28,811.990	990, PG 9, 11A	
	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, c, d X
23 Maximum value of account during tax year: \$ 5,771,565.
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: INDABA CAPITAL PARTNERS (CAYMAN), L
30 Identifying number or other designation: 00050874
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 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: \$ 2,650,771.
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: INDABA CAPITAL PARTNERS (C
b GIIN (Optional)
c Type of foreign entity (1) X Partnership (2) Corporation (3) Trust (4) Estate
d Mailing address of foreign entity. Number, street, and room or suite no. P.O. BOX 309
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 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.

<b>20</b> Type of account		Deposit Custodial <input checked="" type="checkbox"/>	<b>21</b> Account number or other designation NONE
<b>22</b> Check all that apply	<b>a</b>	Account opened during tax year	Account closed during tax year
	<b>c</b>	Account jointly owned with spouse	No tax item reported in Part III with respect to this asset
<b>23</b> Maximum value of account during tax year		\$ 2,463,468.	
<b>24</b> 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"/>
<b>25</b> If you answered "Yes" to line 24, complete all that apply.			
<b>(a)</b> Foreign currency in which account is maintained		<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

<b>26 a</b> Name of financial institution in which account is maintained RIMROCK HIGH INC PLUS (CAYMAN) FUND, LTD	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
<b>27</b> 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	
<b>28</b> 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.

<b>29</b> Description of asset COLLER INTERNATIONAL PARTNERS VII	<b>30</b> Identifying number or other designation LP# 7452
<b>31</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
<b>a</b> Date asset acquired during tax year, if applicable. _____	
<b>b</b> Date asset disposed of during tax year, if applicable. _____	
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
<b>32</b> Maximum value of asset during tax year (check box that applies)	
<b>a</b> <input type="checkbox"/> \$0-\$50,000 <b>b</b> <input type="checkbox"/> \$50,001-\$100,000 <b>c</b> <input type="checkbox"/> \$100,001-\$150,000 <b>d</b> <input type="checkbox"/> \$150,001-\$200,000	
<b>e</b> If more than \$200,000, list value . . . . . \$ 833,509.	

<b>33</b> 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		
<b>34</b> If you answered "Yes" to line 33, complete all that apply.		
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

<b>35</b> 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.	
<b>a</b> Name of foreign entity COLLER INTERNATIONAL PARTN	<b>b</b> GIIN (Optional)
<b>c</b> Type of foreign entity <b>(1)</b> <input checked="" type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate	
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. P.O. BOX 255, TRAFALGAR COURT	
<b>e</b> City or town, state or province, country, and ZIP or foreign postal code LES BANQUES, SAINT PETER PORT GY1 3QL GK CJ	

<b>36</b> 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.	
<b>Note:</b> 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.	
<b>a</b> Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
<b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate	
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no. _____	
<b>e</b> 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.

<b>20</b> Type of account		Deposit Custodial <input checked="" type="checkbox"/>	<b>21</b> Account number or other designation 00016850
<b>22</b> Check all that apply	<b>a</b>	Account opened during tax year <input checked="" type="checkbox"/>	Account closed during tax year
	<b>c</b>	Account jointly owned with spouse <input checked="" type="checkbox"/>	No tax item reported in Part III with respect to this asset
<b>23</b> Maximum value of account during tax year		\$ 622,657.	
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?			Yes <input checked="" type="checkbox"/> No
<b>25</b> If you answered "Yes" to line 24, complete all that apply.			
<b>(a)</b> Foreign currency in which account is maintained		<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>26 a</b> Name of financial institution in which account is maintained PENNANT WINDWARD FUND, LTD		<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)	
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O CITIGROUP FUND BOX 1748, 27 HOSPITAL RD GEORGE TOWN			
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code GRAND CAYMAN KY1-1109 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.

<b>29</b> Description of asset SECONDARY OPPORTUNITIES FUND III	<b>30</b> Identifying number or other designation
<b>31</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
<b>a</b> Date asset acquired during tax year, if applicable. _____	
<b>b</b> Date asset disposed of during tax year, if applicable. _____	
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
<b>32</b> Maximum value of asset during tax year (check box that applies)	
<b>a</b> <input type="checkbox"/> \$0-\$50,000 <b>b</b> <input type="checkbox"/> \$50,001-\$100,000 <b>c</b> <input type="checkbox"/> \$100,001-\$150,000 <b>d</b> <input type="checkbox"/> \$150,001-\$200,000	
<b>e</b> If more than \$200,000, list value . . . . . \$ 362,691.	
<b>33</b> 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	
<b>34</b> If you answered "Yes" to line 33, complete all that apply.	
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>35</b> 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.	
<b>a</b> Name of foreign entity SECONDARY OPPORTUNITIES FU	<b>b</b> GIIN (Optional)
<b>c</b> 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	
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. WINCHESTER HOUSE, 1 GREAT WINCHESTER STREET	
<b>e</b> City or town, state or province, country, and ZIP or foreign postal code LONDON EC2N 2DB UK	
<b>36</b> 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.	
<b>Note:</b> 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.	
<b>a</b> Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
<b>b</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	
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no. _____	
<b>e</b> 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
21 Account number or other designation
22 Check all that apply
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?
25 If you answered "Yes" to line 24, complete all that apply.
26 a Name of financial institution in which account is maintained
27 Mailing address of financial institution in which account is maintained.
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
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
32 Maximum value of asset during tax year (check box that applies)
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?
34 If you answered "Yes" to line 33, complete all that apply.
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.
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.



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, 2023

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-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2024. 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.

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.

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

For calendar year 2023, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**2023**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://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.

<b>1a</b> Form 990 check here . . . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9). . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here . . . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5). . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . . . <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> <u>NONE</u>
<b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D). . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**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 2023 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 2023 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 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

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

92085313538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 10/10/2024

**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))

2023

For calendar year 2023 or other tax year beginning, 2023, 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 a 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, G Check organization type, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A, K During the tax year, was the corporation a subsidiary, L The books are in care of KEVIN GRAY, CFO

Form header section including: Name of organization THE ALASKA COMMUNITY FOUNDATION, Employer identification number 92-0155067, Group exemption number, City or town ANCHORAGE, AK 99503, State college/university, Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800, Telephone number 907-334-6700

Table for Part I Total Unrelated Business Taxable Income with 11 rows and 2 columns (Description, Amount). Total amount: 1,818.

Table for Part II Tax Computation with 7 rows and 2 columns (Description, Amount). Total amount: NONE

Table for Part III Tax and Payments with 5 main rows and sub-rows (1a-1d, 3a-3e), 2 columns (Description, Amount). Total tax amount: NONE

**Part III Tax and Payments (continued)**

<b>6a</b> Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>		
<b>b</b> Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) . . . . .	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>		
<b>g</b> Elective payment election amount from Form 3800 . . . . .	<b>6g</b>		
<b>h</b> Payment from Form 2439 . . . . .	<b>6h</b>		
<b>i</b> Credit from Form 4136 . . . . .	<b>6i</b>		
<b>j</b> Other (see instructions) . . . . .	<b>6j</b>		
<b>7 Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. . . . . <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		NONE
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. . . . .	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	<b>11</b>		

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

<b>1</b> At any time during the 2023 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>STMT 2</u>	Yes	No
	X	
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$ _____		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ <u>629,631</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.		
<b>5</b> 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	\$ 188,632.	
<b>6a</b> Reserved for future use . . . . .		
<b>b</b> Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	<u>ALEXANDRA MCKAY</u> Signature of officer		<u>PRESIDENT/CEO</u> Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>MATTHEW FRERKER, CPA</u>	<u>MATTHEW FRERKER, CPA</u>	<u>10/10/2024</u>		<u>P01677675</u>
	Firm's name <u>BDO USA</u>	Firm's EIN <u>13-5381590</u>		Phone no. <u>907-278-8878</u>	
Firm's address <u>3601 C STREET, STE 600, ANCHORAGE, AK 99503</u>					

FORM 990T, PART I, LINE 6 DETAIL

=====

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
12/31/2003		NONE	NONE
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.	33,761.	1,818.
12/31/2016	280,573.	280,573.	
12/31/2017	315,297.	315,297.	
-----			
TOTAL:	699,162.	629,631.	1,818.
=====			
NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS BEFORE 2018 .....			629,631.
TAXABLE INCOME (LINE 5 ON PAGE 1, 990-T) .....			1,818.
NET OPERATING LOSS DEDUCTION			1,818.
=====			

PART IV - LINE 1 - NAMES OF THE FOREIGN COUNTRIES  
=====

NAME OF FOREIGN COUNTRY  
-----

THE GAMBIA  
CAYMAN ISLANDS  
UNITED KINGDOM  
GUERNSEY  
NETHERLANDS  
ROMANIA

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

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions. . . . .	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts. . . . .	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . . <b>SEE STATEMENT 1</b> . . . . .	<b>5</b> 9,088.		9,088.
<b>6</b> Rent income (Part IV) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI). . . . .	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII). . . . .	<b>10</b>		
<b>11</b> Advertising income (Part IX) . . . . .	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) . . . . .	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> 9,088.		9,088.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>		
<b>2</b> Salaries and wages . . . . .	<b>2</b>		
<b>3</b> Repairs and maintenance . . . . .	<b>3</b>		
<b>4</b> Bad debts . . . . .	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions . . . . .	<b>5</b>		
<b>6</b> Taxes and licenses . . . . .	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion . . . . .	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans . . . . .	<b>10</b>		
<b>11</b> Employee benefit programs . . . . .	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) . . . . .	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) . . . . .	<b>13</b>		
<b>14</b> Other deductions (attach statement) . . . . .	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>		
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>		9,088.
<b>17</b> Deduction for net operating loss. See instructions . . . . .	<b>17</b>		7,270.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16. . . . .	<b>18</b>		1,818.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold calculation, including Inventory at beginning/end of year, Purchases, Cost of labor, and Total. Includes a Yes/No checkbox for section 263A rules.

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

Table for Rent Income with columns A, B, C, D. Rows include Description of property, Rent received or accrued (personal, real, and total), Total rents received, Deductions directly connected with the income, and Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income with columns A, B, C, D. Rows include Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions (depreciation, other), Average adjusted basis, Total gross income, Allocable deductions, and Total dividends - received deductions.

**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).
<b>Totals</b> .....				

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		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).
<b>Totals</b> .....				

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

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	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	269,562.	260,474.	9,088.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS			9,088.

FEDERAL FOOTNOTES  
 =====

POST-2017 NOL CARRYFORWARD  
 =====

TAX YEAR	LOSS SUSTAINED	LOSS UTILIZED	LOSS REMAINING	CARRYOVER TO 2024
12/31/2018	152,925	7,270	145,655	145,655
12/31/2019	33,703	-	33,703	33,703
12/31/2020	2,004	-	2,004	2,004
TOTAL NOL CARRYOVER TO 12/31/2024			----- 181,362 =====	----- 181,362 =====



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  
FinCEN 114a  
Signature Authorization for FinCEN 114  
Foreign Bank Account Report  
For the Calendar Year 2023

The signed Form FinCEN 114a should be returned by October 15, 2024:

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

We must receive your signed form before we can electronically transmit your return, which is due on October 15, 2024. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Department of the Treasury Financial Crimes Enforcement Network (FinCEN) will notify us when your return is accepted. Your return is not considered filed until the Department of the Treasury Financial Crimes Enforcement Network (FinCEN) confirms their acceptance, which may occur after the due date of your return.

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.

<p>Form 114a</p> <p>Department of the Treasury Financial Crimes Enforcement Network (FinCEN)</p> <p>May 2015</p>	<h2 style="margin:0;">Record of Authorization to Electronically File FBARs</h2> <p>(See instructions below for completion)</p> <p><b><u>Do not send to FinCEN. Retain this form for your records.</u></b> The form 114a may be digitally signed</p>	
--	---	--

**Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)**

1. Owner last name or entity's legal name <b>THE ALASKA COMMUNITY FOUNDATION</b>	2. Owner first name	3. Owner M. I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning 3 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2023 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7 Owner signature (Authorized representative if entity)	8 Date <u>      /      /      </u> MM DD YYYY	9 Owner or entity TIN <b>92-0155067</b>	10 TIN type	<input checked="" type="checkbox"/>	EIN
			b	<input type="checkbox"/>	SSN/ITIN
			c	<input type="checkbox"/>	Foreign
11 Spouse signature	12 Date <u>      /      /      </u> MM DD YYYY	13 Spouse TIN	14 TIN type	<input type="checkbox"/>	EIN
			b	<input type="checkbox"/>	SSN/ITIN
			c	<input type="checkbox"/>	Foreign

**Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.**

15 Preparer last name <b>FRECKER</b>	16 Preparer first name <b>MATTHEW</b>	17 Preparer M.I.	18 Preparer PTIN <b>P01677675</b>
19 Address <b>3601 C STREET, STE 600</b>	20 City <b>ANCHORAGE</b>	21 State <b>AK</b>	22 ZIP/postal code <b>99503</b>
23 Country code <b>US</b>	24 Preparer's (item 15) employer's (Entity) name <b>BDO USA</b>	25 Employer EIN <b>13-5381590</b>	26 Preparer's signature <i>Matthew Frecker</i>

**Instructions for completing the FBAR Signature Authorization Record**  
**This is a fill and print form using Adobe Reader**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaefiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

**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 3  
**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)

5,771,565.

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)

**Third Party Preparer Use Only**

47 Preparer's last name

FRERKER

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  <i>If filer has no U.S. Identification number complete item 4</i>	3a TIN type <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> 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)  2,463,468.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> 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)
--------------------	---	----------------------

<b>Third Party Preparer Use Only</b>	47 Preparer's last name	48 First name	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN	51a TIN type <input type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no.	52a Ext.	53 Firm's name		54 Firm's TIN	54a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> 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.

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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
4 Foreign identification (Complete only if item 3 is not applicable)
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?
b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year
15a Amount unknown
16 Type of account a Bank b Securities c Other - Enter type below
17 Name of financial institution in which account is held
18 Account number or other designation
19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held
20 City
21 State, if known 22 Foreign postal code, if known 23 Country
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
52 Contact phone no. 52a Ext. 53 Firm's name 54 Firm's TIN 54a TIN type
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.

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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 6000  
Alaska Corporation Net Income Tax Return  
for the year ended December 31, 2023

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 2023 or the taxable year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_

**2023**

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	<input type="checkbox"/> Small corporation exemption (see instructions)	

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

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

## SCHEDULE A - NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule H, line 12	1	NONE
2. Alaska net operating loss utilized: carryover ( <u>NONE</u> ) carryback ( _____ ). Total. Carryback use limited. See instructions	2	SEE STATEMENT 1 ( NONE )
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. Reserved	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 2024 estimated tax (enter as positive number)	16	
17. Refund. Add lines 15-16	17	NONE

<i>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.</i>			<input checked="" type="checkbox"/> Check if the DOR may discuss this return with the preparer (see instructions)		
Officer's Signature		Date	Title		
			PRESIDENT/CEO		
Preparer's Signature		Date	Preparer Firm's Name	Preparer's SSN or PTIN	
MATTHEW FRERKER, CPA		10/10/2024	BDO USA	P01677675	
Preparer Firm's Address			EIN	Phone	
3601 C STREET, STE 600			13-5381590	907-278-8878	
City	State	Zip Code			
ANCHORAGE	AK	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 2024	(	)
			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	
	4e. Oil and gas service industry expenditures. Enter amount from Form 6327, line 2 . . . . .	4e	
	4f. Reserved. . . . .	4f	
	4g. Other (attach schedule). . . . .	4g	
	4h. Total additions. Add lines 4a-4g . . . . .	4h	
5. Total. Add lines 3 and 4h . . . . .		5	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	NONE
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	
	11b. Alaska charitable contribution deduction from Schedule K, line 10 . . . . .	11b	( )
	11c. Alaska dividends-received deduction (see instructions). . . . .	11c	( )
	11d. Total Alaska items (add lines 11a-11c) . . . . .	11d	
12. Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1 . . . . .		12	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
-------------------	---

**SCHEDULE J - ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES**

**Section 1231 Gains and Losses**

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

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

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

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

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

**Summary**

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

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
-------------------	---

**SCHEDULE K - CHARITABLE CONTRIBUTION DEDUCTION**

1. Current charitable contributions . . . . .	1	
2. Education credit contributions from Form 6310, line 3 . . . . .	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

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

**Tax Attribute Carryovers**

Form **6385**

For calendar year 2023 or the taxable year beginning \_\_\_\_\_, ending \_\_\_\_\_

**2023**

EIN 92-0155067	Name Shown on Return THE ALASKA COMMUNITY FOUNDATION
-------------------	---

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**

**2023**

EIN 92-0155067	Name Shown on Return THE ALASKA COMMUNITY FOUNDATION
-------------------	---

9. Unused capital loss carryover.

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

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

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

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

13. Unused capital loss for carryback.

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

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

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

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

17. Excess charitable contributions.

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

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

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 2023	NONE		
	-----	-----	
TOTAL NOL UTILIZED		149,460.	
		-----	-----
NOL CARRIED FORWARD TO 2024			33,761.
			-----
-----			
CARRYOVER GENERATED IN TAX YEAR 2016	.....	280,573.	
NOL UTILIZED IN 2023	NONE		
	-----	-----	
TOTAL NOL UTILIZED		NONE	
		-----	-----
NOL CARRIED FORWARD TO 2024			280,573.
			-----
-----			
CARRYOVER GENERATED IN TAX YEAR 2017	.....	315,297.	
NOL UTILIZED IN 2019	18.		
NOL UTILIZED IN 2020	3,221.		
NOL UTILIZED IN 2023	NONE		
	-----	-----	
TOTAL NOL UTILIZED		3,239.	
		-----	-----
NOL CARRIED FORWARD TO 2024			312,058.
			-----
-----			
CARRYOVER GENERATED IN TAX YEAR 2018	.....	152,925.	
NOL UTILIZED IN 2020	28.		
NOL UTILIZED IN 2021	573.		
NOL UTILIZED IN 2023	NONE		
	-----	-----	
TOTAL NOL UTILIZED		601.	
		-----	-----
NOL CARRIED FORWARD TO 2024			152,324.
			-----

ALASKA FORM 6000, PAGE 1 DETAIL

LINE 2 - NOL CARRYOVER (CONT'D)

=====	
CARRYOVER GENERATED IN TAX YEAR 2019 .....	33,703.
NOL UTILIZED IN 2023	NONE
TOTAL NOL UTILIZED	NONE
NOL CARRIED FORWARD TO 2024	33,703.
CARRYOVER GENERATED IN TAX YEAR 2020 .....	2,004.
NOL UTILIZED IN 2023	NONE
TOTAL NOL UTILIZED	NONE
NOL CARRIED FORWARD TO 2024	2,004.
TOTAL NOL CARRIED FORWARD TO 2024	814,423.
=====	



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 600-T  
Georgia Exempt Organization Unrelated Business Income Tax Return  
For the year ended December 31, 2023

The original return should be signed (use full name) and dated on page 1 by an authorized officer of the organization.

File the signed return by November 15, 2024 with:

Georgia Department of Revenue, Processing Center  
P.O. Box 740397  
Atlanta, Georgia 30374-0397

A check or money order payable to "Georgia Department of Revenue" in the amount of \$893 should be attached to the return. Be sure to include the federal EIN and "2023 Form 600-T" on the check.

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



**Page 1**

<input type="checkbox"/> Amended		<input type="checkbox"/> Amended due to IRS Audit		<input type="checkbox"/> Address Change		<input type="checkbox"/> UET Annualization Exception attached	
For the taxable year beginning <u>01/01</u> , 20 <u>23</u> and ending <u>12/31</u> , 20 <u>23</u>							
Name of Organization				Name of Fiduciary		Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
THE ALASKA COMMUNITY FOU						92-0155067	
Number and Street				Number and Street			
3201 C STREET, SUITE							
City or Town				City or Town		NAICS Code	Date of current exemption letter.
ANCHORAGE						900099	SEC. 501 (C) (3)
State	Zip Code	State	Zip Code				
AK	99503						
<b>Georgia Unrelated Business Taxable Income</b>						<b>SCHEDULE 1</b>	
1. Unrelated business taxable income from Federal Form 990-T (attach copy) . . . . .						1.	NONE
2. Additions . . . . .						2.	
3. Total (add Line 1 and Line 2) . . . . .						3.	NONE
4. Subtractions. . . . .						4.	
5. Adjusted unrelated business taxable income (Line 3 less Line 4) . . . . .						5.	NONE
6. Income allocated everywhere . . . . .						6.	
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6) . . . . .						7.	NONE
8. Apportionment ratio (Attach Computation Schedule) . . . . .						8.	
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8) . . . . .						9.	
10. Income allocated to Georgia (Attach Schedule) . . . . . 'STMT' 1						10.	15530
11. Total of Lines 9 and 10 . . . . .						11.	15530
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation) . . . . .						12.	
13. Georgia unrelated business taxable income (Line 11 less Line 12) . . . . .						13.	15530



2201624025

Name THE ALASKA COMMUNITY FOUNDATION

FEIN 92-0155067

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX	SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75% . . . . .	1. 893
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.
3. Less: Payments. . . . .	3.
4. Withholding Credits (G2-A, G2-LP and/or G2-RP). . . . .	4.
5. Schedule 3B Refundable tax credits . . . . .	5.
6. Balance of tax due OR overpayment . . . . .	6. 893
7. Interest due (See Instructions). . . . .	7.
8. Underestimated tax penalty . . . . .	8.
9. Other penalties due (See Instructions) . . . . .	9.
10. Balance of tax, interest and penalties due with return. . . . .	10. 893
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on 20 <u>24</u> <b>Estimated Tax</b> ▶ _____ <b>Refunded</b> ▶ _____	

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

ALEXANDRA MCKAY  
Signature of Officer

*Matthew Frenka* BDO USA  
Signature of Individual or Firm Preparing Return

PRESIDENT/CEO  
Title \_\_\_\_\_ Date \_\_\_\_\_

P01677675  
Employee ID or Social Security Number



2201624035

Name THE ALASKA COMMUNITY FOUNDATION

FEIN 92-0155067

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply. Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year (enter here and on Line 2, Schedule 2)		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

SCHEDULE 3B



2201624045

Name THE ALASKA COMMUNITY FOUNDATION

FEIN 92-0155067

REFUNDABLE TAX CREDITS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3B

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply. Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and to determine when carryovers expire.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired or by any credits that were sold.

For the credit generated this tax year, list the Company Name, ID number and Credit Certificate number if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 3 if the Timber Tax Credit was purchased.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year (enter here and on Line 5, Schedule 2)		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

OTHER ALLOCATIONS SCHEDULE (LINE 10)  
=====

INCOME (LOSS) FROM K-1S	15,530.
TOTAL OTHER ALLOCATED	----- 15,530. =====



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, 2023

This return indicates tax due in the amount of \$326. Please remit the balance due to the "NCDOR" using Form CD-V.

Mail your check or money order with your payment voucher by October 15, 2024 to:

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

The amount payable includes:

Tax	\$326
Total Amount Payable	<b>\$326</b>

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

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

# Did you know you can pay online?

## Benefits of Paying Taxes Online

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

## How to Pay Taxes Online

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

## How to Pay Taxes Using Paper

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

Cut Here

**CD-V (40)**

9-24-12

## Corporate Income Tax Payment Voucher

North Carolina Department of Revenue

For calendar year	2023	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	<b>Total Corporate Income Tax Due</b>	<b>\$ 326.00</b>

6620140004



12238 9201550677 0000000 06505

CD-405 (40)

8-21-23

C Corporation Tax Return 2023

North Carolina Department of Revenue

DOR Use Only

For calendar year 2023, or other tax year beginning 23 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 2023 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
3201 C STREET SUITE 110 ANCHORAGE AK 99503

Table with columns for tax line items: GR, TA, HCE, and rows 01-06. Includes values for tax amounts and codes.



Sch. A Computation of Franchise Tax
1. Net Worth 0
2. Total Franchise Tax Due 0
3. Payment with Franchise Tax Extension 0
4. Tax Credits 0
5. Franchise Tax Due 0
6. Franchise Tax Overpaid 0

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 Payment Due 326
PRESIDENT/CEO 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 10/10/2024 907-278-8878 P01677675

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

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	4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach schedule)	0
8. Adjustments to Federal Taxable Income	0	5. Line 3 minus Line 4	211375871
9. Net Income Before Contributions	NONE	6. Affiliated indebtedness (Attach schedule)	0
10. Contributions to Donees Outside N.C.	0	7. Line 5 plus (or minus) Line 6	211375871
11. N.C. Taxable Income	NONE	8. Apportionment factor	0%
12. Nonapportionable Income	13020	9. Net Worth	0
13. Apportionable Income	-13020	<b>Sch. G Federal Taxable Income Before NOL Deduction</b>	
14. Apportionment Factor	NONE %	1. a. Gross receipts or sales	0
15. Income Apportioned to N.C.	NONE	b. Returns and allowances	0
16. Nonapportionable Income Allocated to N.C.	13020	c. Balance - Line 1a minus Line 1b	0
17. Income Subject to N.C. Tax	13020	2. Cost of goods sold (Attach schedule)	0
18. % Depletion over Cost - N.C. Property	0	3. Gross Profit (Line 1c minus Line 2)	0
19. State Net Loss (Attach schedule)	0	4. Dividends (Attach schedule)	0
20. Income Before Contributions to N.C. Donees	13020	5. a. Interest on obligations of U.S. and its instrumentalities	0
21. Contributions to N.C. Donees	0	b. Other interest	0
22. Net Taxable Income	13020	6. Gross rents	0
23. N.C. Net Income Tax	326	7. Gross royalties (Attach schedule)	0
24. Payments and Credits	0	8. Capital gain net income (Attach schedule)	0
a. Income Tax Extension	0	9. Net gain (loss) (Attach schedule)	0
b. 2023 Estimated Tax (previous payments if amended)	0	10. Other income (Attach schedule)	0
c. Partnership (include Form D-403, NC K-1)	0	11. Total Income	0
d. Nonresident Withholding (include 1099 or W-2)	0	12. Compensation of officers (Attach sch., including addresses)	0
e. Tax Credits	0	13. Salaries and wages (less employment credits)	0
25. Add Lines 24a through 24e	0	14. Repairs and maintenance	0
26. Income Tax Due	326	15. Bad debts	0
27. Income Tax Overpaid	0	16. Rents	0
<b>Tax Due or Refund</b>		17. Taxes and licenses	0
28. Franchise Tax Due or Overpayment	0	18. Interest	0
29. Income Tax Due or Overpayment	326	19. Charitable contributions	0
30. Balance of Tax Due or Overpayment	326	20. a. Depreciation	0
31. Underpayment of Estimated Income Tax	0	b. Depreciation included in cost of goods sold	0
EU. Exception to Underpayment of Estimated Tax	0	c. Balance - Line 20a minus 20b	0
32. a. Interest	0	21. Depletion	0
b. Penalties	0	22. Advertising	0
c. Add Lines 32a and 32b	0	23. Pension, profit-sharing, and similar plans	0
33. Total Due	326	24. Employee benefit programs	0
34. Overpayment	0	25. Reserved for future use	0
35. 2024 Estimated Income Tax	0	26. Other deductions (Attach schedule)	0
36. N.C. Nongame and Endangered Wildlife Fund	0	27. Total Deductions	0
37. N.C. Education Endowment Fund	0	28. Taxable Income Per Federal Return Before NOL and Special Deductions	0
38. Amount to be Refunded	0	29. Special Deductions	0
<b>Sch. C Net Worth</b>		30. Federal Taxable Income Before NOL	0
1. Total assets	214643287		
2. Total liabilities	3267416		
3. Line 1 minus Line 2	211375871		

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	04 14 95	9. Officers' names and addresses:	
2. Date of N.C. Certificate of Authority		President	ALEXANDRA MCKAY 3201 C ST ANCHORAGE AK 99503
3. a. Regular or principal trade or business in N.C.	N/A	Vice-President	
b. Regular or principal trade or business everywhere	TAX-EXEMPT	Secretary	AARON KUSANO 3201 C ST ANCHORAGE AK 99503
4. Principal place business is directed or managed	ANCHORAGE, AK	Treasurer	TOM BARRETT 3201 C ST ANCHORAGE AK 99503
5. What was the last year the IRS redetermined the corporation's federal taxable income?			
6. a. Were adjustments reported to N.C.?			
b. If so, when?			
7. Does this corporation finance or discount its receivables through a related or an affiliated company?	N		

Explanation of Changes for Amended Return:

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Sch. L Balance Sheet per Books

	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1. Cash		30672676		23809609
2. a. Trade notes and accounts receivable	57760		532964	
b. Less allowance for bad debts	( 0)	57760	( 0)	532964
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		144981		153392
7. Loans to shareholders		0		0
8. Mortgage and real estate loans		0		0
9. Other investments (Attach end of year schedule)		147139235		175409573
10. a. Buildings and other depreciable assets	5478068		5669762	
b. Less accumulated depreciation	( 770332)	4707736	( 948061)	4721701
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)		617831		577987
15. <b>Total Assets</b>		191830219		213695226
<b>Liabilities and Shareholders' Equity</b>				
16. Accounts payable		919407		1100617
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)		1482040		2166799
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		189428772		210427810
26. Adjustments to shareholders' equity (Attach end of year sch.)		0		0
27. Less cost of treasury stock		( 0)		( 0)
28. <b>Total Liabilities and Shareholders' Equity</b>		191830219		213695226

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

1. Net income (loss) per books	20999038	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	20999038	10. Income	20999038

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Legal Name (First 10 Characters)

THE ALASKA

Federal Employer ID Number

920155067

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

1. Balance at beginning of year	189428772	5. Distributions:	a. Cash	0
2. Net income (loss) per books	20999038		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	210427810	8. Balance at End of Year		210427810

**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	13020		13020	13020
1. Nonapportionable Income			13020	
2. Nonapportionable Income Allocated to N.C.				13020

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. <b>Total</b>	0	0
9. <b>N.C. Apportionment Factor</b>		0 %

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

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

For calendar year <b>2023</b> , or other tax year beginning _____ <b>2023</b> , and ending _____	DOR Use Only
Legal Name <b>THE ALASKA COMMUNITY FOUNDATION</b>	Federal Employer ID Number <b>920155067</b>

### Part 1. Computation of Underpayment

1. <b>2023 net income tax</b> (From 2023 Form CD-405, Schedule B, Line 23) . . . . .	1.				326.
2. <b>2023 tax credits</b> (From 2023 Form CD-405, Schedule B, Line 24e) . . . . .	2.				
3. <b>2023 net tax due.</b> Line 1 minus Line 2 . . . . .	3.				326.
4. Multiply Line 3 by 90%. If less than \$500, <b>do not</b> complete this form; the corporation does not owe interest on the underpayment of estimated tax . . . . .	4.				293.
5. <b>2022 net tax due</b> (From 2022 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 <b>smaller</b> of Line 4 or Line 5 . . . . .	6.				
7. <b>Installment due dates</b> Enter in columns (a) through (d) the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year. (If any date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.) . . . . .	7.	(a)	(b)	(c)	(d)
8. <b>Required installments</b> Enter 25% of Line 6 above in each column. If corporation is using the annualized income installment method, enter the computed installment amounts on Line 8, Columns (a) - (d) and attach schedule showing computations . . . . .	8.				
9. <b>Estimated tax paid or credited for each period</b> . . . . .	9.				
10. <b>Overpayment of previous installment</b> Enter amount from Line 13 of the preceding column. For Lines 10-13, complete one column before going to the next	10.				
11. Add Lines 9 and 10 . . . . .	11.				
12. <b>Underpayment</b> If Line 11 is less than or equal to Line 8, subtract Line 11 from Line 8; otherwise, go to Line 13 . . . . .	12.				
13. <b>Overpayment</b> If Line 8 is less than Line 11, subtract Line 8 from Line 11 . . . . .	13.				

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

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

=====

	BEGINNING	ENDING
	-----	-----
SCH L, LINE 6 - OTHER CURRENT ASSETS		
-----		
OTHER CURRENT ASSETS	144,981.	153,392.
	-----	-----
TOTAL	144,981.	153,392.
	=====	=====