

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 **201**

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

07/01, 2010, and ending 06/30,20 11 A For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization ALASKA CONSERVATION FOUNDATION 92-0061466 Doing Business As E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 441 WEST 5TH AVENUE 402 (907) 276-1917 City or town, state or country, and ZIP + 4 Amended ANCHORAGE, AK 99501 G Gross receipts \$ 8,942,298. Application Name and address of principal officer ANN ROTHE H(a) Is this a group return for Х 441 WEST 5TH AVENUE, STE. 402 ANCHORAGE, AK 99501 H(b) Are all affihates included? 501(c) (X 501(c)(3) If "No," attach a list. (see instructions)) **(**insert no) 4947(a)(1) or Website > WWW.ALASKACONSERVATION.ORG H(c) Group exemption number X Corporation 1977 M State of legal domicile Trust Other > ΑK Form of organization Association Summary Bnefly describe the organization's mission or most significant activities PRESERVE ALASKA'S ENVIRONMENT Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 18. Number of voting members of the governing body (Part VI, line 1a) 18. Number of independent voting members of the governing body (Part VI, line 1b) 4 22. Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 24. 6 3,343. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 6,426,994. 6,684,624. 3,090 2,680. Program service revenue (Part VIII, line 2g) 214,929. 184,281. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,796. 3,343. 6,649,809. 6,874,928. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,525,798. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,120,455. 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 1,076,611. 1,187,004. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 874,303. 1,020,894. Other expenses (Part IX, column (A), lines 11a-11d-11f-24f) Total expenses Add lines 13-17 (must equal Part X, column (20the 25) 6,071,369. 5,733,696. Revenue less expenses Subtract line 18 from line 12 578,440. 1,141,232. 19 Beginning of Current Year End of Year 5 6 APR. 2.3.2012. 11,081,236. Total assets (Part X, line 16) 9,038,199. Total liabilities (Part X, line 26) 1,131,587. 1,046,754. 21 7,906,612. 10,034,482. 22 Net assets or fund balances Subtract line 21 from line 2 Signaturé Block Under penalties of penury, I declare hat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and compl Declaration of pre parer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Buda a Carperter self Paid Linda O. Carpenter 4/17/201 2employed ▶ P00178855 Preparer Firm's EIN 13-5565207 Use Only Phone no 907-265-1200 Firm's address ▶ 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

0E1010 1 000

54NOGA 1832

V 10-8.3

417763

| For | m 990 (2010) | 92-0061466 | Page 2 |
|-----|---|---|---------------|
| _ | Statement of Program Service Accomplishments | n in this Part III | · · · [X] |
| 1 | Briefly describe the organization's mission ATTACHMENT 1 | | |
| | | | |
| _ | Did the organization undertake any significant program servi | wood during the year which were not listed on | |
| 2 | the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O | | Yes X No |
| 3 | Did the organization cease conducting, or make significant cl services? | | Yes X No |
| 4 | If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the org | | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 494 allocations to others, the total expenses, and revenue, if any, for | | ts and |
| 4a | a (Code) (Expenses\$ 1,573,439 Including grader BRISTOL BAY FISHERIES AND WATERSHED PROTECT | rants of \$ |) |
| | CAMPAIGN IS A SIGNIFICANT EFFORT OF A COAL | | |
| | COMMERCIAL FISHERMEN, SPORT FISHERMEN, LOCA | AL BUSINESSES AND | |
| | CONSERVATION GROUPS TO SAFEGUARD ALASKA'S I | | |
| | WHICH SUSTAINS THE LARGEST WILD SALMON RUN | | |
| | CAMPAIGN IS FOCUSING SIGNIFICANT EFFORTS OF | | |
| | POTENTIALLY DEVASTATING IMPACTS OF THE PRODEVELOPED, THE MINE WILL BE A MASSIVE, OPEN | | |
| | MINE-THE LARGEST IN NORTH AMERICA. | N FII GOLD AND COPPER | |
| | MINE-THE LARGEST IN NORTH AMERICA. | | |
| | | | • |
| | | | |
| 4t | b (Code) (Expenses \$, 533 including g | rants of \$ 1,431,498) (Revenue \$ |) |
| | ALASKANS FOR ENERGY FREEDOM. ACF SERVES AS | | |
| | ALASKANS FOR ENERGY FREEDOM, A COALITION O | F 30 CONSERVATION AND | |
| | TRIBAL ORGANIZATIONS WHO HAVE ORGANIZED A | | |
| | EXTRACTION, EXPORT AND COMBUSTION OF ALASK | | |
| | THE STATE TO A CLEAN ENERGY ECONOMY. ALASK | | · |
| | TONS OF COAL RESERVES-ONLY A TINY FRACTION | · · · · · · · · · · · · · · · · · · · | |
| | MINED-WHICH REPRESENTS NEARLY 50% OF TOTAL | | |
| | 12% OF GLOBAL RESERVES. THE GOAL OF THE CAL | | |
| | RELIANCE ON COAL AS AN ENERGY RESOURCE, RE EMISSIONS, AND PROMOTE TRANSITION TO RENEW. | | |
| | EMISSIONS, AND PROMOTE TRANSITION TO RENEW. | ABLE SOURCES OF ENERGI. | |
| | | | |
| 40 | c (Code) (Expenses \$ 391, 318 including gra | ants of \$ 289,498) (Revenue \$ |) |
| | ATTACHMENT 2 | | |
| | | | |
| | | | · |
| | | | |
| | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| | | | |
| _ | d Other program converse (Decembe in Cahadula O.) ATTI | VCHWENT 3 | |
| 40 | d Other program services (Describe in Schedule O) ATTA (Expenses \$ 973,312 including grants of \$ 653, | | |
| _ | e Total program service expenses 4, 980, 602. | , 208) (Nevenue p | |
| 41 | e rotal program service expenses P 4, 300, 002. | | - 000 |

| Form 99 | 0 (2010) 92-0061466 | | ı | Page 3 |
|---------|--|-----------------|----------------|--|
| Part | | | | |
| | | | Yes | No |
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | X | ļ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | ١,, |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | X | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | - |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | <u> </u> | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | 5 | | |
| _ | Part III | - - | | ├ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | |
| | complete Schedule D, Part I | 6 | x | ļ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | _ <u>^</u> | <u> </u> |
| 7 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | ļ | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | <u></u> | | |
| U | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | ĺ | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | l | |
| | complete Schedule D, Part IV | 9 | <u> </u> | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| | Schedule D, Part VI | 11a | X | ļ |
| b | Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more | | | 1 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | - | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | ا مما | | \ , |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | 1 | X |
| a | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 11d | | X |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | _ |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | 1-1 | |
| , | the organization's separate of consolidated infancial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | <u> </u> | | |
| 12 0 | | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| _ | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV- | 14b | <u> </u> | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | 1 | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | ļ | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | <u> </u> | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | 1 | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | + | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | ,, | | , |
| | If "Yes," complete Schedule G, Part III | 202 | +- | X |
| | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | + | +^ |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form | 20b | | |
| | 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 1400 | 1 | .1 |

| Fait | Checkist of Required Schedules (Continued) | | | r — |
|---------|--|-----|--------------|----------------|
| 0.4 | Dut the assessment and the CC 000 of courts and other assessments and organizations | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | |
| 22 | on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes,"complete Schedule J | 23 | | Х |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | ı |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25 | 24a | <u> </u> | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | ļ | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | - | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | - | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 25a | | X |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | <u> </u> | |
| b | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | ŀ | |
| | If "Yes, "complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. | 26 | l | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | ١. | |
| | If "Yes," complete Schedule L, Part III | 27 | <u> </u> | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | , | | ļ |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | \vdash | X |
| Ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 28b | | x |
| _ | Schedule L, Part IV. | 200 | | ^ |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | l |
| | complete Schedule N, Part II | 32 | 1 | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 1 |
| • • | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | - | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | 34 | | х |
| 25 | IV, and V, line 1 | 35 | | X |
| 35 a | Did the organization receive any payment from or engage in any transaction with a | " | | 1 |
| u | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, | ĺ | | |
| | Part V, line 2 Yes X No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | <u> </u> | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | ı | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | <u> </u> |

| orm 9 | 90 (2010) 92 - 0001400 | | | age 0 |
|-------|---|------------------|---------------------|--|
| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | |
| | Check it Schedule O contains a response to any question in this Part V | | Yes | No |
| | 30 | 4 | i es | A. A. A |
| 1a | Effet the number reported in box 5 or 1 cm. 1000 Effet, 6 in not applicable | | | No. |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 2 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1c | | - |
| _ | reportable gaming (gambling) winnings to prize winners? | 3462 | e E | () C20 |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 22 | 2b | X | 25444 |
| Þ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 20 | | 1803 |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | X | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a 3b | $\frac{\hat{x}}{x}$ | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 30 | _^ | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | ĺ |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | х |
| | account)? | 4a | 10122 | ^ |
| þ | If "Yes," enter the name of the foreign country | | | 4 |
| _ | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | 50 | 3. 7 | X |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| ба | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | X |
| | organization solicit any contributions that were not tax deductible? | l oa | | <u> </u> |
| p | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6ь | | |
| _ | gifts were not tax deductible? | | | 14.70 |
| 7 | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| а | | 7a | | Х |
| | and services provided to the payor? | 7b | | `` |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | " | | - |
| С | required to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | محمد |
| | | 7e | | Х |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | |
| _ | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 <u>9</u> 7h | | t |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | 143 |
| 8 | , , , , , , , , , , , , , , , , , , , | | | 13.4 |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | X |
| 0 | Sponsoring organizations maintaining donor advised funds. | | - | 1 |
| 9 | Did the organization make any taxable distributions under section 4966? | 9a | | Х |
| - | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Х |
| 10 | Section 501(c)(7) organizations. Enter | | 1 | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 5 | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| _ | Gross income from other sources (Do not net amounts due or paid to other sources | | 1 | |
| ~ | against amounts due or received from them) | | V | |
| 12 2 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 13.3 | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| a | Note. See the instructions for additional information the organization must report on Schedule O | 200 | St. Aust | 17 |
| | Enter the amount of reserves the organization is required to maintain by the states in which | | · 2.2 | |
| C | the organization is licensed to issue qualified health plans | | | |
| _ | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | ļ | T |
| | <u> </u> | | | |

JSA 0E1040 1 000

417763

| Form 99 | | | | Page 6 |
|---------|--|-------------|--|--|
| Part \ | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 75 | belo | ow, a | and |
| | for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or | chai | nges | sin |
| | Schedule O See instructions. | | | _ |
| | Check if Schedule O contains a response to any question in this Part VI | | • | X |
| Secti | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year 1a 18 | | | |
| | Enter the number of voting members included in line 1a, above, who are independent 1b 18 | 1 | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | İ | | |
| | · · | 2 | | Х |
| | any other officer, director, trustee, or key employee? | | | |
| | Did the organization delegate control over management duties customarily performed by or under the direct | 3 | | х |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 4 | | X |
| | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | X |
| | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | - | X |
| | Does the organization have members or stockholders? | _6 | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | _ | | , . |
| | of the governing body? | 7a | | X |
| | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | | |
| а | The governing body? | 8a | <u>X</u> | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | _9 | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | <u>Code</u> |) | |
| | | | Yes | No |
| 10 a | Does the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11a | X | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | - | 1 |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | l |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | nse to conflicts? | 12b | Х | |
| ^ | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| С | describe in Schedule O how this is done | 12c | х | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Х | |
| | Does the organization have a written document retention and destruction policy? | 14 | Х | |
| 14 | | 1-7- | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | İ | |
| | · | 15a | x | |
| a | The organization's CEO, Executive Director, or top management official | 15b | X | _ |
| b | Other officers or key employees of the organization | 135 | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 40- | | x |
| | with a taxable entity during the year? | 16a | | <u> </u> |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | ŀ | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the ordering the control of the cont | 16b | | .l |
| Sect | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4 | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only | /) | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | |
| | X Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | | |
| | policy, and financial statements available to the public | | | |
| 20 | State the name physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ► ANN ROTHE 441 W 5TH AVE STE 402 ANCHORAGE, AK 99501 | | | |
| | 907-276-1917 | | | |

92-0061466

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

Check if Schedule O contains a response to any question in this Part VII.........

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A) Name and Title | (B) Average | Posit | ion (c) | (C heck | | hat appi | lv) | (D) Reportable | (E) Reportable | (F) Estimated |
|--------------------------|--|--------------------------------|--|------------|--------------|------------------------------|--------------|--|--|--|
| Nume and the | hours per week (describe hours for related organizations in Schedule O) | Individual trustee or director | | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| (1) WILLIAM LEIGHTY | | | | | | | | | | |
| TRUSTEE | 3.00 | X | | | | | | 0. | 0 | 0 |
| (2) DAVID HARDENBERGH | | | | | | | | | | |
| TREASURER | 6.00 | X | | Χ | | | | 0. | 0. | 0 |
| (3) NANCY LORD | | | | | | | | 1 | | l . |
| CHAIR | 15.00 | Х | Ш | Χ | | | | 0. | 0. | 0 |
| (4) JAMES DEWITT | | | | | | | | | i | |
| TRUSTEE | 3.00 | X | | | <u> </u> | <u> </u> | <u></u> | 0. | . 0. | 0 |
| (5) ANDREA GRANT | | |] [| | | | | | | |
| TRUSTEE | 3.00 | X | | | | <u> </u> | L. | 0. | . 0 | 0 |
| (6) CAROL KASZA | | | | | | } | | | | |
| TRUSTEE | 3.00 | X | | | | | | 0. | . 0 | 0 |
| (7) CLIFTON EAMES | | , | | | | | | | | |
| TRUSTEE | 3.00 | X | Ш | | L | | | 0. | . 0 | 0 |
| (8) DAVID ROBERTSON | | | | | | | | | | |
| TRUSTEE | 3.00 | X | | | | <u> </u> | | 0. | . 0 | 0 |
| (9) DOUGLAS G. MCCONNELL | | | | | | l | | | | |
| TRUSTEE | 3.00 | X | | | <u> </u> | ļ | | 0 | . 0 | 0 |
| (10)HELEN D. NIENHUESER | | | | | | 1 | | | | |
| TRUSTEE | 3.00 | X | 11 | | <u> </u> | | _ | 0_ | . 0 | 0 |
| (11) JAMES LISZKA, PH.D. | | | | | İ | | | | | |
| TRUSTEE | 3.00 | X | | | ╙ | | <u> </u> | 0 | . 0 | 0 |
| (12)LEONARD STEINBERG | | | ĺĺ | | | İ | | | } | |
| TRUSTEE | 3.00 | X | $oxed{oxed}$ | | <u> </u> | | | 0 | . 0 | 0 |
| | | | | | | | | | | |
| NATIONAL VICE CHAIR | 7.00 | X | 1 | Х | <u> </u> | <u> </u> | <u> </u> | 0 | . 0 | 0 |
| (14)MARILYN SIGMAN | | | | | | | | | } | |
| TRUSTEE | 3.00 | X | $\downarrow \downarrow \downarrow$ | ļ <u>.</u> | <u> </u> | ļ | 1 | 0 | . 0 | 0 |
| (15)RHONDA L. BENNON | | 1 | | | | | | | | |
| TRUSTEE | 3.00 | X | \sqcup | _ | | ļ | | 0 | . 0 | 0 |
| _(16)RUTH WOOD | | | | | | 1 | | | | |
| VICE CHAIR & SECRETARY | 6.00 | X | $oldsymbol{ol}}}}}}}}}}}}}}}}}}$ | Х | | | 丄 | 0 | . 0 | 0 50m 990 (2010) |

Form 990 (2010)

| (A) | (B) | | | • | >) | | | (D) | (E) | | | F) |
|--|---|-----------------|-------------------------|------|-----------------|--------------------------------|---------------|---|--|-----------------------|---|---|
| Name and title | Average hours per week (describe hours for related organizations in Schedule O) | | nstitutional trustee | | al Key employee | Highest compensated a employee |) Former | Reportable compensation from the organization (W-2/1099-MISC) | Reporta compensa from rela organizat (W-2/1099-I | ation ted ions | amor ot compe fron organ and r | nated unt of her nsation n the uzation elated zations |
| (17) FAON O'CONNOR TRUSTEE | 3.00 | x | | | | | | 0. | | 0. | | 0 |
| (18) DORENE SCHIRO | | | | | | | | | - | | | |
| TRUSTEE | 3.00 | X | | _ | _ | | <u> </u> | 0. | | 0. | | 0 |
| (19) NICK HARDIGG EXECUTIVE DIRECTOR | 50.00 | | | | х | х | | 107,216. | | 0. | | 10,257 |
| (20) GEORGE PAGE DIRECTOR OF FINANCE | 50.00 | | | | х | | | | - | 0. | | |
| (21) | 30.00 | | | | ^ | | | 63,446. | | | | 0 |
| (22) | | | - | | \vdash | | - | | | | | |
| (23) | | | | _ | - | | | | | | | |
| (24) | - | | | | | | | | | _ | | |
| (25) | | | | | <u> </u> | | | | | | | |
| (26) | | | | | - | | | | | | | |
| (27) | | | | | | | | | | | | |
| (28) | | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, Sec | ction A . | | | | | | > | 170,662. | - | 0. | | 0,257. |
| d Total (add lines 1b and 1c) | | se list | | | | | ceiv | 170,662. red more than \$100 |),000 in | 0 | | 0 , 257. |
| 3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheoo | lule J for su | or or ch ind | tru dividi | ual | | • • • | | | | | 3 | Yes No |
| 4 For any individual listed on line 1a, is the the organization and related organizations individual | greater th | nan S | \$15C | ,00 | 03 | If "Y | es, | " complete Sched | lule J for | | 4 | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y | accrue co | mpen | sati | on | fron | n any | un | related organization | on or indivi | | 5 | X X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest compensation from the organization | compensat | ed II | ndep | enc | dent | con | trac | tors that received | d more tha | an \$10 | 0,000 | of |
| (A) Name and business add | iress | | | | | | | (B) Description of ser | vices | С | (C) ompensa | tion |
| NONE | | | | | | | $\frac{1}{1}$ | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (in more than \$100,000 in compensation from the | | | | nite | d to | thos | se I | isted above) who | received | Jan ing Street | vc 包装予箱; | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |

| 990 (201 rt VIII | Statement of Rever | | | * | 92-0001400 | | Page 3 |
|----------------------------|--|-----------------------------|--|----------------------|--|--|--|
| | Statement of Rever | THE | A TOTAL OF THE PROPERTY OF THE | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| b c d e f | Federated campaigns | | | | | | |
| h | Total Add lines 1a-1f | | Business Code | 6,684,624 | 7+-90 01 | | 3 |
| 2a b c | ADMISSION FEES | | 900099 | 2,680 | 2,680 | (5) | |
| e f | All other program service reve Total Add lines 2a-2f | enue | | 2,680. | | Company of the state of the sta | 77° 1,079° % |
| 3 | Investment income (including other similar amounts) A Income from investment of tax | dividends, interes | t, and 5▶ oceeds▶ | 1 | The control with the | و منه که ه هیچ سوید انهاد کاری | 157,709 |
| 5 | Royalties • • • • • • • • | (ı) Real | (II) Personal | 0 | | | |
| 6a b c | Gross Rents | | | 0 | | | |
| 7a b | Gross amount from sales of assets other than inventory Less cost or other basis | (i) Securities 2,093,942 | (II) Other | | | | |
| c d | and sales expenses Gain or (loss) Net gain or (loss) | 26,572 | | 26,572 | | | 26,572 |
| 8a b | Gross income from fevents (not including \$ of contributions reported on lines See Part IV, line 18 Less direct expenses | a | 1 | | | | |
| c 9a | Net income or (loss) from fund Gross income from gaming at See Part IV, line 19 | draising events . | · · · · · · · > | 0. | A British | | |
| | Less direct expenses Net income or (loss) from gar | b | | 0 | | | The state of the s |
| 10a b | Gross sales of inventorietums and allowances Less cost of goods sold | a | - | | 1.5 | | |
| С | Miscellaneous Reven | nue | Business Code | 0 | | | 100000 |
| 11a b c | INCOME FROM RUTHERFORD K- | | 111000 | 3,343 | | 3,343 | |
| d | All other revenue Total Add lines 11a-11d • | | L | 3,343 | * 1.50 * | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns ations must complete columns (A) but are not required to complete columns (B). (C) and (D)

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------------|---|-----------------------|------------------------------|---|---------------------------------------|
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 3,525,798. | 3,525,798. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U S See Part IV, line 22 | 0. | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 | 0. | | | |
| 4 | Benefits paid to or for members | 0. | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 188,207. | 118,571. | 31,995. | 37,64 |
| 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. | | | |
| 7 | Other salanes and wages | 854,043. | 535,327. | 142,438. | 176,27 |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| - | and section 403(b) employer contributions) | 61,620. | 38,821. | 10,475. | 12,32 |
| 9 | Other employee benefits | 0. | | | · · · · · · · · · · · · · · · · · · · |
| 10 | Payroll taxes | 83,134. | 52,374. | 14,133. | 16,62 |
| 11 | Fees for services (non-employees) | | | , | |
| | Management | 0. | | | |
| | Legal | 5,914. | | 5,914. | |
| | <u>-</u> | 51,468. | 4,928. | 46,540. | |
| | Accounting | 0. | 1,3201 | 13,3137 | |
| | Lobbying | 0. | | | |
| | Professional fundraising services See Part IV, line 17 | 41,638. | | 41,638. | |
| | Investment management fees | 386,754. | 378,238. | 2,395. | 6,12 |
| _ | Other | 18,527. | 370,230. | 2,333. | 18,52 |
| 12 | Advertising and promotion | 45,221. | 21,540. | 0.054 | |
| 13 | Office expenses | · | | 9,854. | 13,82 |
| 14 | Information technology | 40,460. | 2,525. | 31,905. | 6,03 |
| 15 | Royalties | 0. | 00 770 | 10.562 | 22.21 |
| 16 | Occupancy | 141,556. | 99,779. | 18,562. | 23,21 |
| 17 | Travel | 138,562. | 112,395. | 9,595. | 16,57 |
| 18 | Payments of travel or entertainment expenses | _ | | | |
| | for any federal, state, or local public officials | 0. | | | |
| 19 | Conferences, conventions, and meetings | 13,251. | 10,380. | 100. | 2,77 |
| 20 | Interest | 0. | | | |
| 21 | Payments to affiliates | 0. | | | |
| 22 | Depreciation, depletion, and amortization | 3,392. | | 3,392. | |
| 23 | Insurance | 2,412. | | 2,412. | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24f If | | | | |
| | line 24f amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | DEVELOPMENT COSTS | 31,349. | | | 31,34 |
| b | RECRUITMENT COSTS | 2,957. | 178. | 2,779. | |
| | ANNUITY EXPENSE | 12,688. | | 12,688. | |
| | MERCHANT FEES | 4,997. | | 4,997. | |
| _ | MISC EXPENSE | 79,748. | 79,748. | | |
| | f All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 5,733,696. | 4,980,602. | 391,812. | 361,28 |
| 26 | | | , , | , | |
| 10. | (B) joint costs from a combined educational campaign and fundraising solicitation | 11,600. | 9,114. | 2,486. | |
| JSA 52 1 | 000 | | | | Form 990 (20 |
| 52 1 | 54N0GA 1832 | V 10-8.3 | 417 | 763 | |

| | 990 (2 | Balance Sheet | 92-0001400 | | raye 11 |
|--------------------------|--------|--|--------------------------|--------------|---------------------------------------|
| Fa | rt X | Datalice Sheet | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | . 16,621. | 1 | 29,169. |
| | 2 | Savings and temporary cash investments | 3,302,942. | 2 | 3,180,031. |
| | 3 | Pledges and grants receivable, net | | 3 | 0. |
| | 4 | Accounts receivable, net | 363,936. | 4 | 1,724,595. |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | - · |
| | | employees, and highest compensated employees Complete Part II or | f | 1 1 | |
| | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons | | | |
| | | described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of | f | | |
| | | section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | _ | 6 | |
| ets | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges ATCH 6 | | 9 | 29,455. |
| | | Land, buildings, and equipment cost or | • | | |
| | 100 | other basis Complete Part VI of Schedule D 10a 83,375 | | | |
| | b | Less accumulated depreciation | 35,392. | 10c | 32,000. |
| | 11 | Investments - publicly traded securities | 5,129,679. | 11 | 5,912,491. |
| | 12 | Investments - other securities See Part IV, line 11 | | | 59,218. |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | <u> </u> |
| | 14 | Intangible assets | - | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | 114,277. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 16 | 11,081,236. |
| _ | 17 | Accounts payable and accrued expenses | | 17 | 169,157. |
| | 18 | Grants payable | | 18 | 756,848. |
| | 19 | Deferred revenue | | 19 | · · · · · · · · · · · · · · · · · · · |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| (O | 21 | Escrow or custodial account liability. Complete Part IV of Schedule I | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key | | | |
| Ē | | employees, highest compensated employees, and disqualified persons | | | ŕ |
| Ë | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | , |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | 120,749. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 26 | 1,046,754. |
| _ | 1 | Organizations that follow SFAS 117, check here | | | 2,000,000 |
| es | | lines 27 through 29, and lines 33 and 34. | | | • |
| ပ | 27 | Unrestricted net assets | . 872,892. | 27 | 1,489,599. |
| <u>a</u> | 28 | Temporarily restricted net assets | 2,315,402. | | 3,670,947. |
| ä | 29 | Permanently restricted net assets | | | 4,873,936. |
| Net Assets or Fund Balan | | Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. | | | |
| Ö | 30 | Capital stock or trust principal, or current funds | | 30 | |
| set | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| et | 33 | Total net assets or fund balances | | _ | 10,034,482. |
| 2 | 34 | Total liabilities and net assets/fund balances | | 34 | 11,081,236. |
| | 107 | Total normales and not desertate selections | . 7,000,100. | - 5 | 11,001,200. |

Form **990** (2010)

92-0061466 Page 12 Form 990 (2010) Part XI **Reconciliation of Net Assets** X 6,874,928. 1 5,733,696. 2 2 1,141,232. 3 3 7,906,612. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 986,638. 5 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, 10,034,482. Financial Statements and Reporting Part XII Check if Schedule O contains a response to any question in this Part XII Yes No Cash X Accrual Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2b b Were the organization's financial statements audited by an independent accountant? Х c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Х If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both Both consolidated and separate basis Consolidated basis X | Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Х 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 in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions. OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| Reason for Public Charity Status (All organizations must complete this part.) See instructions. | blic foss |
|--|------------------------------|
| A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii) (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describer section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and generated trust in the support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III -Functionally integrated d Type III -Other by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in sec 509(a)(| blic foss |
| A school described in section 170(b)(1)(A)(ii) (Altach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iii). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and greceipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in sec 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is | blic ross fits |
| A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gerepts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | blic foss |
| A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describer section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and greceipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. Since | blic ross fits |
| hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 in 3% of its support from contributions, membership fees, and greceipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 in 33 in 33 in 33 in 33 in 34 in 33 in 34 in 33 in 34 in 33 in 34 in 33 in 34 in 33 in 34 in 33 in 34 | blic ross fits |
| An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and greceipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquirred by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together wit | blic ross f its ses |
| section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and greceipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in sec 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone o | blic ross f its ses |
| section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and greceipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in sec 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone o | blic ross f its ses |
| An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 i/3 % of its support from contributions, membership fees, and greceipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 i/3 % of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | oss f its ses the |
| described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and g receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% o support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | oss f its ses the |
| A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 ½ % of its support from contributions, membership fees, and g receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33½% of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II C Type III - Functionally integrated d Type III - Other e | f its ses the |
| An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and g receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out 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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) A 15% controlled entity of a person described in (i) above? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? | f its ses the |
| receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 i/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in sec 509(a)(1) or section 509(a)(2) 11 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box 2 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? | f its ses the |
| support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | ses the |
| acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out 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 that describes the type of supporting organization and complete lines 11e through 11h and type III. Type III. The composition of the composition of the following this box, I certify that the organization is not controlled directly or indirectly by one or more disqually persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) together with persons described in (iii) A family member of a person described in (i) above? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? | the |
| An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in sec 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes | |
| An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | |
| purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | |
| 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? (iiiiii) I a 35% controlled entity of a person described in (i) or (ii) above? | tion |
| a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in sec 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) | |
| By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqual persons other than foundation managers and other than one or more publicly supported organizations described in sec 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) I a 35% controlled entity of a person described in (i) or (ii) above? | |
| persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? 11g(ii) 11g(iii) 11g(iii) | |
| f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? | |
| If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? | tion |
| organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) A family member of a person described in (i) above? (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) 11g(iii) | |
| Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) | |
| following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(iii) | |
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? | |
| and (III) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? | |
| (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(iii) | No |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | |
| | |
| | |
| h Provide the following information about the supported organization(s) | |
| (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the organization in support | |
| above or IRC section cof (i) listed in an ∞I (i) of col (i) organized | |
| (see instructions)) See instructions See instr | |
| Yes No Yes No Yes No | |
| (A) | |
| | |
| (B) | |
| | |
| (C) | |
| | |
| (D) | |
| | |
| (E) | |
| | |
| Total | |
| For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2 Form 990 or 990-EZ. | |

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.)

| Sect | ion A. Public Support | | | | | | |
|-------|--|-------------------|---------------------------------------|----------------|------------------|---------------------------|--------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 2,506,316 | 2,342,566 | 4,820,442 | 6,426,994 | 6,684,624 | 22,780,942 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2,506,316 | 2,342,566 | 4,820,442 | 6,426,994 | 6,684,624 | 22,780,942 |
| 5 | The portion of total contributions by each person (other than a governmental unit or | | | | | | |
| | publicly supported organization) included | | | | | 7 | |
| | on line 1 that exceeds 2% of the amount | | | 1.50 | | | |
| | shown on line 11, column (f) | | | | | | 11,346,811 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 11,434,131 |
| Sec | tion B. Total Support | | | T- | • | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 | Amounts from line 4 | 2,506,316 | 2,342,566 | 4,820,442 | 6,426,994 | 6,684,624 | 22,780,942 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 179,890 | 155,966 | 197,804 | 166,830 | 159,029 | 859,519. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH. 1 | 24.621 | 21,080 | 21,079 | 6,413 | 2,680 | 75,873 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 23,716,334 |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Sur | port Percenta | age | | | | |
| 14 | Public support percentage for 2010 (lin | e 6, column (f) d | ivided by line 11 | , column (f)) | | 14 | 48.21% |
| 15 | Public support percentage from 2009 S | chedule A, Part | II, line 14 | | | 15 | 56.59 % |
| 16a | 33 1/3 % support test - 2010. If the | - | | | | | |
| | this box and stop here. The organization | | | | | | |
| b | 33 1/3 % support test - 2009. If the | | | | | | |
| | check this box and stop here. The org | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 | - | | | • | | |
| | or more, and if the organization m | | | | | | |
| | Part IV how the organization meets | | | - | - | | |
| h | organization | | | | | | |
| - | 15 is 10% or more, and if the org | | - | | | | |
| | Explain in Part IV how the organization | on meets the ' | facts-and-circun | nstances" test | The organization | on qualifies as a | publicly |
| 18 | supported organization Private foundation. If the organization | on did not che | ck a box on lin | e 13, 16a, 16b | o, 17a, or 17b, | check this box | and see |
| | instructions | <u></u> | · · · · · · · · · · · · · · · · · · · | <u> </u> | <u> </u> | · · · · · · · · · · · · · | <u></u> |
| | | | | | ; | Schedule A (Form 99 | 90 or 990-EZ) 2010 |

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

(Complete only if you checked the box on line 9 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)

| Sect | tion A. Public Support | | <u>-</u> | · · · · · · | | | |
|------|---|-----------------------|--------------------|-------------------|--------------------|-----------------|-----------------|
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | 1 | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | ļ. | | |
| 4 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to or expended on | | | | ļ | | |
| | its behalf | | | | | } | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | <u> </u> | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of | |] | | | | ļ |
| | \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | , | _ | | | |
| | line 6) | • | | | | _ | |
| Sec | tion B. Total Support | | | | | | |
| C | alendar year (or fiscal year beginning in) 🕨 | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | l | 1. |
| С | Add lines 10a and 10b | | | | | | Ţ <u></u> |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | 1 | |
| 12 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | 1 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization | n's first, second, | third, fourth, or | r fifth tax year a | as a section 50 | 1(c)(3) |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2010 (line 8, c | olumn (f) dıvıded | by line 13, column | (f)) | | 15 | % |
| 16 | Public support percentage from 2009 Sched | ule A, Part III, line | 15 | | | 16 | % |
| Sec | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2010 (li | ne 10c, column (f | divided by line 13 | , column (f)) | | 17 | - % |
| 18 | Investment income percentage from 2009 | | III b = 47 | | | 18 | % |
| | 33 1/3 % support tests - 2010. If the or | | | | | | , and line |
| | 17 is not more than 331/3 %, check th | | | | | | |
| b | 33 1/3 % support tests - 2009. If the orga | | | | | | |
| | line 18 is not more than 331/3 %, check | | | | | | |
| 20_ | Private foundation. If the organization | | | | | | |
| | | | | | | | |

Page 4

| Part IV | Supplemental Information. | Complete this | part to provide | the explanat | ons required | by Part II, lin | e 10; |
|---------|--------------------------------|------------------|-----------------|-----------------|----------------|-----------------|-------|
| | Part II, line 17a or 17b, or P | art III, line 12 | Also complete | this part for a | iny additional | ınformatıon | (See |
| | instructions) | | | | | | |

| SCHEDULE A, PART II | - OTHER INCOM | E | | á | ATTACHMENT 1 | |
|---------------------|---------------|--------|---------|-------|--------------|--------|
| DESCRIPTION | 2006 | 2007 | 2008 | 2009 | 2010 | TOTAL |
| VARIOUS EVENTS | 24,621 | 21,080 | 21,079. | 6,413 | 2,680 | 75,873 |
| TOTALS | 24,621 | 21,080 | 21,079 | 6,413 | 2,680 | 75,873 |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

| | | at have filed Form 5768 (election under s | | | |
|-----|---|--|------------------------|--|--|
| | ,,,,, | at have NOT filed Form 5768 (election up | , | • | mplete Part II-A |
| | e organization answered "Yes," to Section 501(c)(4), (5), or (6) organ | o Form 990, Part IV, line 5 (Proxy Tax) or przations. Complete Part III | r Form 990-EZ, Part V, | ine 35a (Proxy Tax), then | |
| | e of organization | mzations complete raid in | | Employer identi | fication number |
| AL. | ASKA CONSERVATION FOU | INDATION | | 92-006 | 61466 |
| | | ganization is exempt under se | ction 501(c) or is | | |
| 1 | | organization's direct and indirect polit | | | |
| | candidates for public office in | • | 1 3 | · · · · · · · · · · · · · · · · · · · | |
| 2 | • | | | ▶ \$ | |
| 3 | | | | | |
| Pai | rt I-B Complete if the or | ganization is exempt under se | ction 501(c)(3) | | |
| 1 | <u> </u> | se tax incurred by the organization u | | ▶ \$ | |
| 2 | • | se tax incurred by organization mana | | | |
| 3 | | section 4955 tax, did it file Form 472 | | | Yes No |
| 4a | Was a correction made? | | • | | Yes No |
| b | If "Yes," describe in Part IV | | | | |
| Рa | | rganization is exempt under se | ···· | | |
| 1 | <u> </u> | xpended by the filing organization t | | | |
| _ | | | | | ······································ |
| 2 | | g organization's funds contributed t | ~ | . . | |
| • | | es | | · · · · · · · · —— | |
| 3 | · | Add lines I and 2 Ente | | · . . | |
| 4 | | Form 1120-POL for this year? | | | Yes No |
| 5 | | s and employer identification number | | | |
| - | | s For each organization listed, ent | | | |
| | • | ributions received that were promp | • | · · | |
| | as a separate segregated fur | nd or a political action committee (F | PAC) If additional sp | pace is needed, provide i | nformation in Part IV |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | |] | | filing organization's funds if none, enter -0- | contributions received and promptly and directly |
| | | | | idios irrione, enter-o- | delivered to a separate |
| | | | | | political organization If none, enter -0- |
| | | | | | 7,671,67 |
| (1) | | | | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (E) | | | | + | |
| (6) | | | ĺ | 1 | 1 |

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

Schedule C (Form 990 or 990-EZ) 2010

JSA 0E1264 0 040

| | art II-A Complete if the organizate section 501(h)). | ion is exempt under section 501(c)(3) and f | iled Form 5768 (electi | on under |
|-----|--|---|----------------------------------|-----------------------------|
| | _ ` ` | n belongs to an affiliated group n checked box A and "limited control" provision | ons apply | |
| | | bbying Expenditures neans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a | Total lobbying expenditures to influence | public opinion (grass roots lobbying) | 5,976. | 0. |
| b | Total lobbying expenditures to influence | e a legislative body (direct lobbying) | 1,592. | 0. |
| С | Total lobbying expenditures (add lines | la and 1b) | 7,568. | 0. |
| d | | | 5,686,354. | 0 |
| е | Total exempt purpose expenditures (ad | d lines 1c and 1d) | 5,693,922. | 0 |
| f | Lobbying nontaxable amount Enter the | amount from the following table in both | | |
| | columns | | 434,696. | 0 |
| | If the amount on line 1e, column (a) or (b) i | s: The lobbying nontaxable amount is | | |
| | Not over \$500,000 | 20% of the amount on line 1e | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | • |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | |
| g | Grassroots nontaxable amount (enter 2 | 5% of line 1f) | 108,674. | 0 |
| h | Subtract line 1g from line 1a If zero or | less, enter -0- | | 0 |
| i | Subtract line 1f from line 1c If zero or li | ess, enter -0- | | 0 |
| j | If there is an amount other than zero or | n either line 1h or line 1i, did the organization file Fo | rm 4720 reporting | |
| _ | section 4911 tax for this year? | · · · · · · · · · · · · · · · · · · · | | Yes No |

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| | Lobbying Expendi | tures During 4-Year | Averaging Period | | |
|--|------------------|---------------------|------------------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2 a Lobbying nontaxable amount | 255,525. | 350,350. | 453,568. | 434,696. | 1,494,139. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | - | | ′ | 2,241,209. |
| c Total lobbying expenditures | 41,812. | 37,324. | 41,494. | 7,568. | 128,198. |
| d Grassroots nontaxable amount | 63,881. | 87,588. | 113,392. | 108,674. | 373,535. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 560,303. |
| f Grassroots lobbying expenditures | 41,794. | 25,864. | 28,781. | 5,976. | 102,415. |

Schedule C (Form 990 or 990-EZ) 2010

| | (a | (a) | | (b) | |
|---|-----------------------------|---------------------------------------|-------------------------|-----------|-------|
| | Yes | No | | Amou | nt |
| During the year, did the filing organization attempt to influence foreign, national, state or loca | | | | | - |
| legislation, including any attempt to influence public opinion on a legislative matter o | 1 | | | | |
| referendum, through the use of | | | | | |
| a Valuntaers? | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i) | 2 | | | | |
| c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grapts to other organizations for lobbying purposes? | | | | | |
| Glants to other diganizations for lobbying purposes. | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i Other activities? If "Yes," describe in Part IV | | | | | |
| j Total Add lines 1c through 1i | . 1 | } | | | |
| a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | \cdot | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | į | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | L | <u></u> | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 | 1(c)(5), | or se | ction | | |
| 501(c)(6). | | | | | V |
| Were substantially all (90% or more) dues received nondeductible by members? | | | | | Yes |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | -+ |
| Did the organization make only infloods lobbying expenditures of \$2,000 of less. Did the organization agree to carryover lobbying and political expenditures from the prior yea | · · · · | | • • • • | 3 | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 | | | | 1 3 1 | |
| 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A | | | | h | |
| "Yes." | ., | | | - | |
| Dues, assessments and similar amounts from members | | | 1 | | |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts | | | | | |
| | | | | | |
| expenses for which the section 527(f) tax was paid). | | | | | |
| | · | | 2a | | |
| a Current year | | | 2a 2b | | |
| a Current year | | | | | ··· |
| a Current year b Carryover from last year c Total | | | 2b | | |
| a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) | dues | | 2b 2c | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) | dues of the | | 2b 2c | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible | dues lon of the | | 2b 2c | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) | dues ion of the lobbying | | 2b 2c 3 | | |
| a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? | dues ion of the lobbying | | 2b 2c 3 | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information | dues ion of the lobbying | · · · · · · · · · · · · · · · · · · · | 2b 2c 3 4 5 | IJ-B. lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part | dues ion of the lobbying | · · · · · · · · · · · · · · · · · · · | 2b 2c 3 4 5 | II-B, lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 | II-B, lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 | li-B, lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 5 d Part | B-B, lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 5 d Part | II-B, lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 5 d Part | II-B, lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 5 d Part | II-B, lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 5 d Part | II-B, lin | ie 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 5 d Part | II-B, lin | ne 1ı |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 5 d Part | II-B, lin | ne 11 |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what por excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Also, complete this part for any additional information. | dues ion of the lobbyin | ne ng | 2b 2c 3 4 5 5 d Part | II-B, lin | ne 1ı |

Schedule C (Form 990 or 990-EZ) 2010

Part IV Supplemental Information (continued)

Page 4

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 92-0061466

| | SKA CONSERVATION FOUNDATION | | 92-0001400 |
|-----|--|---|---|
| Par | Organizations Maintaining Donor Advorganization answered "Yes" to Form 9 | ised Funds or Other Similar Fun 90, Part IV, line 6. | ds or AccountsComplete if the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | 8 | . 12. |
| 2 | Aggregate contributions to (during year) | 62,642 | . 18,029. |
| 3 | Aggregate grants from (during year) | 93,023 | . 203,956. |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor adv | visors in writing that the assets held in o | tonor advised |
| • | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, and | | |
| • | used only for charitable purposes and not for the bei | nefit of the donor or donor advisor, or fo | or any other |
| | purpose conferring impermissible private benefit? | | X Yes No |
| Par | t II Conservation Easements. Complete if | the organization answered "Yes" | to Form 990. Part IV. line 7 |
| 1 | Purpose(s) of conservation easements held by the c | | , |
| • | Preservation of land for public use (e.g., recrea | | tion of an historically important land area |
| | Protection of natural habitat | I I | tion of a certified historic structure |
| | Preservation of open space | | and of a continue motorio ciraciare |
| 2 | Complete lines 2a through 2d if the organization heli | d a qualified conservation contribution | in the form of a conservation |
| - | easement on the last day of the tax year | a quanto outros ration continuation | |
| | , | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | | |
| c | Number of conservation easements on a certified hi | | |
| d | Number of conservation easements included in (c) a | | |
| - | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transf | | |
| Ū | tax year ► | ,, <u>-</u> | |
| 4 | Number of states where property subject to conserv | ation easement is located | |
| 5 | Does the organization have a written policy regarding | | |
| • | violations, and enforcement of the conservation eas | | |
| 6 | Staff and volunteer hours devoted to monitoring, ins | | |
| • | > | | |
| 7 | Amount of expenses incurred in monitoring, inspect | ing, and enforcing conservation easem | ents during the year |
| | > \$ | 3 | • |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | section 170(h)(4)(B) |
| | (ı) and 170(h)(4)(B)(ıı)? | | 1 1 1 1 |
| 9 | In Part XIV, describe how the organization reports of | onservation easements in its revenue | and expense statement, and |
| | balance sheet, and include, if applicable, the text of | the footnote to the organization's finan | cial statements that describes the |
| | organization's accounting for conservation easemer | nts | |
| Pa | rt III Organizations Maintaining Collection | | |
| | Complete if the organization answered | "Yes" to Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted under S works of art, historical treasures, or other similar | SFAS 116 (ASC 958), not to report i | n its revenue statement and balance sheet |
| | works of art, historical treasures, or other similable service, provide, in Part XIV, the text of the | lar assets held for public exhibition, | education, or research in furtherance of |
| | | | |
| b | If the organization elected, as permitted under works of art, historical treasures, or other simi public service, provide the following amounts rela | lar assets held for public exhibition, | education, or research in furtherance of |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | |
| | (ii) Assets included in Form 990, Part X | | ▶\$ |
| 2 | If the organization received or held works of | | |
| | following amounts required to be reported under | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| b | Assets included in Form 990, Part X | | ▶\$ |

Schedule D (Form 990) 2010

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

| Par | t VI Land, Buildings, and Equipment | tSee Form 990, Pa | rt X, line 10 | | |
|------|--|--------------------------------------|------------------------------------|------------------------------|----------------|
| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a | Land | | 32,000. | | 32,000. |
| b | Buildings | -20-21 | | | |
| С | Leasehold improvements | | | | |
| d | Equipment | | 51,375. | 51,375 | 0. |
| е | Other | | | | |
| Tota | II. Add lines 1a through 1e (Column (d) must | equal Form 990, Part | X, column (B), line 10 | (c)) ▶ | 32,000. |

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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) | | |
| <u>(I)</u> | ., | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | · · · · · · · · · · · · · · · · · · · | |
| Part VIII Investments - Program Related. See F | orm 990, Part X, lin | e 13 |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| | | Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Part IX Other Assets. See Form 990, Part X, col (B) line 13) | | 1 |
| | | 4h) Dooli value |
| <u>(1)</u> |) Description | (b) Book value |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | -, u | |
| (6) | | |
| (7) | - | |
| (8) | | |
| (9) | *** | |
| (10) | | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 15) | | |
| Part X Other Liabilities. See Form 990, Part > | (, line 25 | |
| 1. (a) Description of liability | (b) Amount | |
| (1) Federal income taxes | | |
| (2) GIFT ANNUITY LIABILITY | 119, | 859. |
| (3) CAPITAL LEASE OBLIGATION | | 890. 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25 | | |
| 2. FIN 48 (ASC 740) Footnote In Part XIV, provide the te | xt of the footnote to the | organization's financial statements that reports the |
| organization's liability for uncertain tax positions under FII | N 48 (ASC 740) | · |

| Schedule | D (Form 990) 2010 92-0061466 | | | Page 4 |
|-----------------|---|-----------------|-------------------|---------------------------------------|
| Part X | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem | ents | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 6,874,928. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | 5,733,696. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | | 1,141,232. |
| 4 | Net unrealized gains (losses) on investments | 4 | | 988,638. |
| | Donated services and use of facilities | 5 | | |
| | Investment expenses | 6 | | |
| | Prior period adjustments | 7 | | |
| | Other (Describe in Part XIV) | 8 | | -2,000. |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | | 986,638. |
| | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | | 2,127,870. |
| Part > | | urn | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 7,821,793. |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | ` [| | |
| | Net unrealized gains on investments 2a 988, 63 | 8. | | |
| b | Donated services and use of facilities 2b 1,86 | _ | | |
| | Recoveries of prior year grants 2c | | | |
| d | Other (Describe in Part XIV.) | $\neg \uparrow$ | | |
| | Add lines 2a through 2d | \neg | 2e | 990,503. |
| 3 | Subtract line 2e from line 1 | | 3 | 6,831,290. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | `` | | · · · · · · · · · · · · · · · · · · · |
| | Investment expenses not included on Form 990, Part VIII, line 7b 4a 41, 63 | 8. | | |
| b | Other (Describe in Part XIV) 4b 2,00 | | | |
| | Add lines 4a and 4b | _ | 4c | 43,638. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | • - | 5 | 6,874,928. |
| Part 2 | | | | <u></u> |
| 1 | Total expenses and losses per audited financial statements | 1 | 1 | 5,693,923. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | · · - | | |
| | 1 1 | 5. | ŀ | |
| _ | 26 | " | ' | |
| b | | | _ | |
| C | | | - | |
| d | Addition to Alexandr Od | | 2e | 1,865. |
| _ | Subtract line 2e from line 1 | · • - | 3 | 5,692,058. |
| 3 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | · • | - | 3,032,030. |
| 4 | Investment expenses not included on Form 990, Part VIII, line 7b 4a 41, 63 | _β | | |
| a | | | | |
| b | Addition 4 and 4h | \dashv | 4c | 41,638. |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 5,733,696. |
| 5 | XIV Supplemental Information | • • • | 5 | 3,733,030. |
| Compl Part V | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also computation | art IV lete | , lines this p | s 1b and 2b, aart to provide |
| SEE | PAGE 5 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Schedule D (Form 990) 2010

SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON THE RETURN NOT ON THE BOOKS TAX GREATER THAN BOOK INCOME FROM RUTHERFORD K-1.

SCHEDULE D, PART V, LINE 4

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS. ACF'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE FOUNDATION'S OVERALL MISSION TO ADVANCE ALASKA CONSERVATION. ACF HAS OVER 15 ENDOWED FUNDS THAT ARE RESTRICTED TO A VARIETY OF ALASKA CONSERVATION PURPOSES, RANGING FROM REGIONAL PRIORITIES TO ENVIRONMENTAL EDUCATION TO CLIMATE CHANGE.

SCHEDULE D, PART XI, LINE 8

OTHER RECONCILING AMOUNTS

TAX GREATER THAN BOOK INCOME FROM RUTHERFORD K-1

SCHEDULE I (Form 990)

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

| OMB No 1545-0047 |
|------------------|
|------------------|

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

Open to Public Inspection Employer identification number

92-0061466

► Attach to Form 990. General Information on Grants and Assistance ALASKA CONSERVATION FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

Part

| 1 Does the organization maintain records to substantiate the amount of the grants of assistance, the grantees eligibility for the grants of assistance, and | ostantiate the ar | nount of the gra | nts or assistance, tr | ne grantees eligioi | ny for the grants of a | | : |
|---|--|------------------------------|--|---------------------------------------|---|--|------------------------------------|
| | or assistance? | | | | | | ⊕ Yes □ No |
| 2 Describe in Part IV the organization's procedures for | res tor monitori | ng the use of gr | monitoring the use of grant funds in the United States | ted States | | | |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV in the distributed if additional space is needed. | sovernments recipient that recipient that recipient that recipient that recipient that recipients are recipients and recipients are recipient | and Organiza eceived more | tions in the Unit than \$5,000. Ch | ed States. Comp eck this box if no | slete if the organizatione receiptent receiptent | ation answered "Yes sived more than \$5, | s" to 000. Part |
| 1 (a) Name and address of organization or government | | (c) IRC section | (d) Amount of cash grant | (9) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) SEE STATEMENT 8 | | | 3,495,876 | | | | |
| | | | | | | | : |
| | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| [12] | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations | overnment orga | nizations | | | | • | 37: |
| 3 Enter total number of other organizations | | | | | | A · · · · · · · · · · · · · · · · · · · | , |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | structions for F | orm 990. | | | | Schedul | Schedule I (Form 990) (2010) |
| , O. | | | | | | | |

0E12882 004 NOGA 1832

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

| | rail III call be duplicated II additional space is necded. | ice is receded. | | | | |
|---------|--|--------------------------|--------------------------|-----------------------------------|--|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV appraisal, other) | (f) Description of non-cash assistance |
| | | | | | | |
| - , | | | | | | |
| , | | | | | | a de la companya de l |
| | | | | | | |
| | | | | | | |
| 9 | | | | | | |
| _ | | | | | | |
| Part IV | Part IV Supplemental Information. Complete this | is part to provid | de the informatio | on required in P | art I, line 2, and any | part to provide the information required in Part I, line 2, and any other additional information |

I, LINE PART ı, SCHEDULE FORM 990,

DESCRIBE THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS.

SUCCESSFUL APPLICANTS ARE REQUIRED TO SIGN A GRANT AGREEMENT THAT

IS NECESSARY TO SIGNIFICANTLY ALTER THE IF IT INCLUDES THE FOLLOWING: PLEASE REQUEST REALLOCATION OF YOUR OF YOUR WORK PLANS, SCOPE OR METHODS

PLEASE ADDRESS YOUR REQUEST TO THE PROGRAM STAFF WITH GRANT IN WRITING.

THIS GRANT IS SUBJECT TO THE FOLLOWING WHOM YOU ARE WORKING. GRANTEE(S) WILL NOT USE THIS GRANT TO INTERVENE IN ANY STIPULATIONS: SUPPORT OR OPPOSE ANY POLITICAL PARTY OR CANDIDATE FOR PUBLIC ELECTION,

OR ENGAGE IN ANY LOBBYING NOT PERMITTED UNDER IRS CODE 501(H) OFFICE,

V 10-8.3

Page 2

92-0061466

Schedule I (Form 990) (2010)

Part III

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

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 9 4 S 8 က

MOREOVER, GRANTEE(S) WILL INFORM ACF IMMEDIATELY OF ANY CHANGE IN ITS IRS

501 (C)(3) TAX STATUS INCLUDING IRS PROPOSED OR ACTUAL REVOCATION

(WHETHER OR NOT APPEALED). ALL SUCCESSFUL GRANT RECIPIENTS ARE REQUIRED

TO SUBMIT AN EVALUATION AT THE END OF THE GRANT TERM. THIS FINAL REPORT

ASSISTS ACF IN LEARNING ABOUT THE GRANT'S OUTCOMES.

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number 92-0061466

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AVAILABILITY TO THE PUBLIC.

FINANCIAL STATEMENTS ARE INCLUDED ON FORM 990 AND IN THE ORGANIZATION'S

ANNUAL REPORT, AVAILABLE ON OUR WEB SITE. GOVERNING AND POLICY DOCUMENTS

ARE AVAILABLE UPON REQUEST. THE MOST CURRENT THREE FORM 990S ARE

DISPLAYED ON THE ALASKA CONSERVATION FOUNDATION WEBSITE.

FORM 990, PART VI, SECTION B, LINE 11

FORM 990, PART VI, SECTION B, LINE 12C

CURRENT OR POTENTIAL GRANTEE ORGANIZATION.

FORM 990 PROVIDED TO GOVERNING BOARD BEFORE FILING.

FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO FILING THE TAX RETURN WITH THE IRS.

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

ACF'S CONFLICT OF INTEREST POLICY COVERS ANY EMPLOYEE, TRUSTEE, OR PERSON

WITH SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION ("INSIDER"), OR BETWEEN

THE ORGANIZATION AND A PERSON AFFILIATED WITH ANY EMPLOYEE, INSIDER, OR

EACH TRUSTEE OR INSIDER IS REQUIRED TO DISCLOSE TO THE BOARD OR RELEVANT
BOARD COMMITTEE ALL MATERIAL FACTS REGARDING HIS OR HER INTEREST

(INCLUDING RELEVANT AFFILIATIONS) IN A DECISION OR TRANSACTION BEING

CONSIDERED BY THE BOARD OR BOARD COMMITTEE. THE INSIDER IS REQUIRED TO

MAKE THAT DISCLOSURE PROMPTLY UPON LEARNING OF THE PROPOSED DECISION OR

TRANSACTION.

EACH EMPLOYEE WHO IS NOT AN INSIDER IS REQUIRED TO DISCLOSE TO THE EXECUTIVE DIRECTOR ALL MATERIAL FACTS REGARDING HIS OR HER INTEREST (INCLUDING RELEVANT AFFILIATIONS) IN ANY DECISION OR TRANSACTION BEING CONSIDERED BY THE BOARD. THE EMPLOYEE MUST MAKE THAT DISCLOSURE PROMPTLY UPON LEARNING OF THE PROPOSED DECISION OR TRANSACTION.

WITH REGARD TO AN INSIDER, THE BOARD OR BOARD COMMITTEE DETERMINED

RELEVANT BY THE EXECUTIVE COMMITTEE SHALL DETERMINE IF A CONFLICT OF

INTEREST EXISTS. IF THE INSIDER IS A TRUSTEE, HE OR SHE SHALL NOT BE

PRESENT DURING THE BOARD OR BOARD COMMITTEE'S DISCUSSION OR DETERMINATION

OF WHETHER A CONFLICT OF INTEREST EXISTS.

WITH REGARD TO AN EMPLOYEE WHO IS NOT AN INSIDER, THE EXECUTIVE DIRECTOR SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

WITH REGARD TO AN INSIDER, THE BOARD OR BOARD COMMITTEE INVESTIGATES THE POTENTIAL CONFLICT IN ORDER TO DECIDE WHETHER TO MAKE THE RELEVANT DECISION OR TO ENTER INTO THE TRANSACTION. IF IT DOES SO, IT MUST ENSURE THAT THE BASIS FOR THE DECISION IS PRUDENT AND SOUND OR THE TERMS OF THE TRANSACTION ARE REASONABLE. IN THE CASE OF AN INSIDER WHO IS A TRUSTEE, THE TRUSTEE WILL NOT VOTE ON ANY DECISION OR TRANSACTION IN WHICH THE TRUSTEE HAS AN INTEREST, AND WILL NOT BE PRESENT DURING THE BOARD OR BOARD COMMITTEE'S DISCUSSIONS.

WITH REGARD TO AN EMPLOYEE WHO IS NOT AN INSIDER, THE EXECUTIVE DIRECTOR SHALL DECIDE THE APPROPRIATE RESPONSE BY THE ORGANIZATION ONCE A CONFLICT OF INTEREST HAS BEEN DETERMINED TO EXIST. AN EMPLOYEE MAY APPEAL ANY ADVERSE DETERMINATION TO THE BOARD.

THE BOARD OVERSEES AN ANNUAL REVIEW OF THE ADMINISTRATION OF THIS

CONFLICT OF INTEREST POLICY. THE REVIEW MAY BE WRITTEN OR ORAL, AND

PRESENTED ANNUALLY TO THE FULL BOARD. THE REVIEW WILL CONSIDER THE LEVEL

OF COMPLIANCE WITH THE POLICY, THE CONTINUING SUITABILITY OF THE POLICY,

AND WHETHER THE POLICY SHOULD BE MODIFIED AND IMPROVED.

FORM 990, PART III, LINE 4

DESCRIBE OTHER PROGRAM SERVICES (NOT INCLUDED IN 3 LARGEST)

STRENGTHENING THE ALASKA CONSERVATION MOVEMENT. SUPPORTING ALASKA'S

CONSERVATION MOVEMENT LIES AT THE CORE OF THE ALASKA CONSERVATION

FOUNDATION'S (ACF) MISSION. IN 2008, ACF INITIATED A COMPREHENSIVE

ASSESSMENT OF THE ALASKA CONSERVATION MOVEMENT TO IDENTIFY OPPORTUNITIES

FOR COLLABORATION BETWEEN CONSERVATION GROUPS THAT WOULD CREATE GREATER

EFFICIENCIES IN OPERATIONS, EXPAND THE DIVERSITY OF THE MOVEMENT, AND

BETTER ACHIEVE COMMON GOALS. THE RESULT WAS THE FORMATION OF A COALITION

OF ALASKA CONSERVATION LEADERS WORKING TOGETHER WITH ACF TO TRANSFORM THE

MOVEMENT WITH THE GOAL OF INCREASING ITS POWER AND INFLUENCE, AND

BUILDING ENDURING CHANGE IN THE STRENGTH AND DIVERSITY OF EFFORTS TO

PROTECT ALASKA'S NATURAL ENVIRONMENT AND THE WAYS OF LIFE IT SUSTAINS.

BRISTOL BAY REGIONAL VISION PROJECT. ACF, IN PARTNERSHIP WITH A COALITION OF OTHER FOUNDATIONS, IS SUPPORTING AN EFFORT BY THE BRISTOL BAY NATIVE ASSOCIATION AND ITS PARTNER ORGANIZATIONS-BRISTOL BAY NATIVE CORPORATION, BRISTOL BAY AREA HEALTH CORPORATION, BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION AND BRISTOL BAY HOUSING AUTHORITY-TO CREATE A VISION FOR THE FUTURE OF BRISTOL BAY BASED ON THE DIRECTION THEY'RE GIVEN BY THE VILLAGES OF THE REGION. THESE FIVE ORGANIZATIONS ESTABLISHED A COMMISSION OF RESPECTED NATIVE ELDERS THAT TRAVELED TO ALL 28 VILLAGES IN THE BRISTOL BAY REGION TO HEAR FROM VILLAGES RESIDENTS ABOUT THEIR HOPES FOR THE FUTURE OF THE REGION. THE ORGANIZATIONS PLAN TO USE THE VISION THAT EMERGES FROM THIS EFFORT AS A GUIDE FOR CONSIDERING FUTURE ECONOMIC ACTIVITY AND FOR DIRECTING PUBLIC POLICY AND LAND MANAGEMENT DECISIONS IN THE REGION.

ALASKA NATIVE FUND. ACF ESTABLISHED AN ALASKA NATIVE FUND TO ADVANCE
ALASKA NATIVE PRIORITIES FOR PROTECTING LAND AND SUSTAINING WAYS OF LIFE
ESSENTIAL FOR CULTURAL SURVIVAL. THE GOALS OF THE ALASKA NATIVE FUND ARE
TO 1) INCREASE FOUNDATION AND PRIVATE RESOURCES FOR ALASKA NATIVE
ORGANIZATIONS ENGAGED IN PROTECTING FISHERIES AND WILDLIFE RESOURCES; 2)
SUPPORT ALASKA NATIVE DETERMINATION OF ENVIRONMENTAL ISSUES, STRATEGIES,
AND SOLUTIONS; AND 3) BUILD RELATIONSHIPS THAT WILL GROW AND STRENGTHEN
THE CONSERVATION MOVEMENT IN ALASKA. DECISIONS FOR GRANTMAKING FROM THE
FUND ARE DETERMINED BY AN ADVISORY COMMITTEE COMPRISED OF NATIVE LEADERS
FROM THROUGHOUT ALASKA. THE COMMITTEE HAS IDENTIFIED THE FOLLOWING
PRIORITY AREAS: IMPACTS OF EXTRACTIVE INDUSTRIES; PROTECTION OF

SUBSISTENCE RESOURCES; CLIMATE CHANGE; ENERGY; AND ENVIRONMENTAL HEALTH.

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

DETERMINATION OF EXECUTIVE COMPENSATION

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED AT THE TIME OF DIRECTOR

RECRUITMENT BY REVIEWING COMPARABILITY SALARY DATA COMPILATIONS FOR

SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS: BOTH NATIONAL

ENVIRONMENTAL GROUPS, NATIONAL FOUNDATIONS, AND ALASKA'S NONPROFIT

SECTOR. INITIAL REVIEW IS PERFORMED BY AN AD HOC COMMITTEE OR THE

EXECUTIVE COMMITTEE, WITH A DETERMINATION OF SALARY RANGE THEN DISCUSSED

AND PASSED CONTEMPORANEOUSLY BY BOARD RESOLUTION AT A CONVENING OF THE

BOARD. THE REVIEW PROCESS CAN BE REINITIATED AT OTHER TIMES BY

DETERMINATION OF THE BOARD CHAIR. PROCESS LAST UNDERTAKEN IN 2006.

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

DETERMINATION OF COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES

THE ORGANIZATION HAS NO "KEY EMPLOYEES", AND ONLY ONE OFFICER IN ADDITION

TO THE EXECUTIVE DIRECTOR: THE DIRECTOR OF FINANCE AND OPERATIONS. FOR

THIS EMPLOYEE, SALARY RANGE IS DETERMINED AT THE TIME OF POSITION

RECRUITMENT BY REVIEWING COMPARABILITY SALARY DATA COMPILATIONS FOR

SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS: BOTH NATIONAL

ENVIRONMENTAL GROUPS, AND ALASKA'S NONPROFIT SECTOR. SALARY REVIEW IS

PERFORMED BY THE EXECUTIVE DIRECTOR, DISCUSSED WITH THE EXECUTIVE

COMMITTEE, AND RECORDED WITH SUPPORTING DOCUMENTATION BY THE E.D. THE

REVIEW PROCESS CAN BE REINITIATED AT OTHER TIMES BY DETERMINATION OF THE

92-0061466

EXECUTIVE DIRECTOR. PROCESS LAST UNDERTAKEN IN 2010.

FORM 990, PART XI, LINE 5

PART XI, LINE 5

\$988,638 UNREALIZED GAIN ON INVESTMENTS.

(\$2,000) BOOK/TAX DIFFERENCE IN PARTNERSHIP INCOME.

\$986,638 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART VII, SECTION A

RETURN AMENDED FOR INCLUSION OF "ZERO" AMOUNT OF REPORTABLE COMPENSATION

OF APPLICABLE TRUSTEES AND OFFICERS FOR COMPLETE AND ACCURATE REPORTING

OF RETURN INFORMATION.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ALASKA CONSERVATION FOUNDATION IS A PUBLIC FOUNDATION FOR

CONSERVATION IN THE STATE OF ALASKA. WE BUILD STRATEGIC LEADERSHIP

AND SUPPORT FOR ALASKAN EFFORTS TO TAKE CARE OF WILDLANDS, WATER, AND

WILDLIFE WHICH SUSTAIN DIVERSE CULTURES, HEALTHY COMMUNITIES, AND

PROSPEROUS ECONOMIES. TOGETHER WITH AN EXPANDING ARRAY OF DIVERSE

PARTNERS, ACF GIVES HIGHEST PRIORITY TO MAINTAIN AN ACTIVE AND

LASTING MAJORITY THAT EMBRACES CONSERVATION VALUES.

Name of the organization
ALASKA CONSERVATION FOUNDATION

Employer identification number 92-0061466

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

TONGASS FISH PEOPLE PLACE. ACF PROVIDES LEADERSHIP AND FINANCIAL SUPPORT TO A COALITION OF CONSERVATION ORGANIZATIONS, COMMERCIAL FISHERMEN, LOCAL BUSINESSES AND LOCAL COMMUNITIES WORKING TOGETHER FOR SUSTAINABLE MANAGEMENT OF THE TONGASS NATIONAL FOREST, THE LARGEST FOREST IN THE NATIONAL FOREST SYSTEM AND ONE OF THE LAST REMAINING TEMPERATE RAINFORESTS IN THE WORLD. THE COALITION IS FOCUSED ON 1) SUPPORTING A RAPID TRANSITION FROM OLD-GROWTH TO YOUNG-GROWTH TIMBER HARVEST; 2) BUILDING A SUSTAINABLE WOOD PRODUCTS INDUSTRY IN THE REGION; 3) INCREASING PROTECTION FOR THE REGION'S SALMON FISHERIES THAT SUSTAINS THE ECONOMIES OF THE REGION'S COASTAL COMMUNITIES; AND 4) PROTECTING THE REGION'S ANCIENT RAINFOREST.

| FORM 990, PART III, LINE 4D - OTHER PROGRAM SER | <u>VICES</u> | ATTACHMENT | 2 3 |
|---|--------------|------------|---------|
| DESCRIPTION | GRANTS | EXPENSES | REVENUE |
| STRENGTHENING THE ALASKA CONSERVATION MOVEME | 319,641. | 508,817. | |
| BRISTOL BAY REGIONAL VISION PROJECT | 243,348. | 316,063. | |
| ALASKA NATIVE FUND | 90,219. | 148,432. | |
| TOTALS | 653,208. | 973,312. | |

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

Schedule O (Form 990 or 990-EZ) 2010

| • | | | | |
|---|------------|----------------|-------------------------------|------------------|
| Schedule O (Form 990 or 990-EZ) 2010 | | | | Page 2 |
| Name of the organization | | | Employer identification i | number |
| ALASKA CONSERVATION FOUNDATION | | <u></u> | 92-0061466 ATTACHMENT 4 (C | (A LTMO) |
| FORM 990, PART VI, LINE 17 - STATES | | | ATTACHMENT 4 (C | ONT D) |
| | | | | |
| | | | | |
| | | | | |
| RI,SC,TN,UT,VA,WA,WV,WI, | | | | |
| | | | | |
| DODU AAA DADE WILL TUUDGENEUM TUGANE | | | ATTACHMENT 5 | |
| FORM 990, PART VIII - INVESTMENT INCOME | | | | |
| | (A) | (B) | (C) | (D) |
| | TOTAL | RELATED OR | UNRELATED | EXCLUDED |
| DESCRIPTION | REVENUE | EXEMPT REVENUE | BUSINESS REV. | REVENUE |
| INTEREST INCOME EXCLUDED § 512(B)(1) | 157,709 | θ. | | 157,709. |
| TOTALS = | 157,709 | <u>).</u> | | 157,709. |
| | | | | |
| | | — A1 | TACHMENT 6 | |
| FORM 990, PART X - PREPAID EXPENSES AND | DEFERRED (| | | |
| | | | | |
| DESCRIPTION | | NNING VALUE | ENDING BOOK VALUE | |
| PREPAID EXPENSES | | 23,399. | 23,231 | |
| OTHER ASSETS | | 3,196. | 6,224 | |
| TOTALS | | 26,595. | 29,455 | ≜ |

| Schedule O (Form 990 or 990-EZ) 2010 | | | Page 2 | | |
|---|-------------------|-------------------------|-----------------|--|--|
| Name of the organization | | Employer identification | number | | |
| ALASKA CONSERVATION FOUNDATION | | 92-0061466 | cost DE OR FMV | | |
| | | ATTACHMENT 7 (CONT | ''D) | | |
| FORM 990, PART X - INVESTMENTS - PUBLICLY | TRADED SECURITIES | | | | |
| | | | | | |
| | | | | | |
| | BEGINNING | ENDING | COST | | |
| DESCRIPTION | BOOK VALUE | BOOK VALUE | OR FMV | | |
| SECURITIES | 5,129,679. | 5,912,491. | FMV | | |

Railbal Efficiency Landscape Reading 2011 Geneting Suport
Privings of Graduer's Truck. Property Resource Bin
Proys Microry in the Railbalk study
Alwas and Marking Coape Madda and Fly In
Alwas Descript Good Madda and Fly In
Alwas Descript Good Williams Study
Palliams Baserier Good Williams Study
Mallia increment on Energy Efficiency
Binity and Energy Efficiency Study
Art Tolliams and Food Williams Study
Art Tolliams and Food Williams Study
Art Tolliams and Food Williams Study Anii Neesting Superi Nuure Giststeer (Ognitish)
Cistorian to Albasa / Neure Grasseer Ongrissing
Streetin for Albasa / Neure Grasseer Ongrissing
Streetin for Albasa / Neure Grasseer Ongrissing
Streetin for Albasa / Neure Grasseer Ongrissing in .wm
Cost Dark and Temporar ion Ostrasen
Cost Dark and Temporar ion Ostrasen
Cost Temporareire Ostra in Pesisa.masy _aril Analysis of hishbons K II Cost Project Goolydiclogic Analysis of CTY _s Frogosed Enderground Coul Tarbiates and Analysis of CTY _s Frogosed Enderground Coul Perhates I uniper - Aliaki Cost Wicking Otton Ciparity Assistant for Enways Freedom Becomes and testin, il Antiytis for underground usal first shared concern trapping pittishamed concern trapping (h) Purpose of grant assistance Mentury and chulfna Video.

1010 Operating Support

(prover up disport

11. Effect alone Seditate on for the Chillie Hille

(hulfor Fild Media

(hulfor 2011 Campalyn redit, unal Knowledge Study - Marine Manmals ampaign Proposed Chu 'ny coal mine nesting Sea by Sect - Uppart
Notices Travil Flags Northern Boundary
2011 Namestang Suppart rannionen ingarizing - Chuithy Wina riscol Pay Hegional Vision Project anpaign - Pracking Laves sele 2011 Operating Support Loal Ash Eambling Human Health Impacts of Coat 441 at any support reganizational apparen outh Coal Summit (g) Description of non-cash assistance (c) IRC (d) Amount (e) Amount (Book, FMV, Section 1 of Cash of Non- Appraisal, spplicable Grant cash grant Other) 5247 148 384 550 \$35 700 \$ 500 -17 714 \$12 SOI \$13 0ng 5474 174 842 513 \$37 640 307 34 512 *00 546,950 \$40 603 311 000 000 . 3 501 (c) (3) 501 (c) (3) 501 (c) (3) 501(c) (3) 501(c)(3) 501 (c) (3) 501 (c) (3) 501(c)(3) 501 (c) (3) 501 (c) (3) 501 (c) (3) 501(c)(3) 501 (c) (3) 501 (c) (3) 501 (c) (3) 501(c)(1) 501(c)(3) (b) BIN 1-14017V3 .0 28,0677 12 6047627 3-7356615 ------33-0204612 12-0112546 12 00+0459 (10,104) 0001100-00 4330439 2-0156450 . 6155874 0-1037177 -------0-4 (4822) 1-0212141 ALASKA CONSERVALION FOUNDATION FORM 990, SCHEDULE I, PART II, Line 1 6/30/2011 Name and Address of organization or Government Cortes tos & love in Publis Fasts/Spatian Basenia, 187 1913 Danies (crisma Ro-Codi...on Pilone 18, 1975) olt lusha Yusti for Brileminestel Activis o nat mol Hildlith tederacion to Neer Secont Auri un Hita "Do sperige AV 1950) Leaks (th), Interest feases, broug of Hox 1010ml inclosings AX 99510 1095 Allocks Conton (or Ne Environment An Locate, AK 1956s 100 An Locate, AK 1956s 100 Allocks Community Action on Tool o 65 w southern there alloc ancients at 9:901 Aleaka Mainte convert (flor Count) to H. A. 101145 Meloroga. AK 1951(1) 1145 saka latebang Timet Corporation of E Dahlia ave 10 Mr. 11979 energy (10 Mr. 11979 energy Ray Paramond Project Conference Conf Acousty bunden & Auglers H x 51 Alaski i srvervitjen Allissem Ale k Strøti Alfre 201 Anthonuse - AK Vøbel iliska contenuitza uterr 18 a Argan User 201 octonyw an Insal eph On trace

92-0061466

| DI GOVERNY COUNTRING DO GOV 218.7 JUNESU AA 99922 | 52 6121639 | 501 (c) (3) | 111 12 | | Treatnahlp |
|--|----------------|--------------|------------|--|--|
| 2811 New 2 Pu 10 Box 71967 Julian - X 55803 | r_ 1557715 | 501 (c) (3) | 523 000 | | sahila Kina Campaign |
| Friend of Mac Sil 10 Uom 116 Faingr AK 9-615 | 20.5510 54 | 501 (c) (3) | 000 5570 | | Mai Su Coal Davelormer Compagn |
| Jureau Mate, brad festivas abija pri brox 20648 Jureau Ar 99802 uess | 42 0171844 | 503 (c) (3) | 27 (3 | | în ternahîp |
| RACIDERA BA, COLHRIVATION SOCIALLY 3714 BAN ABIDERS (Br. KORLT AK, 2567) | 12-88508*1 | 501 (c) (3) | 510 000 | | Dage in paratteing process for out 4 gas new Imparat |
| Mett mal Count il di Churcheu 110 Metgland Ave , Al Puttan ite Havington O. 1002 | 13-5542417 | 501 (a) (3) | \$7 504 | | Paristy with Campityli |
| Notthern Akaska finchroment il vencer 1815 college Nood Aestronick AK 97431-2885 | #(0#(PC-{7 | 501(c)(3) | 167 (38 | | Downshift Pacticipation Alaeka Brindmire 2011 Tyrkiting Support Beats of the Brindmire Beats of the Brindmire Beats of the Brindmire Beats of the Brindmire Beats of the Brindmire Brindmi |
| Murimeta Aulukeutas FG Boox 133 Dillinghira AK 34576 | 21-120344 | 501(c)(3) | 259 9196 | | Bijntol Bay Campaign Local Gniteath Grynnigettonal Copesity |
| Muzhayak Milchatta hund-Tirchik P.O. Rox 1186 Dillingham, AK 59476 | 11-172176 | 501 (c) (3) | \$10 000 | | red for its garage of the second of the seco |
| Protect var kinters 1157 mmbir 54 Pacific Jahradan CA 90372 | 8054/48-82 | 501(c) (3) | 000 623 | | Climate change - (cal P'ning |
| Remarable Ducity Alaska Project 104 3 Scient 104 2 Scient 105 2 Scient | 775 84 85 - 47 | (1) (0) (0) | 75. | | and output the season Chickly |
| kei gunt la Raugurcaa Poundat ion aus W. Jrri Ava Anchorige: Ah. 30501 | 110-144941 | 501(c)(3) | 910 000 | | In Topics of the state of the s |
| Sterra Club Forsidation 1. tw-mnd atreet Suit 1950 1. tw-mnd atreet Suit 1950 1. tw-mnd atreet | 24 .0. 19 | 501 (c) (3) | 040 | | Cost Plant Tachtus II Roys w No base Cast Lampasan - Alabas Cost Wask |
| \$11.he Culter vitirii hadriy 50 is a Alli 31.ch a h \$\$413 | v1-00**** | 501(0)(3) | 484,1513 | | ionge Community Outles th |
| SOUTHWAY Albake Cradura LEG Cadral Volt 20 Anna Street Volt 20 Anna Abana | 7807 670 | 501 (c) (3) | 019 410 | | 7010 (Marsing Support Sevilable Negolicini Support Streegues for Alakka a Distor aleasinost unpuniting un Energy Alakk Transpiretelin Priorities Project Alakk Transpiretelin Priorities Project Pald Vedia de Community Outreach & strategic Pald Vedia |
| Terehend Nater shed County 1 For Box 16.3 History Ah 95927 | 31-1069346 | 501 (a) (3) | 24 050 | | Tretobkip |
| The hat its Constructy of Alaskii 135 L biters Edite 100 A 83501 | 21-6204616 | \$01 (c) (3) | 000 LES | | profiles ferrendo for |
| Tibut Unlimited Alaska Prog and 419 6th St. burte 210 lungan AK 91801 | 30 101,715 | 501(c)(3) | 63, 660 | | Tongss comminity Outensch |
| T waters for Alaska 1921 Acar Foulth Avenue Acity on AK 99501 | 91 6010119 | 501 (c) (3) | 3491 006 | | abal Operating Support Legal Wignor - Albaka Chan Energy Caepasyn Bristol Bay Caspaign Legal Counsal |
| YARUTEL GAIMON BEARD 305 MAXITALIF GRIVE Yabutat 18 v9A40 | 93 6061319 | Borough | 37. 85.6 | | jikanskij |
| Yokon Rivet Inter-Tiihal daterahad conn-11 725 Chisteneon Dison saite 3 Antisage Ax 94401 | 9249910-26 | 501 (0) (3) | 7 99 93 | | Incernality |
| Total Grants (Greater than \$5,000) Paid to | | | 27.495.076 | | |

Total Grants (Greater than 33,000) Paid to Organization or Government string finale less han 19.000 To-al size Plus P. COS To-al size Plu

\$3,495,076 \$39,932 \$3,525,798

Form 8868

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Department of I | | ► File | a separate ap | plication for each return | | |
|--|--|--|---|---|--|--|
| If you are | filing for ar | Automatic 3-Month Extension, | complete o | nly Part I and check this box | · · · · · · · · · · · · · · · · | ▶ X |
| | | Additional (Not Automatic) 3-A | | | | |
| Do not comp | olete Part II (| unless you have already been gr | anted an aut | omatic 3-month extension on a | previously filed Form | 8868 |
| a corporation 8868 to receive for instructions | n required quest an ex Transfers / For more | You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Person details on the electronic filing of | onal (not aut e forms liste nal Benefit (this form, vis | comatic) 3-month extension of the din Part I or Part II with the econtracts, which must be sent the www.irs.gov/efile and click of the contracts. | time You can electron exception of Form 887 of to the IRS in pap | nically file Form 70, Information er format (see |
| Parti Au | tomatic 3 | -Month Extension of Time. C | nly submit | original (no copies needed). | | |
| A corporation | n required | to file Form 990-T and requesting | g an automa | atic 6-month extension - check | this box and complete | |
| Part I only | | (including 1120-C filers), partners | | | | ▶ ☐ |
| to file incon | ne tax return | S | | | | |
| Type or | | xempt organization | | | Employer identific | |
| print | | CONSERVATION FOUNDAT | | | 92-0061 | 466 |
| File by the | | treet, and room or suite no. If a P.O. I | oox, see instruc | ctions | | |
| due date for | | ST 5TH AVENUE | | | | |
| filing your return See | City, town | or post office, state, and ZIP code F | or a foreign ad | dress, see instructions | | |
| instructions | ANCHOR | RAGE, AK 99501 | | | | |
| | | | | Company of the company | | |
| Enter the R | eturn code | for the return that this application | n is for (file a | a separate application for each r | , eghtu) | 01 |
| Application |) | | Return | Application | | Return |
| ls For | | _ | Code | ls For | c 5044 | Code |
| Form 990 | | | 01 | Form 990-T (corporation) | 14 2011 | 07 |
| Form 990-E | | | 02 | Form 1041-A | | 08 |
| Form 990-E | | | 03 | Form 4720 | | 09 |
| Form 990-F | | | 04 | † | L - 1 - + | |
| | | | | 1 01111 3221 | : | 10 |
| | | a) or 408(a) trust) r than above) | 05 | Form 6069 | | 11 |
| Telephore If the org If this is | ne No ▶ _ ganization d for a Group le group, cl | e care of ANN ROTHE 907 276-1917 oes not have an office or place of Return, enter the organization's neck this box | of business in four digit Gro If it is for pa | oup Exemption Number (GEN) | N/A | ▶ ☐ |
| | | nd EINs of all members the exter | | | | |
| for the X | e organizati calendar tax year b tax year en | on's return for year 20 or eginning 07 tered in line 1 is for less than 12 | /01 . 20 1 | ganization return for the organiz | nsion of time zation named above 1 06/30, 20 11 | |
| | | accounting period n is for Form 990-BL, 990-PF, | 990-T, 4720 |), or 6069, enter the tentative | e tax less anv | ·· |
| | | edits See instructions | , | | 3a \$ | ^ |
| | | on is for Form 990-PF, 990- | T, 4720. or | r 6069, enter any refundable | e credits and | <u> </u> |
| estim | ated tax par | ments made Include any prior y | ear overnavr | nent allowed as a credit | 1 1 | _ |
| | | btract line 3b from line 3a Includ | | | 3b \$ | 0 |
| (Elect | ronic Feder | al Tax Payment System) See inst | ructions | | 3c \$ | \cap |
| Caution. If | you are go | oing to make an electronic fund | withdrawal | with this Form 8868, see Fo | rm 8453-EO and For | m 8879-EO for |
| payment in | | | | , | | 22.0 20 101 |
| | | on Act Notice, see Instructions | | | Form 8 | 868 (Rev 1-2011) |
| JSA 1054 4 000 | OGA 183 | | V 10 | -8.1 417763 | . 3/11/ 0 | (1104 172011) |
| | | | | | | |

| orm 8868 (Re | v 1-2012) | | | | | | Page 2 |
|-----------------------------|---|----------------|--|---------------------------------------|-------------|------------|--------------|
| If you are | filing for an Additional (Not Automatic) 3-Mo | onth Extens | sion, complete only Par | t II and check this | s box | | . ▶ 🗸 |
| lote. Only | complete Part II if you have already been gran filing for an Automatic 3-Month Extension, o | ited an auto | matic 3-month extension | | | | 68 |
| Part II | Additional (Not Automatic) 3-Month Ex | | | riginal (no copie | es ne | eded). | |
| | | | | er filer's identifying | | | instructions |
| | Name of exempt organization or other filer, see in | structions | | Employer identifi | cation | number | (EIN) or |
| ype or nnt | ALASKA CONSERVATION FOUNDATION | | 1 | 7 . | 92-006 | 51466 | |
| 11116 | Number, street, and room or suite no. If a P.O. bo | ox. see instru | ections | Social security ni | umbe | r (SSN) | |
| le by the | 441 WEST 5TH AVENUE | , | i . | | | ` ' | |
| ue date for ing your | City, town or post office, state, and ZIP code For | r a foreign ac | | | | | |
| turn See | | a loreign ac | 101033, 366 11311 00110113 | | | | |
| structions | ANCHORAGE, AK 99501 | | | | | | |
| nter the R | eturn code for the return that this application i | s for (file a | separate application for | each return) . | | | 0 1 |
| Application | on | Return | Application | | | | Return |
| is For | | Code | Is For | | | | Code |
| Form 990 | | 01 | | , . | | | |
| Form 990- | -RI | 02 | Form 1041-A | · · · · · · · · · · · · · · · · · · · | | | 08 |
| Form 990- | · · · · · · · · · · · · · · · · · · · | 01 | Form 4720 | | | · | 09 |
| Form 990- | | 04 | Form 5227 | | | | 10 |
| | | 05 | Form 6069 | | | | 11 |
| | -T (sec. 401(a) or 408(a) trust) | 06 | | | | | |
| rorm 990- | -T (trust other than above) | T 08 | Form 8870 | | | | 12 |
| 4 I rec 5 For 6 If th | ble group, check this box a names and EINs of all members the extension of time calendar year be tax year entered in line 5 is for less than 12 in the change in accounting period. | until ng | 5/15 07/01 , 20 10 , a eck reason: | , 20 12 and ending eturn | 6/3 retu | 50 m | , 20 11 |
| | te in detail why you need the extension <u>INFC</u> TURN IS NOT YET AVAILABLE | | VECESSARY TO PREPARE | | ND AC | CURATE | • |
| | | | | | | | |
| | nis application is for Form 990-BL, 990-PF, 99 irefundable credits. See instructions. | 0-T, 4720, | or 6069, enter the tentat | ve tax, less any | 8a | s | N/A |
| | his application is for Form 990-PF, 990-T, mated tax payments made Include any price | | | | 5.0 | | |
| amo | ount paid previously with Form 8868 | | | | 8b | \$ | N/A |
| | ance due. Subtract line 8b from line 8a. Include y ctronic Federal Tax Payment System) See instruc | | t with this form, if required | by using EFTPS | 8c | \$ | N/A |
| | Signature and Verifica | ation mus | t be completed for Pa | art II only. | | | |
| | ilties of perjury, I declare that I have examined that delief, it is true, correct, and complete, and that | | | dules and stateme | nts, a | and to the | : best of my |
| Signature ▶ | Ginda a Carperter | Title ▶ | CPA | Da | ite ► | 2/14 | /2010 |