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Return of Organization Exempt From Income Tax

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

2012

Open to Public
InspectionA For the 2012 calendar year, or tax year beginning **, 2012, and ending , 20**

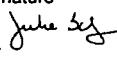
| | | | | | | |
|--|--|--|--|--|--|--|
| <input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CALISTA HERITAGE FOUNDATION, INC. | | | | D Employer identification number 92-0088631 | |
| | Doing Business As | | | | E Telephone number (907) 279-5516 | |
| | Number and street (or P O. box if mail is not delivered to street address) 301 CALISTA COURT, SUITE A | | | Room/suite | | |
| | City, town or post office, state, and ZIP code ANCHORAGE, AK 99518 | | | | F Name and address of principal officer: | |
| | | | | | G Gross receipts \$ 715,292. | |
| | | | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | J Website: ► N/A | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | | | L Year of formation: 1980 M State of legal domicile AK | | |

Part I Summary

| | | |
|--|--|------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities TO PROVIDE FINANCIAL ASSISTANCE TO ALASKAN NATIVES AND TO ENABLE SCHOLARSHIP RECIPIENTS TO PARTICIPATE IN CONTINUING EDUCATIONAL ACTIVITIES DIRECTED AT IMPROVING THE STATUS OF ALASKAN NATIVES. | |
| | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| Revenue | 3 Number of voting members of the governing body (Part VI, line 1a) 3 7. | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5. | |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 13. | |
| | 6 Total number of volunteers (estimate if necessary) 6 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 | |
| | b Net unrelated business taxable income from Form 990-T, line 34 7b 0 | |
| Expenses | 8 Contributions and grants (Part VIII, line 1h) 528,380. 687,525. | |
| | 9 Program service revenue (Part VIII, line 2g) 0 0 | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9.2013 2,242. 6,730. | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -26,307. -9,122. | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 504,315. 685,133. | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-9) 318,714. 378,783. | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 273,935. 371,102. | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ► 0 | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 90,608. 125,365. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 683,257. 875,250. | |
| 19 Revenue less expenses Subtract line 18 from line 12 -178,942. -190,117. | | |
| Net Assets or Fund Balances | Beginning of Current Year 2,358,845. | End of Year 2,203,272. |
| | 20 Total assets (Part X, line 16) 2,358,845. | |
| | 21 Total liabilities (Part X, line 26) 0 0 | |
| 22 Net assets or fund balances Subtract line 21 from line 20 2,358,845. 2,203,272. | | |

Part II Signature Block

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

| | | | | | |
|------------------------|--|--|--------------|---|----------------|
| Sign Here | ►  Signature of officer ►  Ree Barilla, Calista Heritage Foundation President/CEO | | Date 7/24/13 | | |
| | ► Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name JULIE A. SCHRECENGOST | Preparer's signature  | Date 7/15/13 | Check <input type="checkbox"/> if self-employed | PTIN P00146956 |
| | Firm's name ► KPMG LLP | | | Firm's EIN ► 13-5565207 | |
| | Firm's address ► 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501 | | | Phone no 907-265-1200 | |

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

4a (Code: _____) (Expenses \$ 622,992 including grants of \$ 358,639.) (Revenue \$ _____)
SCHOLARSHIP GRANTS

4b (Code: _____) (Expenses \$ 20,143. including grants of \$ 20,143.) (Revenue \$ _____)
BURIAL ASSISTANCE

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

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

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

4e Total program service expenses ► 643,135.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------|---|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | X |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | X |
| 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 | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X |
| 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 | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, Part II, III, or IV, and Part V, line 1 | 34 | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response to any question in this Part V.

| | | Yes | No |
|--|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 8 |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | |
| 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 | 13 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</i> | 2b | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | 5a | X |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5b | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 6a | X |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6b | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 7a | X |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7b | X |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7c | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7d | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7e | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7f | X |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7g | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7h | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 8 | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 9a | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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? | 9b | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| <i>Note. See the instructions for additional information the organization must report on Schedule O.</i> | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 7 |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 5 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 | Did the organization have members or stockholders? | 6 | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 8a | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 8b | |
| a | The governing body? | | |
| b | Each committee with authority to act on behalf of the governing body? | | |
| 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 |

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► AK,
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► THE FORAKER GROUP 161 KLEVIN STREET, SUITE 101 ANCHORAGE, AK 99508 907-743-1200

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|--------------------------------------|---|--|-----------------------|---------|--------------|---------------------|--------|---|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated | Former | | | | |
| (1) JOANN WERNING VICE CHAIRMAN | .20 | X | | | | | | | 0 | 0 | 0 |
| (2) JOHN P. ANGAIAK BOARD MEMBER | .20 | | X | | | | | | 0 | 0 | 0 |
| (3) MARY MARTINEZ BOARD MEMBER | .20 | | X | | | | | | 0 | 0 | 0 |
| (4) DOLLY BUSH BOARD MEMBER | .20 | | X | | | | | | 0 | 0 | 0 |
| (5) JOHN PHILLIP, SR BOARD MEMBER | .20 | | X | | | | | 675. | 0 | 0 | 0 |
| (6) MOSES WHITE, SR BOARD MEMBER | .20 | | X | | | | | 450. | 0 | 0 | 0 |
| (7) NICK ANDREW, SR BOARD MEMBER | .20 | | X | | | | | 225. | 0 | 0 | 0 |
| (8) DEBRA CALL PRESIDENT/CEO | 40.00 | | | X | | | | 89,959. | 0 | 0 | 0 |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► | 0 | |

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|--|----------------------|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 96,038. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 591,487. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 687,525. | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 0 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 | | 6,730. | | 6,730. | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 Royalties | | 0 | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | 0 | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b Less cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) | | | 0 | | | |
| 8a Gross income from fundraising events (not including \$ <u>16,114.</u> of contributions reported on line 1c) See Part IV, line 18 | ATCH 3 | | | | | |
| b Less direct expenses | a <u>16,114.</u> | | | | | |
| c Net income or (loss) from fundraising events | b <u>30,159</u> | | -14,045. | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a MISC INCOME | 900099 | 4,923. | 4,923. | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 4,923. | | | | |
| 12 Total revenue. See instructions | | 685,133. | 4,923. | | 6,730. | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . | 0 | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | 378,783. | 378,783. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States 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 | 91,309. | | 91,309. | |
| 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 salaries and wages | 190,728. | 190,728. | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,230. | | 7,230. | |
| 9 Other employee benefits | 51,294. | 51,294. | | |
| 10 Payroll taxes | 30,541. | | 30,541. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 0 | | | |
| c Accounting | 20,403. | | 20,403. | |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 9,628. | | 9,628. | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 18,261. | | 18,261. | |
| 17 Travel | 22,330. | 22,330. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 0 | | | |
| 23 Insurance | 7,419. | | 7,419. | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BANK FEES | 2,584. | | 2,584. | |
| b CONSULTING AND OTHER PRO. FE | 14,729. | | 14,729. | |
| c BOARD STIPENDS | 165. | | 165. | |
| d OTHER EXPENSES | 29,846. | | 29,846. | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 875,250. | 643,135. | 232,115. | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0 | | | |

Part X **Balance Sheet**Check if Schedule O contains a response to any question in this Part X

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|--|--------------------------|----------------------|
| Assets | 1 Cash - non-interest-bearing | 898,825. | 1 703,653. |
| | 2 Savings and temporary cash investments | 654,591. | 2 665,858. |
| | 3 Pledges and grants receivable, net | 0 3 | 0 |
| | 4 Accounts receivable, net | 0 4 | 0 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees | | |
| | Complete Part II of Schedule L | 0 5 | 0 |
| | 6 Loans and other 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 section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 6 | 0 |
| | 7 Notes and loans receivable, net | 0 7 | 0 |
| | 8 Inventories for sale or use | 0 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 0 9 | 0 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | |
| | b Less: accumulated depreciation | 10b | 0 10c |
| | 11 Investments - publicly traded securities | 0 11 | 0 |
| | 12 Investments - other securities. See Part IV, line 11 | 805,429. | 12 833,761. |
| | 13 Investments - program-related. See Part IV, line 11 | 0 13 | 0 |
| | 14 Intangible assets | 0 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 0 15 | 0 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 2,358,845. | 16 2,203,272. |
| Liabilities | 17 Accounts payable and accrued expenses | 0 17 | 0 |
| | 18 Grants payable | 0 18 | 0 |
| | 19 Deferred revenue | 0 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 0 26 | 0 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 27 | |
| | 28 Temporarily restricted net assets | 28 | |
| | 29 Permanently restricted net assets | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | 0 30 | 0 |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0 31 | 0 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 2,358,845. | 32 2,203,272. |
| | 33 Total net assets or fund balances | 2,358,845. | 33 2,203,272. |
| | 34 Total liabilities and net assets/fund balances | 2,358,845. | 34 2,203,272. |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | |
|----|------------|
| 1 | 685,133. |
| 2 | 875,250. |
| 3 | -190,117. |
| 4 | 2,358,845. |
| 5 | 33,049. |
| 6 | 0 |
| 7 | 0 |
| 8 | 1,495. |
| 9 | 0 |
| 10 | 2,203,272. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990. Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____

3b 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 _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

CALISTA HERITAGE FOUNDATION, INC.

92-0088631

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

| | | |
|----|-------------------------------------|---|
| 1 | <input type="checkbox"/> | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . |
| 2 | <input type="checkbox"/> | A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E.) |
| 3 | <input type="checkbox"/> | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . |
| 4 | <input type="checkbox"/> | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state. |
| 5 | <input type="checkbox"/> | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) . (Complete Part II.) |
| 6 | <input type="checkbox"/> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . |
| 7 | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.) |
| 8 | <input type="checkbox"/> | A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.) |
| 9 | <input type="checkbox"/> | An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.) |
| 10 | <input type="checkbox"/> | An organization organized and operated exclusively to test for public safety See section 509(a)(4) . |
| 11 | <input type="checkbox"/> | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h. |
| e | <input type="checkbox"/> | a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III-Functionally integrated d <input type="checkbox"/> Type III-Non-functionally integrated |
| e | <input type="checkbox"/> | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? |
| g | <input type="checkbox"/> | (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? |
| g | <input type="checkbox"/> | (ii) A family member of a person described in (i) above? |
| g | <input type="checkbox"/> | (iii) A 35% controlled entity of a person described in (i) or (ii) above? |
| h | <input type="checkbox"/> | Provide the following information about the supported organization(s). |

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

Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|------------|------------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 388,300. | 1,127,350. | 1,197,895. | 559,329. | 687,525. | 3,960,399. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 388,300. | 1,127,350. | 1,197,895. | 559,329. | 687,525. | 3,960,399. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 3,021,236. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 939,163. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|------------|------------|----------|----------|------------|
| 7 Amounts from line 4 | 388,300. | 1,127,350. | 1,197,895. | 559,329. | 687,525. | 3,960,399. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,603. | 875. | 2,336 | 2,242. | 6,730 | 16,786. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH-1 | 2,997. | | | 520. | 4,923. | 8,440. |
| 11 Total support. Add lines 7 through 10 . . | | | | | | 3,985,625. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 170,324. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 23.56 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 19.43 % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A - FACTS & CIRCUMSTANCES TEST

PART II, SECTION C, LINE 17A

CALISTA HERITAGE FOUNDATION'S PUBLIC SUPPORT IS GREATER THAN 10% OF ITS TOTAL SUPPORT AS IT RECEIVES APPROXIMATELY 23% OF ITS CONTRIBUTIONS FROM THE GENERAL PUBLIC. THE GOVERNING BOARD REPRESENTS THE INTERESTS OF ALASKA NATIVES, ESPECIALLY IN THE CALISTA REGION BY PROVIDING SCHOLARSHIPS TO THESE INDIVIDUALS. CALISTA HERITAGE FOUNDATION IS SOLICITING CONTRIBUTIONS FROM A WIDE RANGE OF UNRELATED ORGANIZATIONS TO INCREASE ITS PUBLIC SUPPORT PERCENTAGE. DURING 2011 4 FULL-TIME EMPLOYEES WERE HIRED TO HELP SOLICIT FUNDS FROM OTHER CONTRIBUTORS AND APPLY FOR GRANT AWARDS.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2008 | 2009 | 2010 | 2011 | 2012 | TOTAL |
|----------------------|--------------|-------|------|------------|--------------|--------------|
| MISCELLANEOUS INCOME | | 2,997 | | | 520 | 4,923. |
| TOTALS | <u>2,997</u> | | | <u>520</u> | <u>4,923</u> | <u>8,440</u> |

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2012Open to Public
Inspection

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

Name of the organization

CALISTA HERITAGE FOUNDATION, INC.

Employer Identification number

92-0088631

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--------------------------|---------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |

Part 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 organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

a Total number of conservation easements
 b Total acreage restricted by conservation easements
 c Number of conservation easements on a certified historic structure included in (a)
 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
 4 Number of states where property subject to conservation easement is located ► _____
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
 ► _____
 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
 ► \$ _____
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 (i) 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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
 a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
 b Assets included in Form 990, Part X ► \$ _____

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

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Schedule D (Form 990) 2012

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

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

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

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

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

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

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

| Yes | No |
|--------|----|
| 3a(i) | |
| 3a(ii) | |
| 3b | |

(i) unrelated organizations
 (ii) related organizations

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

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

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) ANNUITIES | 833,761. | COST |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ►

833,761.

Part VIII Investments - Program Related. See Form 990, Part X, line 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) | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ►

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (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 X, line 25.

| (a) Description of liability | (b) Book value |
|------------------------------|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (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 XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

| | | | |
|---|---|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |

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

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

Part XIII Supplemental Information

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

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

CALISTA HERITAGE FOUNDATION, INC.

Employer identification number

92-0088631

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

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

| | | | |
|----------------------------|----------------------------------|----------------------------|---------------------------------------|
| a <input type="checkbox"/> | Mail solicitations | e <input type="checkbox"/> | Solicitation of non-government grants |
| b <input type="checkbox"/> | Internet and email solicitations | f <input type="checkbox"/> | Solicitation of government grants |
| c <input type="checkbox"/> | Phone solicitations | g <input type="checkbox"/> | Special fundraising events |
| d <input type="checkbox"/> | In-person solicitations | | |

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

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

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

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

..... ►

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

| | (a) Event #1 GOLF TOURNEY (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|-----------------|--|------------------------------|------------------------------------|---|
| Revenue | 1 Gross receipts | 225,420. | | 225,420. |
| | 2 Less: Contributions | 209,306. | | 209,306. |
| | 3 Gross income (line 1 minus line 2). | 16,114. | | 16,114. |
| Direct Expenses | 4 Cash prizes | | | |
| | 5 Noncash prizes | 4,615. | | 4,615. |
| | 6 Rent/facility costs | 11,341. | | 11,341. |
| | 7 Food and beverages | 4,012. | | 4,012. |
| | 8 Entertainment | 425. | | 425. |
| | 9 Other direct expenses | 9,766. | | 9,766. |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | ► (30,159.) | |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | ► -14,045. | |

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

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|-------------------|--|
| Revenue | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | |
| | 3 Noncash prizes | | | |
| | 4 Rent/facility costs | | | |
| | 5 Other direct expenses | | | |
| | 6 Volunteer labor | Yes _____ % No | Yes _____ % No | Yes _____ % No |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | ► () | |
| | 8 Net gaming income summary. Combine line 1, column d, and line 7 | | ► | |

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Department of the Treasury
Internal Revenue Service
Name of the organization

CALISTA HERITAGE FOUNDATION, INC.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.**2012**Open to Public
Inspection

OMB No 1545-0047

| | | Employer identification number 92-0088631 | | | | | |
|---|--|--|-------------------------------|--------------------------|-----------------------------------|---|--|
| Part I General Information on Grants and Assistance | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | | | | | | | |
| Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed. | | | | | | | |
| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

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

JSA

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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIPS | 440 | 358,639. | | N/A | N/A |
| 2 BURIAL ASSISTANCE | 44. | 20,144. | | N/A | N/A |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

SCHEDULE I, PART I, LINE 2

THE CHECK REGISTER AND ACCESS DATABASE IS USED TO TRACK THE STUDENT, SCHOOL AND THE AMOUNT OF AWARD INFORMATION.

ALSO, SEE ATTACHMENTS 5 AND 6 FOR SCHOLARSHIP AND BURIAL ASSISTANCE APPLICATIONS.

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

2012

Open to Public
Inspection

Name of the organization

CALISTA HERITAGE FOUNDATION, INC.

Employer identification number

92-0088631

PROCESS FOR REVIEWING THE FORM 990

FORM 990, PART VI, SECTION B, LINE 11

REA BAVILLA (BOARD PRESIDENT) REVIEWS THE FORM 990 PRIOR TO FILING THE
RETURN.

PROCESS FOR MAKING CERTAIN DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE CALISTA HERITAGE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS,
FINANCIAL STATEMENTS OR POLICIES AVAILABLE TO THE PUBLIC, EXCEPT FOR THE
SCHOLARSHIP APPLICATION FORM AND THE REQUIRED CRITERIA FOR APPLICATION.
TO DATE, THE HERITAGE FOUNDATION HAS NOT RECEIVED ANY REQUEST TO EXAMINE
ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS, HOWEVER, THIS
INFORMATION COULD BE PROVIDED IF A REQUEST WAS MADE IN WRITING AND THE
REQUESTER HAD A VIABLE REASON FOR EXAMINING SUCH DOCUMENTS. THE
SCHOLARSHIP APPLICATION IS POSTED ON THE CALISTA CORPORATION WEBSITE AND
IS ALSO AVAILABLE IN THE RECEPTION AREA OF CALISTA CORPORATION, WHERE
SHAREHOLDERS AND DESCENDENTS CAN ALSO EXAMINE JOB POSTINGS AND SUBMIT
DATA FOR THE CALISTA TALENT BANK.

PROCESS FOR DETERMINING COMPENSATION OF CEO OR KEY EMPLOYEES

FORM 990, PART VI, SECTION B, LINES 15A AND B

ALL WAGES ARE BASED ON A NON-PROFIT COMPENSATION SURVEY. THE SALARIES
ARE BASED ON THE MEAN AMOUNT DERIVED IN THE SURVEY, AND ARE APPROVED BY
THE BOARD.

Name of the organization

CALISTA HERITAGE FOUNDATION, INC.

Employer identification number

92-0088631

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

THE PURPOSE OF THE CALISTA HERITAGE FOUNDATION SCHOLARSHIP FUND IS TO PROVIDE FINANCIAL ASSISTANCE TO CALISTA REGION SHAREHOLDERS OR DESCENDANTS OF CALISTA SHAREHOLDERS ENROLLED IN FORMAL PROGRAMS OF STUDY. TO CELEBRATE AND PROMOTE YUUYARAQ, THE TRADITIONAL/CULTURAL WAY OF BEING IN THE CALISTA REGION WHICH INSPIRES AND ENCOURAGES OUR PEOPLE TO ACHIEVE THEIR DREAMS THROUGH EDUCATION.

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|--------------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST INCOME | 6,730. | | | 6,730. |
| TOTALS | 6,730. | | | 6,730. |

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|----------------|
| GOLF TOURNAMENT | 16,114. |
| TOTAL | 16,114. |

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u> | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|--------------------|-------------------------|----------------------------|-----------------------|
| GOLF TOURNAMENT | 16,114. | 30,159. | -14,045. |

Name of the organization

CALISTA HERITAGE FOUNDATION, INC.

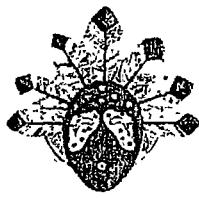
Employer identification number

92-0088631

ATTACHMENT 4 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u> | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|--------------------|-------------------------|----------------------------|------------------------|
| TOTALS | <u>16,114.</u> | <u>30,159.</u> | <u>-14,045.</u> |



Calista Heritage Foundation Scholarship Application

Our mission is to celebrate and promote Yuuyaraq, the traditional/cultural way of being in the Calista region and inspire and support our people to achieve their dreams through education.

Qigcikiyaraq-Respect

Tuvqakiyaraq-Share

Elicaryaraq-Teach and Study

Ellangqerrluni Yuuyaraq-Awareness

Ilakuyucaraq-Family/Community

Ilakuyucaraq- Being helpful and Supportive



"Take these teachings and put them in your minds so that you will live with recognition"

-John Phillip, Calista Elder

The Calista Scholarship is funded by donations and fundraising through Calista Heritage Foundation. The Calista Scholarship Fund was established in 1994 and has 501 (c) (3) recognition under the Internal Revenue Service making donors eligible to receive tax deductible status on donations and gifts to the Calista Heritage Foundation.

Criteria for Eligibility:

CALISTA CORPORATION ENROLLEE OR DIRECT DESCENDENT: Applicant must be an original enrollee of the Calista Corporation or a direct descendant of a Calista Shareholder. Lineal descendants must submit a true and correct copy of their birth certificate or a copy of their Bureau of Indian Affairs (BIA) Certificate Degree of Indian Blood (CDIB).

SCHOOL STATUS: Applicant must be accepted to an accredited school (vocational, trade, college, university) or provide a current letter of good academic standing from the school. The applicant must be considered full-time or part-time based on the schools requirements.

Full-time students must be enrolled in 12 or more credits. Graduate students must be enrolled in 9 or more credits.

Part-time students must be enrolled in 6-11 credits. Graduate students must be enrolled in 2-8 credits.

GRADE POINT AVERAGE (GPA): Applicant must be a high school graduate or have earned a General Equivalency Diploma (GED), be in good academic standing, and have a cumulative GPA of at least 2.0. Applicants must submit recent official transcripts.

Application Checklist:

New applicant -must submit:

1. Application form
2. Copy of birth certificate or copy of BIA/CDIB (if direct descendant of Calista Shareholder)
3. Letter of acceptance or current letter of good standing from an accredited school
4. Recent official transcripts
5. Cost information sheet from school planning to attend
6. One page typed personal statement (see page 4)
7. One complete reference form (see page 5)

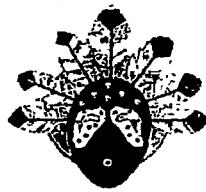
Returning Applicant – are not required to submit (2) and (7) from the list above.

Contact

Calista Heritage Foundation
Education and Development Administrator
301 Calista Court, Suite A
Anchorage, AK 99518-3028
Phone: (907) 279-5516 or Toll-free: (800) 277-5516
Email: Scholarships@calistacorp.com

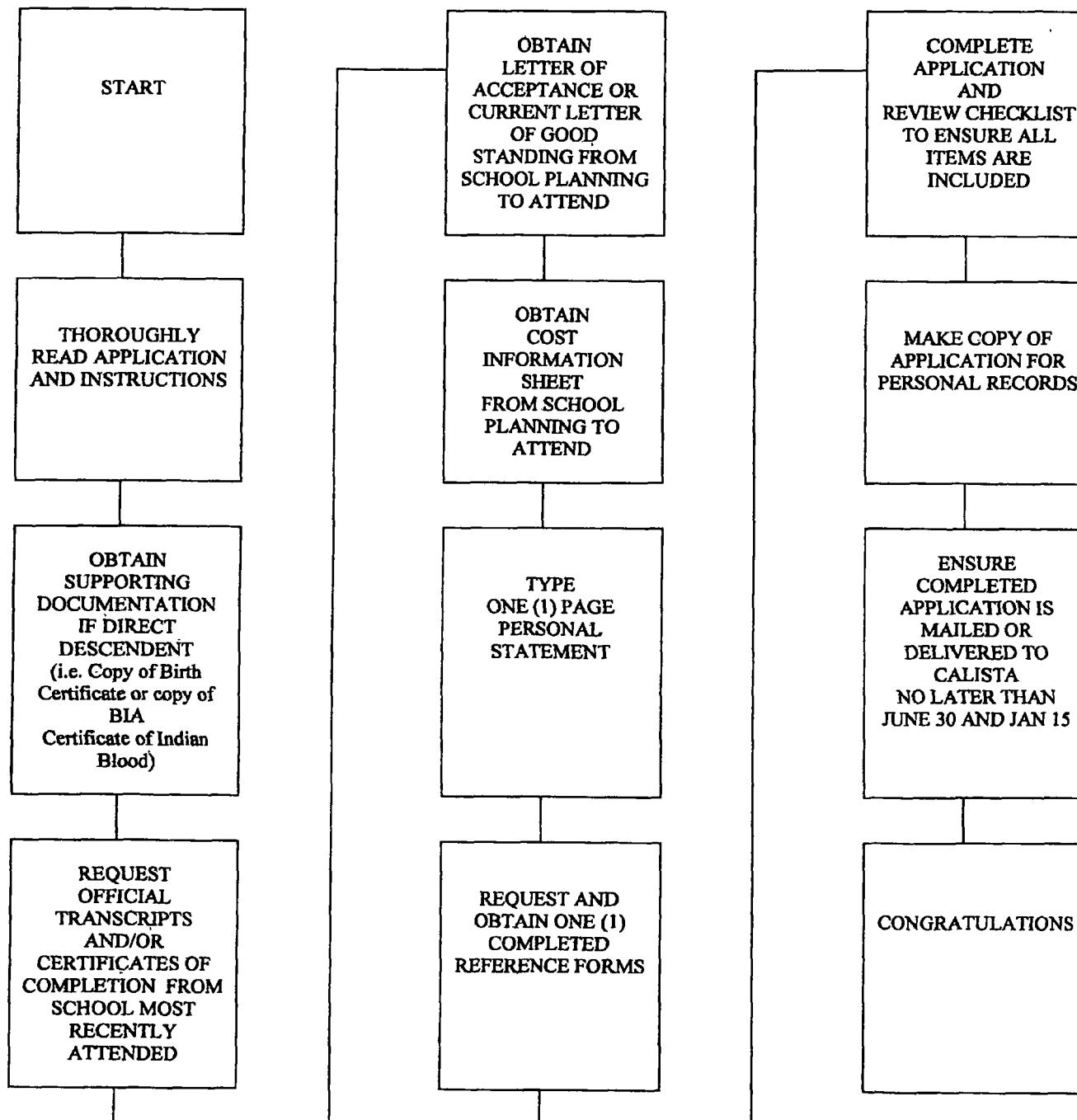
APPLICATIONS DUE

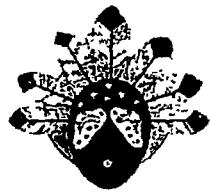
June 30 and Jan 15



Calista Heritage Foundation Scholarship Application

PROCESS FLOW CHART





Calista Heritage Foundation Scholarship Application

APPLICANT

| | | | | | |
|---|-----------|---|---|------------|------------|
| APPLICATION STATUS | | | I AM A: | | |
| <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RETURNING APPLICANT | | <input type="checkbox"/> FULL-TIME APPLICANT <input type="checkbox"/> PART-TIME APPLICANT | | | |
| FIRST NAME | M.I. | LAST NAME | E-MAIL | | HOME PHONE |
| | | | | CELL PHONE | |
| GENDER | BIRTHDATE | SOCIAL SECURITY NUMBER | | | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | |
| ADDRESS AT SCHOOL (if different from permanent address) | | | PERMANENT ADDRESS (correspondence will be mailed to this address) | | |
| CITY | | STATE | ZIP | CITY | |
| | | | | STATE ZIP | |

SHAREHOLDER INFORMATION

| | | |
|--|--------------------------------------|--|
| I certify that I am a: <input type="checkbox"/> Calista Shareholder <input type="checkbox"/> Direct Descendent of a Calista Shareholder | | |
| If you are a direct descendent, provide name(s) of the shareholder or family member(s) enrolled in Calista Corporation and submit a true and correct copy of your birth certificate or a copy of your BIA Certificate Degree of Indian Blood (CDIB) with this application. | | |
| PARENT NAME (First, Last, M.I.) | GRANDPARENT NAME (First, Last, M.I.) | GREAT-GRANDPARENT NAME (First, Last, M.I.) |
| PARENT NAME (First, Last, M.I.) | GRANDPARENT NAME (First, Last, M.I.) | GREAT-GRANDPARENT NAME (First, Last, M.I.) |

EDUCATION PLAN

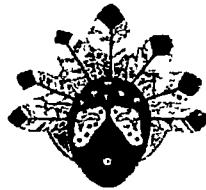
ATTACH A LETTER OF ACCEPTANCE (if new applicant) or CURRENT LETTER OF GOOD STANDING (if returning applicant)

| | | | | | | | |
|--|----------------|---|-------------------------------------|--|--------------------------|-------|-----|
| SCHOOL CALENDAR BASED ON | | ACCREDITED SCHOOL (VOCATIONAL, TRADE, COLLEGE, UNIVERSITY) PLANNING TO ATTEND | | | | | |
| <input type="checkbox"/> SEMESTERS <input type="checkbox"/> QUARTERS | | | | | | | |
| PLANNED DEGREE | PLANNED STATUS | FIELD OF STUDY (major) | SCHOOL FINANCIAL AID OFFICE ADDRESS | | | | |
| | | FIELD OF STUDY (minor) | CITY | | | STATE | ZIP |
| | | FIELD OF STUDY (other) | PHONE | | FAX | | |
| PLANNED CREDITS | | IS THIS CONSIDERED FULL-TIME | SEMESTER/TERM START DATE | | EXPECTED GRADUATION DATE | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

EDUCATION HISTORY

INCLUDE OFFICIAL TRANSCRIPTS AND/OR CERTIFICATES OF COMPLETION FROM SCHOOL MOST RECENTLY ATTENDED

| | | | | | | |
|-----------------------|------|-------|------------|-----------------|---|--------|
| HIGH SCHOOL | CITY | STATE | START DATE | GRADUATION DATE | DID YOU COMPLETE A GED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| POSTSECONDARY SCHOOLS | CITY | STATE | START DATE | GRADUATION DATE | MAJOR | DEGREE |
| | | | | | CREDITS EARNED | |



Calista Heritage Foundation Scholarship Application

Scholarship award:

Calista Scholarship awards are awarded on a Fall/Spring semester basis as follows:

Full-time status students Usually a student is considered full-time if they are an undergraduate student signed up for 12 or more credit hours per semester or a graduate student signed up for 9 or more credit hours per semester.

Part-time status students Usually a student is considered part-time if they are an undergraduate student signed up for 6-11 credit hours per semester or a graduate student signed up for 2-8 credits per semester.

| GPA | Full-time status | Part-time status |
|---------------------|------------------|------------------|
| 2.0-2.49 | \$600 | \$250 |
| 2.5-2.99 | \$750 | \$375 |
| 3.0 or higher | \$1000 | \$500 |
| Graduate recipients | \$1500 | \$750 |

The Calista Scholarship award is mailed directly to the recipient's school financial aid office. The recipient must provide Calista Heritage Foundation with the correct address for the financial aid office.

EDUCATION BUDGET

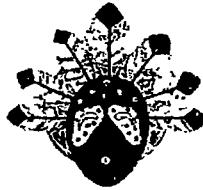
[] ATTACH COST INFORMATION SHEET FROM SCHOOL PLANNING TO ATTEND

| EXPENSES | AMOUNT | FUNDING SOURCE | AMOUNT |
|-------------------------------------|--------|---|--------|
| TUITION | _____ | PERSONAL / FAMILY CONTRIBUTION e.g. PFD TUITION WAIVER | _____ |
| FEES | _____ | SCHOLARSHIPS (specify): | _____ |
| BOOKS AND REQUIRED SUPPLIES | _____ | TRIBAL SCHOLARSHIP/GRANTS e.g. Pell Grant (specify) | _____ |
| ON-CAMPUS HOUSING / OFF-CAMPUS RENT | _____ | STATE/FEDERAL LOANS e.g. Alaska Student Loan (specify): | _____ |
| MEALS | _____ | OTHER SOURCES e.g. Veterans, Social Security, etc. (specify): | _____ |
| OTHER (specify): | _____ | | |
| TOTAL EXPENSES: | _____ | TOTAL CONTRIBUTION: | _____ |
| | | FINANCIAL NEED (TOTAL CONTRIBUTION - TOTAL EXPENSES): | _____ |

PERSONAL STATEMENT

[] ATTACH A ONE (1) PAGE TYPED (additional pages will not be reviewed) PERSONAL STATEMENT INCLUDING:

1. What are your educational and career goals and how do you plan to achieve them?
2. What encouraged you to pursue your educational and career goals?
3. What will you do to contribute to the community upon completion of your educational and career goals?



Calista Heritage Foundation Scholarship Application

ATTACH ONE (1) COMPLETE REFERENCE FORM

CALISTA SCHOLARSHIP REFERENCE FORM

The applicant below is applying for the Calista Scholarship, which is funded by the Calista Heritage Foundation. The purpose of the Calista Heritage Foundation according to the Articles of Incorporation state:

Provide financial assistance to Alaska Natives to enable recipients to participate in continuing educational activities, formal programs of study and programs to improve the status of Alaska Natives.

Please complete the Calista Scholarship Reference Form and return to the applicant.

APPLICANT INFORMATION:

| | | |
|------------|------|-----------|
| FIRST NAME | M.I. | LAST NAME |
|------------|------|-----------|

REFERENCE INFORMATION (must not be related to applicant by blood or marriage):

| FIRST NAME | M.I. | LAST NAME | RELATION TO APPLICANT (e.g. teacher, employer, etc.) | DATE | |
|------------|------|-----------|--|------------|------------|
| ADDRESS | | | E-MAIL | HOME PHONE | CELL PHONE |
| CITY | | STATE | ZIP | OCCUPATION | EMPLOYER |

PLEASE PROVIDE A WRITTEN RESPONSE:

How do you know the applicant?

| |
|---|
| What is your knowledge of the applicant's education and/or work experience and accomplishments? |
|---|

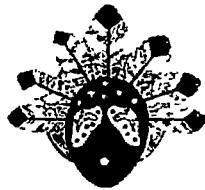
| |
|---|
| What is your knowledge of the applicant's potential to accomplish their educational and career goals? |
|---|

I certify that I am not related to the applicant by blood or marriage and that all information provided on this Calista Scholarship Reference Form is true and correct.

Print Name of Reference

Signature

Date



Calista Heritage Foundation Scholarship Application

ASSIGNMENT OF RIGHTS/WAIVER OF LIABILITY

I, the undersigned, have the authority to hereby grant Calista Heritage Foundation and its affiliates, including Calista Corporation (Collectively referred to as "Calista") the right and permission to use, at Calista's discretion, photographs and images of me, as well as my biographical information disclosed to Calista by me for promotional and/or informational purposes. I understand that no monetary or other compensation will be offered to me in exchange for these rights and permissions. Usage encompasses, but is not limited to, newsletters, printed publications and other collateral, internet and web sites, advertising, video and/or audio presentations. I forever release, discharge, and agree to hold Calista and its affiliates, officers, directors, employees, and agents harmless from any liability by virtue of any use whatsoever of said photographs, images or biological information.

Applicant Permanent Mailing Address, City, State, Zip

Applicant Phone

Print Name of Applicant

Signature

Date

Print Name of Parent or Legal Guardian (if subject is a minor)

Signature

Date

STATEMENT

APPLICATION: I certify that all information and documentation in this application including, but not limited to the application, letter of acceptance or current good standing, official transcripts and/or certificates of completion, budget information and forms, personal statement, reference form and any other supporting materials, is true and correct. I understand this application does not commit Calista Heritage Foundation to award a scholarship. I also understand any decisions made by Calista Heritage Foundation are final. I understand LATE and INCOMPLETE applications will not be reviewed, additional materials will be discarded, and submitted materials become the sole property of Calista Heritage Foundation and cannot be returned.

USE OF FUNDS: I understand the scholarship, if awarded, will be used to further my education in the educational program approved by Calista Heritage Foundation. If for any reason the scholarship is not used for the educational program approved by Calista Heritage Foundation and/or I do not fulfill the scholarship requirements which may include, but are not limited to, withdrawing from school and/or incompletion of courses; I understand I may not be permitted to apply for the Calista Scholarship for one (1) full academic year from the initial date of award. Each situation will be reviewed on a case by case basis and all decisions made by Calista Heritage Foundation are final. I understand I must immediately notify Calista Heritage Foundation of any changes to my academic status.

OFFICIAL TRANSCRIPTS: I understand and agree to send Calista Heritage Foundation the official transcripts from my school no later than January 15 and or June 30th. I understand scholarship funds will not be sent by Calista Heritage Foundation to the school without the most recent official transcripts.

STATUS AND GPA: I understand, I must maintain a full-time or part-time status confirmed by my educational program and a cumulative GPA of 2.0 or higher for the entire academic year.

I have read and understand the "Statement" and, if approved, agree to abide by the terms and conditions of the scholarship.

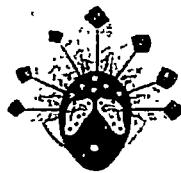
Print Name of Applicant

Signature

Date

Print Name of Parent or Legal Guardian (if subject is a minor) Signature

Date



CALISTA HERITAGE FOUNDATION, INC.

301 Calista Court, Suite A, Anchorage, Alaska 99518-3028 * (907) 279-5516 * FAX (907) 644-6376

Burial Assistance Program Policy and Procedures

Purpose:

To provide assistance to immediate family members (mother, father, brother, sister, son or daughter) making final arrangements for the resting place of a deceased voting shareholder of Calista Corporation.

Policy:

The Calista Heritage Foundation (CHF) will provide an amount not to exceed \$500 towards the transportation or funeral home expenses of a deceased voting shareholder of Calista Corporation.

Procedures:

1. To be eligible for reimbursement or payment of funeral home expenses or transportation of the deceased voting shareholder of Calista Corporation or reimburse immediate family members of the deceased voting shareholder of Calista corporation (mother, father, brother, sister, son or daughter) to assist in payment of or reimburse for transportation or funeral home expenses.
2. The Calista Heritage Foundation Application for Burial Assistance must be submitted within 60 days of the eligible expense.
3. A death certificate of the deceased voting shareholder shall accompany the CHF Burial Assistance Application. No funds will be issued until receipt of the death certificate.
4. Upon approval of the CHF Burial Assistance Application and verification of eligibility, the Calista Heritage Foundation will disperse funds as follows:
 - a. If the application lists the funeral home, the Calista Heritage Foundation will contact them for an invoice. Upon receipt of the invoice from the funeral home, funds will be sent directly to the funeral home.
 - b. If the funeral home is not listed, applicant may request a reimbursement of final expenses up to an amount not to exceed \$500. Applicant must submit an itemized statement of expenses with original receipts. Upon approval, reimbursement will be made for the amount of submitted receipts to the person who actually paid the expenses.
 - c. Expenses eligible for reimbursement with receipts or invoices listed in order of priority:
 1. Funeral home invoice with itemized expenses;
 2. Transportation costs for the deceased to the final resting place; and
 3. Transportation costs for immediate family members (mother, father, sister, brother, son, daughter) to attend funeral services for the deceased.

Burial Assistance Program Application

DeceasedName

| | | |
|------|-------|----------------|
| Last | First | Middle Initial |
|------|-------|----------------|

Address:

| |
|--|
| Street Address / P. O. Box / Apartment # |
|--|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | | |
|-----|---------------|---------------|--------------|
| SSN | Date of Birth | Date of Death | Age at Death |
|-----|---------------|---------------|--------------|

Funeral Home or Transportation CompanyName

| |
|----------|
| Address: |
|----------|

| |
|----------------------------|
| Street Address / P. O. Box |
|----------------------------|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | |
|--------------|------------|---------------|
| Phone Number | Fax Number | Email Address |
|--------------|------------|---------------|

ApplicantName

| | | |
|------|-------|----------------|
| Last | First | Middle Initial |
|------|-------|----------------|

Address:

| |
|--|
| Street Address / P. O. Box / Apartment # |
|--|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | |
|--------------|------------|---------------|
| Phone Number | Fax Number | Email Address |
|--------------|------------|---------------|

Applicant's relationship to Deceased: _____

Signature: _____ Date: _____

Reimbursement made payable to (circle one): Funeral Home Applicant

Proof the deceased voting shareholder of Calista Corporation and a death certificate must be received before this application can be processed. If payment is not made directly to a funeral home, applicant can be reimbursed up to a maximum of \$500 for funeral and transportation expenses accompanied with receipts.

For the Calista Heritage Foundation only:

Date Application was received: _____

Authorization for Payment: _____ Date: _____

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ►

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

Enter filer's identifying number, see instructions

| | | |
|---|---|---|
| Type or print File by the due date for filing your return. See instructions | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
| | CALISTA HERITAGE FOUNDATION, INC. | 92-0088631 |
| | Number, street, and room or suite no. If a P O. box, see instructions | Social security number (SSN) |
| | 301 CALISTA COURT, SUITE A | |
| City, town or post office, state, and ZIP code For a foreign address, see instructions. | | |
| ANCHORAGE, AK 99518 | | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720- (individual) | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ► DEBRA CALL

Telephone No. ► 907 868-2442

FAX No ►

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

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box ►. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 2012 or
 ► tax year beginning , 20 , and ending , 20 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2013)