

**2025 TAX RETURN**

**CLIENT COPY**

**Client:** ASCF

**Prepared for:** ARCTIC SLOPE COMMUNITY FOUNDATION, INC.  
3900 C STREET, SUITE SUITE 302  
ANCHORAGE, AK 99503  
(907) 339-6026

**Prepared by:** STERLING GILLON, CPA  
ALTMAN ROGERS & CO  
3000 C ST, STE. 201  
ANCHORAGE, AK 99503  
(907) 274-2992

**Date:** JULY 6, 2026

**Comments:**

**Route to:** \_\_\_\_\_

ALTMAN ROGERS & CO  
3000 C ST, STE. 201  
ANCHORAGE, AK 99503

Arctic Slope Community Foundation, Inc.  
3900 C Street, Suite Suite 302  
Anchorage, AK 99503

CLIENT ASCF

**ALTMAN ROGERS & CO**  
**3000 C ST, STE. 201**  
**ANCHORAGE, AK 99503**  
**(907) 274-2992**

July 6, 2026

Arctic Slope Community Foundation, Inc.  
3900 C Street, Suite Suite 302  
Anchorage, AK 99503

FEDERAL ID: 27-2247740

Dear Ron:

Your Federal Return of Organization Exempt from Income Tax, with Submission ID 92122720261870009gm0, was acknowledged as accepted by the Internal Revenue Service on July 6, 2026. No tax is payable with the filing of this return. If you have questions about the return, please call the IRS Tax Help number, 1-800-829-4933.

Please be sure to call if you have any questions.

Sincerely,

Sterling Gillon, CPA

CLIENT ASCF

**ALTMAN ROGERS & CO**  
**3000 C ST, STE. 201**  
**ANCHORAGE, AK 99503**  
**(907) 274-2992**

July 6, 2026

Arctic Slope Community Foundation, Inc.  
3900 C Street, Suite Suite 302  
Anchorage, AK 99503

FEDERAL ID: 27-2247740

Dear Ron:

Your Federal Return of Exempt Organization Business Income Tax Return, with Submission ID 92122720261870009gm2, was acknowledged as accepted by the Internal Revenue Service on July 6, 2026.

Please be sure to call if you have any questions.

Sincerely,

Sterling Gillon, CPA

CLIENT ASCF

**ALTMAN ROGERS & CO**  
**3000 C ST, STE. 201**  
**ANCHORAGE, AK 99503**  
**(907) 274-2992**

July 6, 2026

Arctic Slope Community Foundation, Inc.  
3900 C Street, Suite #302  
Anchorage, AK 99503

FEDERAL ID: 27-2247740

Dear Client:

Your 2025 Alaska Corporation Income Tax Return was acknowledged as accepted by the State of Alaska on July 6, 2026. No tax is payable with the filing of this return.

Please be sure to call if you have any questions.

Sincerely,

Sterling Gillon, CPA

**2025 Exempt Org. Return**  
prepared for:

**Arctic Slope Community Foundation, Inc.**  
3900 C Street, Suite Suite 302  
Anchorage, AK 99503

**ALTMAN ROGERS & CO**  
3000 C ST, STE. 201  
ANCHORAGE, AK 99503

CLIENT ASCF

**ALTMAN ROGERS & CO**  
**3000 C ST, STE. 201**  
**ANCHORAGE, AK 99503**  
**(907) 274-2992**

July 2, 2026

Arctic Slope Community Foundation, Inc.  
3900 C Street, Suite Suite 302  
Anchorage, AK 99503

Dear Ron:

Your 2025 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2025 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE- IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your Alaska Corporation Income Tax Return will be electronically filed with the state of Alaska. No tax is payable with the filing of this return. Please be sure to call us if you have any questions.

Sincerely,



Sterling Gillon, CPA

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2025

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning, 2025, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C ARCTIC SLOPE COMMUNITY FOUNDATION, INC. 3900 C STREET, SUITE #302 ANCHORAGE, AK 99503
D Employer identification number 27-2247740
E Telephone number (907) 339-6026
G Gross receipts \$ 4,707,550.
F Name and address of principal officer: RONALD R PANIGEO SAME AS C ABOVE
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527
J Website: WWW.ARCTICSLOPECOMMUNITY.ORG
H(c) Group exemption number
K Form of organization: X Corporation Trust Association Other
L Year of formation: 2009
M State of legal domicile: AK

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance metrics 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 RONALD R PANIGEO, CFO
Paid Preparer Use Only: Preparer's name STERLING GILLON, CPA, Firm's name ALTMAN ROGERS & CO, Firm's address 3000 C ST, STE. 201 ANCHORAGE, AK 99503

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 \$ 2,144,363. including grants of \$ 447,093.) (Revenue \$ 4,005.)

PROVIDING AND ADMINISTERING GRANTS TO SUPPORT THE COMMUNITY HEALTH AND ECONOMIC STABILITY OF THE VILLAGES OF POINT HOPE, POINT LAY, WAINWRIGHT, ATQASUK, UTQIAGVIK, NUIQSUT, ANAKTUVUK PASS, AND KAKTOVIK. THE ARCTIC SLOPE COMMUNITY FOUNDATION WILL LEVERAGE THE CHARITABLE RESOURCES OF INDIVIDUALS, BUSINESS, PUBLIC AND PRIVATE FOUNDATIONS, AND OTHER CHARITIES TO MAKE GRANTS TO SUPPORT COMMUNITY-BASED SOLUTIONS AND SERVE THE PEOPLE OF THE ARCTIC SLOPE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses 2,144,363.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 13		
<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? If "No" to line 3b, provide an explanation on Schedule O. . . . .	<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 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>	
<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>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . . <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? If "No," provide an explanation on Schedule O. . . . .	<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**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 RONALD R PANIGEO 3900 C STREET, SUITE 302 ANCHORAGE AK 99503 (907) 339-6026

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATUK GLENN EXECUTIVE DIR.	40 0			X			159,828.	0.	49,402.	
(2) RONALD PANIGEO CFO	40 0			X			168,750.	0.	36,153.	
(3) RYAN COPE DIRECTOR OF GRANT	40 0					X	102,760.	0.	32,316.	
(4) LAURA PATKOTAK PRESIDENT	1 0	X		X			0.	0.	0.	
(5) AQQUILLUK HANK BOARD MEMBER	1 0	X					0.	0.	0.	
(6) EDNA AHMAOGAK VICE PRESIDENT	1 0	X		X			0.	0.	0.	
(7) REX ROCK SR. TREASURER	1 0	X		X			0.	0.	0.	
(8) GLENN SOLOMON SECRETARY	1 0	X		X			0.	0.	0.	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**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/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			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

<b>1b Subtotal</b> .....	431,338.	0.	117,871.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	431,338.	0.	117,871.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, 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
MCAC 3351 ARCTIC BLVD ANCHORAGE, AK 99503	CONTRACTOR	212,800.
UNIVERSITY OF KANSAS 2385 IRVING HILL RD. LAWRENCE, KS 66045	SUBCONTRACTOR	101,658.

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,094,654.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	851,346.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f .....		1,946,000.				
	<b>Program Service Revenue</b>	<b>2a</b> _____ <b>Business Code</b>					
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		258,711.			258,711.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	2,351,610.			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	2,065,203.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	286,407.				
	<b>d</b> Net gain or (loss) .....		286,407.			286,407.	
	<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		73,840.			
		<b>b</b> Less: direct expenses .....	<b>8b</b>	69,608.			
<b>c</b> Net income or (loss) from fundraising events .....		4,232.			4,232.		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....		73,384.					
<b>b</b> Less: direct expenses .....		<b>9b</b>	42,827.				
<b>c</b> Net income or (loss) from gaming activities .....		30,557.		30,557.			
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold. ....	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11a</b> <u>OTHER INCOME</u> .....		900099	4,005.	4,005.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		4,005.				
<b>12 Total revenue.</b> See instructions .....		2,529,912.	4,005.	30,557.	549,350.		

**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.  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	434,198.	434,198.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,895.	12,895.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414,132.	212,905.	201,227.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	415,630.	213,674.	201,956.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,555.	16,737.	15,818.	
9 Other employee benefits	217,592.	111,863.	105,729.	
10 Payroll taxes	67,501.	34,702.	32,799.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	78,347.		78,347.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45,066.		45,066.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	658,279.	633,286.	2,708.	22,285.
12 Advertising and promotion	1,090.		532.	558.
13 Office expenses				
14 Information technology	9,589.	5,846.	3,743.	
15 Royalties				
16 Occupancy				
17 Travel	374,097.	350,140.	19,981.	3,976.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,215.	9,560.	546.	109.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,413.	2,655.	8,758.	
23 Insurance	9,088.	3,645.	5,443.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u>	180,832.	77,730.	11,886.	91,216.
b <u>DUES AND SUBSCRIPTIONS</u>	54,539.	23,206.	31,003.	330.
c <u>BANK FEES</u>	4,358.	6.	2,700.	1,652.
d <u>TRAINING</u>	3,999.	18.	3,130.	851.
e All other expenses	-109,736.	1,297.	1,102.	-112,135.
25 Total functional expenses. Add lines 1 through 24e	2,925,679.	2,144,363.	772,474.	8,842.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing .....	60,143.	<b>1</b>	153,507.
	<b>2</b> Savings and temporary cash investments .....	269,790.	<b>2</b>	314,355.
	<b>3</b> Pledges and grants receivable, net .....	276,861.	<b>3</b>	73,973.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<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 .....		<b>5</b>	
	<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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	18,248.	<b>9</b>	15,570.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 63,028.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 47,084.	13,970.	<b>10c</b> 15,944.
	<b>11</b> Investments – publicly traded securities .....	7,706,785.	<b>11</b>	8,120,126.
	<b>12</b> Investments – other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	11,738.	<b>15</b>	11,981.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,357,535.	<b>16</b>	8,705,456.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	254,165.	<b>17</b>	71,925.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	243,149.	<b>19</b>	625,214.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	77,458.	<b>25</b>	92,126.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	574,772.	<b>26</b>	789,265.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,314,452.	<b>27</b>	7,389,992.
	<b>28</b> Net assets with donor restrictions .....	468,311.	<b>28</b>	526,199.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	7,782,763.	<b>32</b>	7,916,191.
<b>33</b> Total liabilities and net assets/fund balances .....	8,357,535.	<b>33</b>	8,705,456.	

**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>	2,529,912.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,925,679.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-395,767.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,782,763.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	529,195.
<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>	0.
<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>	7,916,191.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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.			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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.			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b>	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?	X	
<b>b</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	X	

**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

**2025**

**Open to Public Inspection**

Name of the organization <b>ARCTIC SLOPE COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>27-2247740</b>
--	---

**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 must generally 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,833,864.	4,465,037.	3,417,208.	3,078,866.	1,946,000.	16,740,975.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	3,833,864.	4,465,037.	3,417,208.	3,078,866.	1,946,000.	16,740,975.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						16,740,975.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4.	3,833,864.	4,465,037.	3,417,208.	3,078,866.	1,946,000.	16,740,975.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	285,410.	244,517.	235,968.	72,505.	258,711.	1,097,111.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	48,163.	60,308.	6,991.	12,931.	4,005.	132,398.
11 <b>Total support.</b> Add lines 7 through 10.						17,970,484.
12 Gross receipts from related activities, etc. (see instructions)					12	847,504.
13 <b>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**

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)).	14	93.16 %
15 Public support percentage from 2024 Schedule A, Part II, line 14.	15	93.41 %
16a <b>33-1/3% support test—2025.</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—2024.</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"/>	
17a <b>10%-facts-and-circumstances test—2025.</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—2024.</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"/>	
18 <b>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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2024 Schedule A, Part III, line 15.	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2024 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2025.** 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—2024.** 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>3c</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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
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>	2b	
3	Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>	3a	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	
c	Did the organization have the power to regularly appoint or elect (and remove) 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>	3c	

**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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	<b>Total annual distributions.</b> Add lines 1 through 5.	<b>6</b>
<b>7</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>7</b>
<b>8</b>	Distributable amount for 2025 from Section C, line 6	<b>8</b>
<b>9</b>	Line 7 amount divided by line 8 amount	<b>9</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2025</b>	<b>(iii) Distributable Amount for 2025</b>
<b>1</b> Distributable amount for 2025 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2025 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2025			
<b>a</b> From 2020 . . . . .			
<b>b</b> From 2021 . . . . .			
<b>c</b> From 2022 . . . . .			
<b>d</b> From 2023 . . . . .			
<b>e</b> From 2024 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2025 distributable amount			
<b>i</b> Carryover from 2020 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2025 from Section D, line 6: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2025 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2026.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2021 . . . . .			
<b>b</b> Excess from 2022 . . . . .			
<b>c</b> Excess from 2023 . . . . .			
<b>d</b> Excess from 2024 . . . . .			
<b>e</b> Excess from 2025 . . . . .			

BAA

**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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2025</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>
MISC	\$ 4,005.	\$ 12,931.	\$ 6,991.	\$ 60,308.	\$ 48,163.
TOTAL	<u>\$ 4,005.</u>	<u>\$ 12,931.</u>	<u>\$ 6,991.</u>	<u>\$ 60,308.</u>	<u>\$ 48,163.</u>

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization <b>ARCTIC SLOPE COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>27-2247740</b>
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . \$ \_\_\_\_\_

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

Name of organization <b>ARCTIC SLOPE COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>27-2247740</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT OF EDUCATION ----- 400 MARYLAND AVENUE, SW ----- WASHINGTON, DC 20202 -----	\$ 1,094,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LEARNING POINT AK ----- 3351 ARCTIC BLVD ----- ANCHORAGE, AK 99503 -----	\$ 50,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARCTIC SLOPE COMMUNITY FOUNDATION, INC.	Employer identification number 27-2247740
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----



SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

27-2247740

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total acreage restricted, and questions about monitoring and expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Yes  No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	468,311.	431,176.	384,933.	443,443.	394,380.
b Contributions				445,000.	
c Net investment earnings, gains, and losses	57,888.	37,135.	46,243.	-58,510.	49,677.
d Grants or scholarships					
e Other expenditures for facilities and programs				445,000.	614.
f Administrative expenses					
g End of year balance	526,199.	468,311.	431,176.	384,933.	443,443.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment 100.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   | X   |    |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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

**Part VI Land, Buildings, and Equipment**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		63,028.	47,084.	15,944.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 15,944.

**Part VII Investments – Other Securities** N/A  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related** N/A  
 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, column (B))		

**Part IX Other Assets** N/A  
 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, column (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) ACCRUED PAYROLL	92,126.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))	92,126.

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. SEE PART XIII.

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1 3,167,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a 529,195.	
	b Donated services and use of facilities	2b 41,404.	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d 112,435.	
	e Add lines 2a through 2d		2e 683,034.
3	Subtract line 2e from line 1		3 2,484,846.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 45,066.	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b		4c 45,066.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 2,529,912.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1 3,034,452.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a 41,404.	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d 112,435.	
	e Add lines 2a through 2d		2e 153,839.
3	Subtract line 2e from line 1		3 2,880,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 45,066.	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b		4c 45,066.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 2,925,679.

**Part XIII Supplemental Information**

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

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

HELD ON ACCOUNT AT ALASKA PERMANENT CAPITAL MANAGEMENT UNTIL VILLAGE ORGANIZATIONS DECIDE TO WITHDRAW AND USE FUNDS ON COMMUNITY PROJECTS.

**PART X - FASB ASC 740 FOOTNOTE**

THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL INCOME TAXES. CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE FOR TAX PURPOSES BY THE DONOR, SUBJECT TO THE NORMAL LIMITATIONS IMPOSED BY THE TAXING AUTHORITIES. HOWEVER, THE

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

**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

FOUNDATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024, THE FOUNDATION HAD NO UNRELATED BUSINESS INCOME TAX.

THE FOUNDATION RECOGNIZES THE EFFECT OF A TAX POSITION ONLY IF THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE FOUNDATION HAS NOT IDENTIFIED ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES DURING THE YEARS ENDED DECEMBER 31, 2025 AND 2024, NOR DOES IT EXPECT THERE WILL BE A MATERIAL CHANGE IN THE TWELVE MONTHS FOLLOWING THE YEARS ENDED DECEMBER 31, 2025 AND 2024. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY INCOME TAX AUTHORITIES FOR THE TAX YEARS PRIOR TO 2022.

**SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

FUNDRAISING EXP REPORTED ON PART VIII.....	\$ 69,608.
GAMING EXP REPORTED ON PART VIII.....	42,827.
TOTAL	<u>\$ 112,435.</u>

**SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EXP REPORTED ON PART VIII.....	\$ 69,608.
GAMING EXP REPORTED ON PART VIII.....	42,827.
TOTAL	<u>\$ 112,435.</u>

**SCHEDULE G  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

**Open to Public Inspection**

Name of the organization

ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

Employer identification number

27-2247740

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of nongovernment grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		2025 CASINO NI (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	73,840.		73,840.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	73,840.		73,840.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	6,315.		6,315.	
	6	Rent/facility costs	31,340.		31,340.	
	7	Food and beverages				
	8	Entertainment	30,703.		30,703.	
	9	Other direct expenses	1,250.		1,250.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				69,608.
	11	Net income summary. Subtract line 10 from line 3, column (d)				4,232.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add col. (a) through col. (c))	
Revenue	1	Gross revenue		73,384.	73,384.	
	2	Cash prizes		36,225.	36,225.	
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		6,602.	6,602.	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				42,827.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				30,557.

- 9 Enter the state(s) in which the organization conducts gaming activities: AK
- a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No
- b If "No," explain: \_\_\_\_\_
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No
- b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</b>	100.0 %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name RON PANIGEO

Address 3900 C ST SUITE 402, ANCHORAGE, AK 99503

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c** If "Yes," enter the name and address of the third party:

Name RB TECHNOLOGIES USA, INC

Address 111 WEST LEWIS STREET OFFICE 103, GREENSBORO, NC 27406

**16** Gaming manager information:

Name RAY ESPARZA

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided OVERSIGHT TO THE MONTHLY RAFFLE

Director/officer  Employee  Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. \$ 30,557. SEE PART IV

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**PART III, LINE 17B  
DISTRIBUTIONS REQUIRED UNDER STATE LAW**

ALASKA	\$	30,557.
<b>TOTAL</b>	\$	<u>30,557.</u>

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

Employer identification number

27-2247740

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

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

**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
(1) UTQIAGVIK PRESBYTERIAN CHURCH 1265 AGVIK ST UTQIAGVIK, AK 99723	92-0037927		90,219.	0.			FOOD SECURITY
(2) VILLAGE OF WAINWRIGHT PO BOX 143 WAINWRIGHT, AK 99782	92-0125841		10,000.	0.			FOOD SECURITY
(3) NAGSRAGMIUT TRIBAL COUNCIL GENERAL DELIVERY ANAKTUVUK PASS, AK 99721	92-0158746		27,965.	0.			FOOD SECURITY
(4) CITY OF WAINWRIGHT PO BOX 9 WAINWRIGHT, AK 99782	92-0037299		16,000.	0.			COMMUNITY EVENTS
(5) OLGOONIK PRESBYTERIAN CHURCH PO BOX 49 WAINWRIGHT, AK 99872			20,000.	0.			TRANSPORTATION OF CHURCH PEWS
(6) RURAL ALASKA HONORS INSTITUTE PO BOX 756305 FAIRBANKS, AK 99775	92-6000147		19,930.	0.			YOUTH WORKSHOPS
(7) ARCTIC EDUCATION FOUNDATION 1078 KOGIAK ST. UTGIAGVIK, AK 99723	92-0068447		18,000.	0.			YOUTH WORKSHOPS
(8) CITY OF POINT HOPE PO BOX 169 POINT HOPE, AK 99766	92-0066245		76,409.	0.			FOOD SECURITY, AFN, AND MISS TIKIGA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9**

3 Enter total number of other organizations listed in the line 1 table **2**

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 TRAVEL TO AFN - DANCE GROUP	9	12,895.			
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.

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

GRANTEES ARE REQUIRED TO SUBMIT A QUARTERLY REPORT ON THEIR GRANT ACTIVITIES AND A FINAL REPORT WHEN GRANT ACTIVITIES ARE COMPLETE. ADDITIONALLY, OCCASIONALLY SITE VISITS MAY BE CONDUCTED.

# Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

Employer identification number

27-2247740

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
NATIVE VILLAGE OF NUIQSUT 2205 2ND AVE NUIQSUT, AK 99789	92-0172690		7,112.				VOICES OF THE LAND
NORTHGATE MINISTRIES 7100 KARLUK ST UTQIAGVIK, AK 99723	20-8126568		26,905.				CULTURAL FOOD SECURITY PROGRAM
KUUKPIK PRESBYTERIAN CHURCH PO BOX 89307 NUIQSUT, AK 99789	92-0048494		15,000.				FOOD SECURITY
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**SCHEDULE J  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

Employer identification number

27-2247740

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(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				(C) Retirement and other deferred compensation
1 PATUK GLENN EXECUTIVE DIR.	(i)	159,828.	0.	0.	6,589.	42,813.	209,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RONALD PANIGEO CFO	(i)	168,750.	0.	0.	6,337.	29,816.	204,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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 O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

Employer identification number

27-2247740

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

STRENGTHEN OUR CULTURE OF GIVING AND IMPROVE THE QUALITY ON LIFE AMONG THE PEOPLE OF THE ARCTIC SLOPE REGION OF ALASKA BY PROVIDING AND ADMINISTERING GRANTS TO SUPPORT THE COMMUNITY HEALTH AND ECONOMIC STABILITY OF THE VILLAGES OF POINT HOPE, POINT LAY, WAINWRIGHT, ATQASUK, BARROW, NUIQSUT, ANAKTUVUK PASS, AND KAKTOVIK.

**FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS**

GRANT EXPENDITURES OVER \$35,000 ARE SUBJECT TO BOARD APPROVAL

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

A COPY OF THE FORM 990 WAS PRESENTED TO EACH BOARD MEMBER PRIOR TO THE PRESIDENT'S SIGNATURE.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ON AN ANNUAL BASIS DURING THE FIRST MEETING OF THE YEAR AND LAST MEETING OF THE YEAR BOARD MEMBERS ARE GIVEN THE ANNUAL DISCLOSURE STATEMENT AND ARE ASKED IF THEY HAVE ANYTHING TO DISCLOSE.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

SALARY AND BENEFIT TABLES WERE GATHERED FROM THE COUNCIL ON FOUNDATIONS AND THE FORAKER GROUP AND SALARY DETERMINATION WAS DELIBERATED BY THE BOARD MEMBERS AND A DECISION WAS MADE AND RECORDED IN THE MINUTES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

SALARY AND BENEFIT TABLES WERE GATHERED FROM THE COUNCIL ON FOUNDATIONS AND THE FORAKER GROUP AND SALARY DETERMINATION WAS DELIBERATED BY THE BOARD MEMBERS AND A DECISION WAS MADE AND RECORDED IN THE MINUTES.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR REVIEW IN THE ASCF OFFICE AT 3900 C ST, SUITE 302, ANCHORAGE, AK 99503.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

27-2247740

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
FEES: GENERAL CONTRACTOR	647,590.	622,597.	2,708.	22,285.
FEES: TRANSLATION	10,689.	10,689.		
<b>TOTAL</b>	<b>\$ 658,279.</b>	<b>\$ 633,286.</b>	<b>\$ 2,708.</b>	<b>\$ 22,285.</b>

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

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

**Open to Public  
Inspection**

ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

Employer identification number

27-2247740

**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) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

**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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

**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) ----- ----- -----												

**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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ARCTIC SLOPE REGIONAL CORPORAT P.O BOX 129 BARROW, AK 99723 92-0044137		AK	N/A		N/A	N/A	N/A		X
(2) ----- ----- -----									
(3) ----- ----- -----									

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<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 .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ARCTIC SLOPE REGIONAL CORPORATION	C	20,000	CASH
(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) ----- ----- -----													

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

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

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**STATEMENT 1  
SCHEDULE A, PART II, LINE 14  
OTHER DEDUCTIONS**

ALASKA STATUTE SEC. 05.15.150 EXPENSES .....	\$	30,557.
GAMING CASH PRIZES .....		36,225.
GAMING OTHER DIRECT EXPENSES .....		6,602.
	TOTAL \$	<u>73,384.</u>

**STATEMENT 2  
SCHEDULE A, PART II, LINE 17  
NET OPERATING LOSS DEDUCTION**

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
12/31/23	\$	1. \$	0. \$
NET OPERATING LOSS AVAILABLE .....			\$ 1.
TAXABLE INCOME .....			\$ 0.
80% OF TAXABLE INCOME .....			\$ 0.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME) .....			<u>\$ 0.</u>

## ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

27-2247740

	2025	2024	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	1,946,000	3,078,866	-1,132,866
INVESTMENT INCOME.....	545,118	106,230	438,888
OTHER REVENUE.....	38,794	82,990	-44,196
TOTAL REVENUE.....	2,529,912	3,268,086	-738,174
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	447,093	805,517	-358,424
SALARIES, OTHER COMPEN., EMP. BENEFITS...	1,147,410	1,284,618	-137,208
OTHER EXPENSES.....	1,331,176	2,639,925	-1,308,749
TOTAL EXPENSES.....	2,925,679	4,730,060	-1,804,381
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	-395,767	-1,461,974	1,066,207
TOTAL ASSETS AT END OF YEAR.....	8,705,456	8,357,535	347,921
TOTAL LIABILITIES AT END OF YEAR.....	789,265	574,772	214,493
NET ASSETS/FUND BALANCES AT END OF YEAR.	7,916,191	7,782,763	133,428

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

For calendar year 2025, or fiscal year beginning \_\_\_\_\_, 2025, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2025**

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 ARCTIC SLOPE COMMUNITY FOUNDATION, INC. EIN or SSN 27-2247740

Name and title of officer or person subject to tax  
RONALD R PANIGEO CFO

**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>2,529,912.</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 2025 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 ALTMAN ROGERS & CO to enter my PIN 01936 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2025 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 2025 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 Ronald Panigeo Date 07/02/26 RP

**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.

92122732830  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 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 Aerling Dillon Date 7/2/26

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

**Application for Extension of Time To File an Exempt Organization  
 Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.  
 Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I – Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	ARCTIC SLOPE COMMUNITY FOUNDATION, INC.	27-2247740
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	3900 C STREET, SUITE #302	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ANCHORAGE, AK 99503	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of RONALD R PANIGEO 3900 C STREET, SUITE 302 ANCHORAGE AK 99503

Telephone No. (907) 339-6026 Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box .....

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_.

If this is for the whole group, check this box. ....

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. ....

**1** I request an automatic 6-month extension of time until 11/15, 2026, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2025 or  
 tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

2025

For calendar year 2025 or other tax year beginning \_\_\_\_\_, 2025 and ending \_\_\_\_\_,

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

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

Department of the Treasury Internal Revenue Service

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

A Check box if address changed. B Exempt under section 501(c)(3). C Book value of all assets at end of year. D Employer identification number 27-2247740. E Group exemption number. F Check box if an amended return.

G Check organization type 501(c) corporation. H Check if filing only to claim. I Check if a 501(c)(3) organization filing a consolidated return.

J Enter the number of attached Schedules A (Form 990-T). K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

L The books are in care of RONALD R PANIGEO 3900 C STREET, SUITE 302 ANCHORAGE Telephone number (907) 339-6026

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount.

Part III Tax and Payments

Table with 4 main rows for Part III: Tax and Payments. Columns include line number, description, sub-rows (1a-1d, 3a-3e), and amount.

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

<b>5a</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....		<b>5a</b>	
<b>b</b> First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15		<b>5b</b>	
<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>k</b> Section 1062 applicable net tax liability. Enter amount from Form 1062, line 14	<b>6k</b>		
<b>7 Total payments and section 1062 applicable net tax liability.</b> Add lines 6a through 6k	<b>7</b>		0.
<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, 5a, 5b, and 8, enter amount owed .....	<b>9</b>		
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2026 estimated tax</b> _____ <b>Refunded</b> _____ For Refunded amount, also complete and attach Form 8050. See instructions.	<b>11</b>		

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

<b>1</b> At any time during the 2025 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	Yes	No
<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..... \$ _____ 0.		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ _____. 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	
713200	\$	1.
-----	\$	-----
-----	\$	-----
-----	\$	-----
<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.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	CFO	Title	
<b>Paid Preparer Use Only</b>	Enter preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STERLING GILLON, CPA				P02428406
	Firm's name	Firm's EIN		Firm's address	
	ALTMAN ROGERS & CO	92-0143182		3000 C ST, STE. 201	
Firm's address	ANCHORAGE, AK 99503		Phone no. (907) 274-2992		



**Part III Cost of Goods Sold** Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

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

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

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

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

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

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

**Part IX Advertising Income**

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A  \_\_\_\_\_
- B  \_\_\_\_\_
- C  \_\_\_\_\_
- D  \_\_\_\_\_

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

	A	B	C	D
2 Gross advertising income .....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....	_____			
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....	_____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....				
5 Readership costs .....				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13 .....	_____			

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

1 Name	2 Title	3 Percentage of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

**Total.** Enter here and on Part II, line 1 .....

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

	2025	2024	DIFF
<b>TOTAL UNRELATED BUSINESS TAXABLE INCOME</b>			
TOTAL DEDUCTIONS.....	1,000	1,000	0
UNRELATED BUSINESS TAXABLE INCOME.....	0	0	0
<b>TAX COMPUTATION</b>			
INCOME TAX.....	0	0	0
<b>TAX AND PAYMENTS</b>			
TOTAL TAX.....	0	0	0
TOTAL PAYMENTS AND CREDITS.....	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

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

For calendar year 2025, or fiscal year beginning \_\_\_\_\_, 2025, and ending \_\_\_\_\_, 20\_\_\_\_

**2025**

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 ARCTIC SLOPE COMMUNITY FOUNDATION, INC. EIN or SSN 27-2247740

Name and title of officer or person subject to tax  
RONALD R PANIGEO CFO

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	_____
2a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b	_____
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	_____
6a Form 990-T check here . . . . .	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	<u>0.</u>
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	_____
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, item D) . . . . .	8b	_____
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	_____
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	_____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2025 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 ALTMAN ROGERS & CO to enter my PIN 01936 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2025 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 2025 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 Ronald Panigeo Date 07/02/26 RP

**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.

92122732830  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 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 Aerby Dutton Date 7/2/26

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

**Application for Extension of Time To File an Exempt Organization  
 Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

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All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I – Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	ARCTIC SLOPE COMMUNITY FOUNDATION, INC. <small>Number, street, and room or suite number. If a P.O. box, see instructions.</small>	27-2247740
File by the due date for filing your return. See instructions.	3900 C STREET, SUITE #302 <small>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</small>	
	ANCHORAGE, AK 99503	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of RONALD R PANIGEO 3900 C STREET, SUITE 302 ANCHORAGE AK 99502

Telephone No. (907) 339-6026 Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box .....

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_

If this is for the whole group, check this box. ....

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. ....

**1** I request an automatic 6-month extension of time until 11/15, 2026, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2025 or  
 tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b>	\$	0.

**2025 TAX RETURN**

**CLIENT COPY**

**Client:** ASCF

**Prepared for:** ARCTIC SLOPE COMMUNITY FOUNDATION, INC.  
3900 C STREET, SUITE #302  
ANCHORAGE, AK 99503  
907-339-6026

**Prepared by:** STERLING GILLON, CPA  
ALTMAN ROGERS & CO  
3000 C ST, STE. 201  
ANCHORAGE, AK 99503  
(907) 274-2992

**Date:** JULY 6, 2026

**Comments:**

**Route to:** \_\_\_\_\_

**ALTMAN ROGERS & CO**  
**3000 C ST, STE. 201**  
**ANCHORAGE, AK 99503**  
**(907) 274-2992**

July 6, 2026

Arctic Slope Community Foundation, Inc.  
3900 C Street, Suite #302  
Anchorage, AK 99503

Dear Client:

Your 2025 Alaska Corporation Income Tax Return will be electronically filed with the state of Alaska. No tax is payable with the filing of this return.

Please be sure to call if you have any questions.

Sincerely,

Sterling Gillon, CPA

# Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2025 or the taxable year beginning \_\_\_\_\_, 2025, ending \_\_\_\_\_, \_\_\_\_\_

**2025**

EIN <b>27-2247740</b>		NAICS Code <b>713200</b>	Contact Person <b>RONALD PANIGEO</b>	
Name <b>ARCTIC SLOPE COMMUNITY FOUNDATION, INC.</b>			Title <b>CFO</b>	
Mailing Address <b>3900 C STREET, SUITE #302</b>			Contact Email Address <b>RON@ARCTICSLOPECOMMUNITY.OR</b>	
City <b>ANCHORAGE</b>			State <b>AK</b>	Zip Code <b>99503</b>
			Contact Telephone Number <b>907-339-6026</b>	Contact Fax Number
<b>Return Information</b> (check applicable boxes)				
<input type="checkbox"/> Final Alaska return		<input type="checkbox"/> Exempt organization with UBTI		<input type="checkbox"/> S Corporation (attach Form 1120S)
<input type="checkbox"/> Consolidated Alaska return		<input type="checkbox"/> Public Law 86-272 applies		<input type="checkbox"/> Personal Holding Company
<input type="checkbox"/> Amended return		<input type="checkbox"/> HOA filing Form 1120-H		<input type="checkbox"/> Cooperative Association
<input checked="" type="checkbox"/> Federal extension is in effect				
If amended return box above is checked, then check the following boxes, if applicable:				
<input type="checkbox"/> Amended return to report IRS audit or Form 1120X			<input type="checkbox"/> This is a protective claim	

## SCHEDULE A – NET INCOME TAX SUMMARY

1 Alaska income (loss) from Schedule H, line 12.....	<b>1</b>	
2 Alaska net operating loss utilized: carryover (_____) carryback (_____) Total. Carryback use limited. See instructions.....	<b>2</b>	(            )
3 Alaska taxable income. Add lines 1-2.....	<b>3</b>	
4 Alaska income tax from Schedule D, line 2.....	<b>4</b>	
5 Other taxes from Schedule E, line 7.....	<b>5</b>	
6 Total tax. Add lines 4-5.....	<b>6</b>	
7 Alaska incentive credits applied against tax from Form 6300, line 30.....	<b>7</b>	
8 Federal-based credits from Form 6390, line 33.....	<b>8</b>	
9 Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220..	<b>9</b>	0.
10 Payments from page 3, Schedule C.....	<b>10</b>	
11 Alaska credit for prior minimum tax (see instructions).....	<b>11</b>	
12 Reserved.....	<b>12</b>	
13 Tax due (overpaid). Subtract the sum of lines 10-11 from line 9.....	<b>13</b>	0.
14 Penalty for underpayment of estimated tax (see instructions).....	<b>14</b>	
15 Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP.....	<b>15</b>	0.
16 Overpayment credited to 2026 estimated tax (enter as positive number).....	<b>16</b>	
17 Refund. Add lines 15-16.....	<b>17</b>	

<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 <b>CFO</b>	
Preparer's Signature	Date	Preparer Firm's Name <b>ALTMAN ROGERS &amp; CO</b>	Preparer's SSN or PTIN <b>P02428406</b>
Preparer Firm's Address <b>3000 C ST, STE. 201</b>		EIN <b>92-0143182</b>	Phone <b>(907) 274-2992</b>
City <b>ANCHORAGE</b>	State <b>AK</b>	Zip Code <b>99503</b>	

EIN 27-2247740	Name ARCTIC SLOPE COMMUNITY FOUNDATION, INC.
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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 27-2247740	Name ARCTIC SLOPE COMMUNITY FOUNDATION, INC.
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**SCHEDULE C – TAX PAYMENT RECORD**

Estimated Payments	Date	Amount
First.....		
Second.....		
Third.....		
Fourth.....		
Total estimated tax payments.....		0.

Summary	Date	Amount
Payment with extension		
Total estimated tax payments		0.
Overpayment from prior year		
Less: Quick Refund from Form 6230	( )	
Amended return only:		
Tax paid with original return and additional tax paid		
Less: Overpayment previously credited to 2026	( )	
Less: Refund from original return and additional refunds	( )	
Total net payments to Schedule A, line 10		0.

**SCHEDULE D – ALASKA TAX COMPUTATION**

Tax Rate Table is contained in instructions

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

**SCHEDULE E – OTHER TAXES**

1a Alternative Minimum Tax from federal Form 4626.....	1a	
1b MutiPLY line 1a by 18%.....	1b	
1c Apportionment factor from Schedule I, line 14.....	1c	1.000000
1d MutiPLY 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 MutiPLY line 2a by line 2b.....	2c	
3 Add lines 1d and 2c.....	3	
4 Personal Holding Company tax (see instructions).....	4	0.
5 Tax on early cessation of operations – LNG storage facility.....	5	0.
6 Other taxes (see instructions).....	6	0.
7 Add lines 3-6. Enter here and on Schedule A, line 5.....	7	0.

EIN 27-2247740	Name ARCTIC SLOPE COMMUNITY FOUNDATION, INC.
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**SCHEDULE H – COMPUTATION OF ALASKA INCOME**

	<b>1</b>	Federal taxable income (loss) (see instructions) .....	
Combined Reporting	<b>2a</b>	Federal taxable income (loss) of corporations not included in line 1 .....	
	<b>2b</b>	Foreign corporations with 20% or greater U.S. factors .....	
	<b>2c</b>	Income from tax haven corporations and any FSC profit .....	
	<b>2d</b>	Federal taxable (income) loss of non-unitary corporations .....	
	<b>2e</b>	Federal taxable (income) loss of corporations with U.S. factors of less than 20% .....	
	<b>2f</b>	Intercompany eliminations (see instructions) .....	
	<b>2g</b>	Total adjustments for combined reporting. Add lines 2a-2f .....	
	<b>3</b>	Net income before state modifications and adjustments. Add lines 1 and 2g .....	
Additions	<b>4a</b>	Taxes based on or measured by net income .....	
	<b>4b</b>	Expenses incurred to produce non-business income .....	
	<b>4c</b>	Federal charitable contributions from federal Form 1120, line 19 .....	
	<b>4d</b>	Net Section 1231 losses from federal Form 4797, line 11 .....	
	<b>4e</b>	Oil and gas service industry expenditures. Enter amount from Form 6327, line 2 .....	
	<b>4f</b>	Expenditures from Form 6310 (see instructions) .....	
	<b>4g</b>	Other (attach schedule) .....	
	<b>4h</b>	Total additions. Add lines 4a-4g .....	
	<b>5</b>	Total. Add lines 3 and 4h .....	
Subtractions	<b>6a</b>	Interest from obligations of the United States .....	
	<b>6b</b>	Intercompany dividends .....	
	<b>6c</b>	Section 78 gross-up dividends .....	
	<b>6d</b>	80% of dividends received from foreign corporations .....	
	<b>6e</b>	80% of royalties accrued or received from foreign corporations .....	
	<b>6f</b>	Non-business income (attach schedule) .....	
	<b>6g</b>	Federal Form 1120, line 8 capital gain income .....	
	<b>6h</b>	Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12 .....	
	<b>6i</b>	Other (attach schedule) .....	
	<b>6j</b>	Total subtractions. Add lines 6a-6i .....	
	<b>7</b>	Apportionable income (loss). Subtract line 6j from line 5 .....	
	<b>8</b>	Apportionment factor from Schedule I, line 14 .....	1.000000
	<b>9</b>	Income (loss) apportioned to Alaska. Multiply line 7 by line 8 .....	
	<b>10</b>	Non-business income (loss) net of expenses allocable to Alaska (attach schedule) .....	
Alaska Items	<b>11a</b>	Alaska capital and Section 1231 gain (loss) from Schedule J, line 20 .....	
	<b>11b</b>	Alaska charitable contribution deduction from Schedule K, line 10 .....	( )
	<b>11c</b>	Alaska dividends-received deduction (see instructions) .....	( )
	<b>11d</b>	Total Alaska items (add lines 11a-11c) .....	
	<b>12</b>	Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1 .....	

EIN 27-2247740	Name ARCTIC SLOPE COMMUNITY FOUNDATION, INC.
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**SCHEDULE I – APPORTIONMENT FACTOR**

Property	<b>1</b> Property within Alaska			
		<b>A</b> EIN	<b>B</b> Name	<b>C</b> Property within Alaska
	<b>1a</b>			
	<b>1b</b>			
	<b>1c</b>			
	<b>1d</b>			
	<b>1e</b>			
	<b>2</b>	Total of line 1 column C .....		
	<b>3</b>	Property everywhere .....		
	<b>4</b>	Property factor. Divide line 2 by line 3.....		

Payroll	<b>5</b> Payroll within Alaska			
		<b>A</b> EIN	<b>B</b> Name	<b>C</b> Payroll within Alaska
	<b>5a</b>			
	<b>5b</b>			
	<b>5c</b>			
	<b>5d</b>			
	<b>5e</b>			
	<b>6</b>	Total of line 5 column C .....		
	<b>7</b>	Payroll everywhere.....		
	<b>8</b>	Payroll factor. Divide line 6 by line 7.....		

Sales	<b>9</b> Sales within Alaska			
		<b>A</b> EIN	<b>B</b> Name	<b>C</b> Sales within Alaska
	<b>9a</b>			
	<b>9b</b>			
	<b>9c</b>			
	<b>9d</b>			
	<b>9e</b>			
	<b>10</b>	Total of line 9 column C .....		
	<b>11</b>	Sales everywhere.....		
	<b>12</b>	Sales factor. Divide line 10 by line 11.....		

<b>13</b>	Add lines 4, 8, and 12.....	
<b>14</b>	Apportionment factor. Divide line 13 by 3..... (if less than 3 factors are used, see instructions)	1.000000

EIN 27-2247740	Name ARCTIC SLOPE COMMUNITY FOUNDATION, INC.
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**SCHEDULE J – ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES**

Section 1231 Gains and Losses		A Combined	B AK Factor	C Alaska Gain or (loss)
1	Current Section 1231 gains and (losses). If a loss enter the result on line 19 . . .		1.000000	
2	Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number . . . . .			
3	If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15. . . . .			
4	If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero . . . . .			0.

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

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

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

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

**Summary**

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

EIN 27-2247740	Name ARCTIC SLOPE COMMUNITY FOUNDATION, INC.
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**SCHEDULE K – CHARITABLE CONTRIBUTION DEDUCTION**

<b>1</b> Current charitable contributions .....	<b>1</b>	
<b>2</b> Education credit contributions from Form 6310 (see instructions) .....	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 .....	<b>3</b>	
<b>4</b> Apportionment factor from Schedule I, line 14 .....	<b>4</b>	1.000000
<b>5</b> Current Alaska charitable contributions. Multiply line 3 by line 4 .....	<b>5</b>	
<b>6</b> Alaska charitable contribution carryover from Form 6385, line 18 .....	<b>6</b>	
<b>7</b> Add lines 5-6 .....	<b>7</b>	
<b>8</b> Taxable income for deduction limitation purposes (see instructions) .....	<b>8</b>	
<b>9</b> Multiply line 8 by 10% .....	<b>9</b>	
<b>10</b> Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 here and on Schedule H, line 11b .....	<b>10</b>	

**SCHEDULE L – ALASKA DIVIDENDS—RECEIVED DEDUCTION (DRD)**

<b>1</b> Dividend income included in Schedule H, line 3 .....	<b>1</b>	
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Not Eligible	<b>2 a</b> Intercompany dividends from Schedule H, line 6b .....	<b>2 a</b>	
	<b>2 b</b> Section 78 gross-up dividends from Schedule H, line 6c .....	<b>2 b</b>	
	<b>2 c</b> 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80% .....	<b>2 c</b>	
	<b>2 d</b> Dividends subtracted on Schedule H, line 6f as non-business income .....	<b>2 d</b>	
	<b>2 e</b> Total dividends not eligible for DRD. Add lines 2a-2d .....	<b>2 e</b>	

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

	<b>A</b> Apportioned Dividends	<b>B</b> Percentage	<b>C</b> DRD (A x B)
DRD	<b>8 a</b> Dividends qualifying for 100% deduction .....	100%	
	<b>8 b</b> Dividends qualifying for 65% deduction .....	65%	
	<b>8 c</b> Dividends qualifying for 50% deduction .....	50%	
	<b>8 d</b> Dividends qualifying for 26.7% deduction .....	26.7%	
	<b>8 e</b> Dividends qualifying for 23.3% deduction .....	23.3%	
	<b>8 f</b> Other, if applicable (enter % in column B) .....	0	

<b>9</b> Tentative dividends-received deduction. Add lines 8a-8f, column C (see instructions) .....	<b>9</b>	
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ARCTIC SLOPE COMMUNITY FOUNDATION, INC.

**FEDERAL TAXABLE INCOME**

FEDERAL TAXABLE INCOME ..... 0

**TAXABLE INCOME**

ALASKA APPORTIONMENT FACTOR..... 1.000000

ALASKA TAXABLE INCOME..... 0

**TAX COMPUTATION**

ALASKA CORPORATE INCOME TAX..... 0

NET ALASKA INCOME TAX..... 0

**TAX RATES**

MARGINAL TAX RATE..... 0.00%