



2010 990 Public Inspection Copy

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **ALASKA CONSERVATION FOUNDATION**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **441 WEST 5TH AVENUE 402**
 City or town, state or country, and ZIP + 4: **ANCHORAGE, AK 99501**

D Employer identification number: **92-0061466**

E Telephone number: **(907) 276-1917**

F Name and address of principal officer: **ANN ROTHE**
441 WEST 5TH AVENUE, STE. 402 ANCHORAGE, AK 99501

G Gross receipts \$: **8,942,298.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.ALASKACONSERVATION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1977** **M** State of legal domicile: **AK**

H(c) Group exemption number: **N/A**

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>PRESERVE ALASKA'S ENVIRONMENT</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 18. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18. |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 22. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 24. |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 3,343. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 6,426,994. | 6,684,624. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,090. | 2,680. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 214,929. | 184,281. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,796. | 3,343. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,649,809. | 6,874,928. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,120,455. | 3,525,798. |
| | 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) | 1,076,611. | 1,187,004. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) 361,282. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 874,303. | 1,020,894. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,071,369. | 5,733,696. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 578,440. | 1,141,232. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 9,038,199. | 11,081,236. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,131,587. | 1,046,754. |
| | | 7,906,612. | 10,034,482. |

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: *[Signature]* Date: **03/14/12**

Type or print name and title: **Ann Rothe, Exec Director**

Paid Preparer Use Only

Print/Type preparer's name: **Linda Carpenter** Preparer's signature: *[Signature]* Date: **3/12/12** Check if self-employed: PTIN: **P00178855**

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) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

Part III Statement of Program Service Accomplishments

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

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,573,439. including grants of \$ 1,151,594.) (Revenue \$) BRISTOL BAY FISHERIES AND WATERSHED PROTECTION CAMPAIGN. THIS CAMPAIGN IS A SIGNIFICANT EFFORT OF A COALITION OF RURAL VILLAGES, COMMERCIAL FISHERMEN, SPORT FISHERMEN, LOCAL BUSINESSES AND CONSERVATION GROUPS TO SAFEGUARD ALASKA'S BRISTOL BAY WATERSHED, WHICH SUSTAINS THE LARGEST WILD SALMON RUNS LEFT ON EARTH. THE CAMPAIGN IS FOCUSING SIGNIFICANT EFFORTS ON ADDRESSING THE POTENTIALLY DEVASTATING IMPACTS OF THE PROPOSED PEBBLE MINE. IF DEVELOPED, THE MINE WILL BE A MASSIVE, OPEN PIT GOLD AND COPPER MINE-THE LARGEST IN NORTH AMERICA.

4b (Code:) (Expenses \$ 2,042,533. including grants of \$ 1,431,498.) (Revenue \$) ALASKANS FOR ENERGY FREEDOM. ACF SERVES AS THE FISCAL SPONSOR FOR ALASKANS FOR ENERGY FREEDOM, A COALITION OF 30 CONSERVATION AND TRIBAL ORGANIZATIONS WHO HAVE ORGANIZED A CAMPAIGN TO PREVENT EXTRACTION, EXPORT AND COMBUSTION OF ALASKA'S COAL, AND TO MOVE THE STATE TO A CLEAN ENERGY ECONOMY. ALASKA HAS OVER 5.5 TRILLION TONS OF COAL RESERVES-ONLY A TINY FRACTION OF WHICH HAS BEEN MINED-WHICH REPRESENTS NEARLY 50% OF TOTAL U.S. COAL RESERVES AND 12% OF GLOBAL RESERVES. THE GOAL OF THE CAMPAIGN IS TO REDUCE RELIANCE ON COAL AS AN ENERGY RESOURCE, REDUCE GREENHOUSE GAS EMISSIONS, AND PROMOTE TRANSITION TO RENEWABLE SOURCES OF ENERGY.

4c (Code:) (Expenses \$ 351,318. including grants of \$ 289,498.) (Revenue \$) ATTACHMENT 2

4d Other program services. (Describe in Schedule O.) ATTACHMENT 3 (Expenses \$ 973,312. including grants of \$ 653,208.) (Revenue \$)

4e Total program service expenses 4,980,602.

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 | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | 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 | 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 | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 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 | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21; 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 | | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 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 | 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 | | 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 | | 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 | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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 | | X |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | | 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 | | 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 | | 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) | | 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 | | 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 | | X |
| 20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------|---|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | 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? <i>If "Yes," complete Schedule J.</i> | | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> | | 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? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | 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? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | X |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|-----|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| 15a | 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? | | X |
| 16b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **ATTACHMENT 4**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANN ROTHE 441 W 5TH AVE STE 402 ANCHORAGE, AK 99501**
907-276-1917

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 (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) WILLIAM LEIGHTY TRUSTEE | 3.00 | X | | | | | | | | |
| (2) DAVID HARDENBERGH TREASURER | 6.00 | X | | X | | | | | | |
| (3) NANCY LORD CHAIR | 15.00 | X | | X | | | | | | |
| (4) JAMES DEWITT TRUSTEE | 3.00 | X | | | | | | | | |
| (5) ANDREA GRANT TRUSTEE | 3.00 | X | | | | | | | | |
| (6) CAROL KASZA TRUSTEE | 3.00 | X | | | | | | | | |
| (7) CLIFTON EAMES TRUSTEE | 3.00 | X | | | | | | | | |
| (8) DAVID ROBERTSON TRUSTEE | 3.00 | X | | | | | | | | |
| (9) DOUGLAS G. MCCONNELL TRUSTEE | 3.00 | X | | | | | | | | |
| (10) HELEN D. NIENHUESER TRUSTEE | 3.00 | X | | | | | | | | |
| (11) JAMES LISZKA, PH.D. TRUSTEE | 3.00 | X | | | | | | | | |
| (12) LEONARD STEINBERG TRUSTEE | 3.00 | X | | | | | | | | |
| (13) MARCIA LAMB NATIONAL VICE CHAIR | 7.00 | X | | X | | | | | | |
| (14) MARILYN SIGMAN TRUSTEE | 3.00 | X | | | | | | | | |
| (15) RHONDA L. BENNON TRUSTEE | 3.00 | X | | | | | | | | |
| (16) RUTH WOOD VICE CHAIR & SECRETARY | 6.00 | X | | X | | | | | | |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) FAON O'CONNOR TRUSTEE | 3.00 | X | | | | | | | | |
| (18) DORENE SCHIRO TRUSTEE | 3.00 | X | | | | | | | | |
| (19) NICK HARDIGG EXECUTIVE DIRECTOR | 50.00 | | | | X | X | 107,216. | 0. | 10,257. | |
| (20) GEORGE PAGE DIRECTOR OF FINANCE | 50.00 | | | | X | | 63,446. | 0. | 0. | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| (26) | | | | | | | | | | |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| 1b Sub-total | | | | | | | 170,662. | 0. | 10,257. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 170,662. | 0. | 10,257. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (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 VII Statement of Revenue

| | | | | (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 | 36,649. | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 6,647,975. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 6,684,624. | | | |
| Program Service Revenue | 2a | ADMISSION FEES | Business Code 900099 | 2,680. | 2,680. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 2,680. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5 | | 157,709. | | | 157,709. |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0. | | | |
| | 5 | Royalties | | 0. | | | |
| | | | (i) Real (ii) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | 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 | 2,093,942. | | | |
| | b | Less: cost or other basis and sales expenses | | 2,067,370. | | | |
| | c | Gain or (loss) | | 26,572. | | | |
| | d | Net gain or (loss) | | 26,572. | | | 26,572. |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | c | Net income or (loss) from fundraising events | | 0. | | | |
| | 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 | INCOME FROM RUTHERFORD K-1 | 111000 | 3,343. | | 3,343. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 3,343. | | | | |
| 12 | Total revenue. See instructions | | 6,874,928. | 2,680. | 3,343. | 184,281. | |

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) but are not required to complete columns (B), (C), and (D).

| 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 U.S. See Part IV, line 21 | 3,525,798. | 3,525,798. | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0. | | | |
| 4 | Benefits paid to or for members | 0. | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 188,207. | 118,571. | 31,995. | 37,641. |
| 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 | 854,043. | 535,327. | 142,438. | 176,278. |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 61,620. | 38,821. | 10,475. | 12,324. |
| 9 | Other employee benefits | 0. | | | |
| 10 | Payroll taxes | 83,134. | 52,374. | 14,133. | 16,627. |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0. | | | |
| b | Legal | 5,914. | | 5,914. | |
| c | Accounting | 51,468. | 4,928. | 46,540. | |
| d | Lobbying | 0. | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f | Investment management fees | 41,638. | | 41,638. | |
| g | Other | 386,754. | 378,238. | 2,395. | 6,121. |
| 12 | Advertising and promotion | 18,527. | | | 18,527. |
| 13 | Office expenses | 45,221. | 21,540. | 9,854. | 13,827. |
| 14 | Information technology | 40,460. | 2,525. | 31,905. | 6,030. |
| 15 | Royalties | 0. | | | |
| 16 | Occupancy | 141,556. | 99,779. | 18,562. | 23,215. |
| 17 | Travel | 138,562. | 112,395. | 9,595. | 16,572. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 | Conferences, conventions, and meetings | 13,251. | 10,380. | 100. | 2,771. |
| 20 | Interest | 0. | | | |
| 21 | Payments to affiliates | 0. | | | |
| 22 | Depreciation, depletion, and amortization | 3,392. | | 3,392. | |
| 23 | Insurance | 2,412. | | 2,412. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a | DEVELOPMENT COSTS | 31,349. | | | 31,349. |
| b | RECRUITMENT COSTS | 2,957. | 178. | 2,779. | |
| c | ANNUITY EXPENSE | 12,688. | | 12,688. | |
| d | MERCHANT FEES | 4,997. | | 4,997. | |
| e | MISC EXPENSE | 79,748. | 79,748. | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 5,733,696. | 4,980,602. | 391,812. | 361,282. |
| 26 | Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 11,600. | 9,114. | 2,486. | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|---|---|------------|--------------------|------------|
| Assets | 1 | Cash - non-interest-bearing | 16,621. | 1 | 29,169. |
| | 2 | Savings and temporary cash investments | 3,302,942. | 2 | 3,180,031. |
| | 3 | Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 | Accounts receivable, net | 363,936. | 4 | 1,724,595. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 26,595. | 9 | 29,455. |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 83,375. | | |
| | | 10a | | | |
| | b | Less: accumulated depreciation | 51,375. | 10b | 32,000. |
| | 11 | Investments - publicly traded securities | 5,129,679. | 11 | 5,912,491. |
| | 12 | Investments - other securities. See Part IV, line 11 | 57,553. | 12 | 59,218. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 105,481. | 15 | 114,277. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 9,038,199. | 16 | 11,081,236. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 159,395. | 17 | 169,157. |
| | 18 | Grants payable | 847,393. | 18 | 756,848. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 124,799. | 25 | 120,749. |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,131,587. | 26 | 1,046,754. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 872,892. | 27 | 1,489,599. |
| | 28 | Temporarily restricted net assets | 2,315,402. | 28 | 3,670,947. |
| | 29 | Permanently restricted net assets | 4,718,318. | 29 | 4,873,936. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 7,906,612. | 33 | 10,034,482. | |
| 34 | Total liabilities and net assets/fund balances | 9,038,199. | 34 | 11,081,236. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|--|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,874,928. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,733,696. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,141,232. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7,906,612. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 986,638. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 10,034,482. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 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. | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 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. | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

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 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out 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.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more 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 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

| | | |
|--------|-----|----|
| | Yes | No |
| 11g(i) | | |
 - (ii) A family member of a person described in (i) above?

| | | |
|---------|--|--|
| 11g(ii) | | |
|---------|--|--|
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|----------|--|--|
| 11g(iii) | | |
|----------|--|--|

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support. |
|------------------------------------|----------|---|---|----|--|----|---|----|--------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 48.21%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 56.59%; 16a 33 1/3 % support test - 2010. 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 [X]; 16b 33 1/3 % support test - 2009. 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 []; 17a 10%-facts-and-circumstances test - 2010. 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 []; 17b 10%-facts-and-circumstances test - 2009. 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 []; 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 [].

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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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.

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2006 | 2007 | 2008 | 2009 | 2010 | TOTAL |
|----------------|---------------|---------------|---------------|--------------|--------------|---------------|
| VARIOUS EVENTS | 24,621. | 21,080. | 21,079. | 6,413. | 2,680. | 75,873. |
| TOTALS | <u>24,621</u> | <u>21,080</u> | <u>21,079</u> | <u>6,413</u> | <u>2,680</u> | <u>75,873</u> |

Political Campaign and Lobbying Activities

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



Department of the Treasury
Internal Revenue Service

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of organization ALASKA CONSERVATION FOUNDATION | Employer identification number 92-0061466 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | ----- | | | |
| (2) | ----- | | | |
| (3) | ----- | | | |
| (4) | ----- | | | |
| (5) | ----- | | | |
| (6) | ----- | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 5,976. | 0. | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 1,592. | 0. | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 7,568. | 0. | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 5,686,354. | 0. | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 5,693,922. | 0. | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 434,696. | 0. | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 108,674. | 0. | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

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

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 4 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, and 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Total number of conservation easements, Total acreage restricted, and Number of conservation easements on a certified historic structure.

- 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?
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 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

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 XIV, 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:
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:

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

Schedule D (Form 990) 2010

JSA 0E1268 1.000

54N0GA 1832

V 10-8.2

417763

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 XIV.

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 XI V and complete the following table:

| | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

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

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if 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 | 4,929,252. | 4,423,519. | 5,299,755. | | |
| b Contributions | 157,127. | 41,060. | 29,216. | | |
| c Net investment earnings, gains, and losses | 1,079,267. | 548,347. | -656,883. | | |
| d Grants or scholarships | 374,869. | | 248,570. | | |
| e Other expenditures for facilities and programs | | 72,300. | | | |
| f Administrative expenses | 26,330. | 11,374. | | | |
| g End of year balance | 5,764,447. | 4,929,252. | 4,423,515. | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 4.0000 %
- b Permanent endowment ▶ 96.0000 %
- c Term endowment ▶ _____ %

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

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 32,000. | | 32,000. |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 51,375. | 51,375. | 0. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 32,000. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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.

| 1. (a) Description of liability | (b) Amount |
|--|------------|
| (1) Federal income taxes | |
| (2) GIFT ANNUITY LIABILITY | 119,859. |
| (3) CAPITAL LEASE OBLIGATION | 890. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 120,749. |

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI. Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 6,874,928. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 5,733,696. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 1,141,232. |
| 4 | Net unrealized gains (losses) on investments | 4 | 988,638. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -2,000. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 986,638. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 2,127,870. |

Part XII. Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 7,821,793. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 988,638. |
| b | Donated services and use of facilities | 2b | 1,865. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 990,503. |
| 3 | Subtract line 2e from line 1 | 3 | 6,831,290. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 41,638. |
| b | Other (Describe in Part XIV.) | 4b | 2,000. |
| c | Add lines 4a and 4b | 4c | 43,638. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 6,874,928. |

Part XIII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,693,923. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 1,865. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 1,865. |
| 3 | Subtract line 2e from line 1 | 3 | 5,692,058. |
| 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 | 41,638. |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 41,638. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 5,733,696. |

Part XIV. 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

OTHER REVENUE INCLUDED ON THE RETURN NOT ON THE BOOKS
TAX GREATER THAN BOOK INCOME FROM RUTHERFORD K-1.

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART XI, LINE 8

OTHER RECONCILING AMOUNTS
TAX GREATER THAN BOOK INCOME FROM RUTHERFORD K-1

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | SEE STATEMENT 8 | | | 3,495,876. | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations 37
- 3 Enter total number of other organizations 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

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

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

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

FORM 990, SCHEDULE I, PART I, LINE 2

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

SUCCESSFUL APPLICANTS ARE REQUIRED TO SIGN A GRANT AGREEMENT THAT

INCLUDES THE FOLLOWING: IF IT IS NECESSARY TO SIGNIFICANTLY ALTER THE

SCOPE OR METHODS OF YOUR WORK PLANS, PLEASE REQUEST REALLOCATION OF YOUR

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

WHOM YOU ARE WORKING. THIS GRANT IS SUBJECT TO THE FOLLOWING

STIPULATIONS: GRANTEE(S) WILL NOT USE THIS GRANT TO INTERVENE IN ANY

ELECTION, SUPPORT OR OPPOSE ANY POLITICAL PARTY OR CANDIDATE FOR PUBLIC

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

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 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

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

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

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

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

ASSISTS ACF IN LEARNING ABOUT THE GRANT'S OUTCOMES.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AVAILABILITY TO THE PUBLIC.

FINANCIAL STATEMENTS ARE INCLUDED ON FORM 990 AND IN THE ORGANIZATION'S
ANNUAL REPORT, AVAILABLE ON OUR WEB SITE. GOVERNING AND POLICY DOCUMENTS
ARE AVAILABLE UPON REQUEST. THE MOST CURRENT THREE FORM 990S ARE
DISPLAYED ON THE ALASKA CONSERVATION FOUNDATION WEBSITE.

FORM 990, PART VI, SECTION B, LINE 11

FORM 990 PROVIDED TO GOVERNING BOARD BEFORE FILING.

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

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

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY
ACF'S CONFLICT OF INTEREST POLICY COVERS ANY EMPLOYEE, TRUSTEE, OR PERSON
WITH SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION ("INSIDER"), OR BETWEEN
THE ORGANIZATION AND A PERSON AFFILIATED WITH ANY EMPLOYEE, INSIDER, OR
CURRENT OR POTENTIAL GRANTEE ORGANIZATION.

EACH TRUSTEE OR INSIDER IS REQUIRED TO DISCLOSE TO THE BOARD OR RELEVANT
BOARD COMMITTEE ALL MATERIAL FACTS REGARDING HIS OR HER INTEREST
(INCLUDING RELEVANT AFFILIATIONS) IN A DECISION OR TRANSACTION BEING
CONSIDERED BY THE BOARD OR BOARD COMMITTEE. THE INSIDER IS REQUIRED TO
MAKE THAT DISCLOSURE PROMPTLY UPON LEARNING OF THE PROPOSED DECISION OR

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

TRANSACTION.

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

WITH REGARD TO AN INSIDER, THE BOARD OR BOARD COMMITTEE DETERMINED RELEVANT BY THE EXECUTIVE COMMITTEE SHALL DETERMINE IF A CONFLICT OF INTEREST EXISTS. IF THE INSIDER IS A TRUSTEE, HE OR SHE SHALL NOT BE PRESENT DURING THE BOARD OR BOARD COMMITTEE'S DISCUSSION OR DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS.

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

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

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

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

THE BOARD OVERSEES AN ANNUAL REVIEW OF THE ADMINISTRATION OF THIS CONFLICT OF INTEREST POLICY. THE REVIEW MAY BE WRITTEN OR ORAL, AND PRESENTED ANNUALLY TO THE FULL BOARD. THE REVIEW WILL CONSIDER THE LEVEL OF COMPLIANCE WITH THE POLICY, THE CONTINUING SUITABILITY OF THE POLICY, AND WHETHER THE POLICY SHOULD BE MODIFIED AND IMPROVED.

FORM 990, PART III, LINE 4

DESCRIBE OTHER PROGRAM SERVICES (NOT INCLUDED IN 3 LARGEST) STRENGTHENING THE ALASKA CONSERVATION MOVEMENT. SUPPORTING ALASKA'S CONSERVATION MOVEMENT LIES AT THE CORE OF THE ALASKA CONSERVATION FOUNDATION'S (ACF) MISSION. IN 2008, ACF INITIATED A COMPREHENSIVE ASSESSMENT OF THE ALASKA CONSERVATION MOVEMENT TO IDENTIFY OPPORTUNITIES FOR COLLABORATION BETWEEN CONSERVATION GROUPS THAT WOULD CREATE GREATER EFFICIENCIES IN OPERATIONS, EXPAND THE DIVERSITY OF THE MOVEMENT, AND BETTER ACHIEVE COMMON GOALS. THE RESULT WAS THE FORMATION OF A COALITION OF ALASKA CONSERVATION LEADERS WORKING TOGETHER WITH ACF TO TRANSFORM THE MOVEMENT WITH THE GOAL OF INCREASING ITS POWER AND INFLUENCE, AND BUILDING ENDURING CHANGE IN THE STRENGTH AND DIVERSITY OF EFFORTS TO PROTECT ALASKA'S NATURAL ENVIRONMENT AND THE WAYS OF LIFE IT SUSTAINS.

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

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

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

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

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

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

DETERMINATION OF EXECUTIVE COMPENSATION

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED AT THE TIME OF DIRECTOR RECRUITMENT BY REVIEWING COMPARABILITY SALARY DATA COMPILATIONS FOR SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS: BOTH NATIONAL ENVIRONMENTAL GROUPS, NATIONAL FOUNDATIONS, AND ALASKA'S NONPROFIT SECTOR. INITIAL REVIEW IS PERFORMED BY AN AD HOC COMMITTEE OR THE EXECUTIVE COMMITTEE, WITH A DETERMINATION OF SALARY RANGE THEN DISCUSSED AND PASSED CONTEMPORANEOUSLY BY BOARD RESOLUTION AT A CONVENING OF THE BOARD. THE REVIEW PROCESS CAN BE REINITIATED AT OTHER TIMES BY DETERMINATION OF THE BOARD CHAIR. PROCESS LAST UNDERTAKEN IN 2006.

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

DETERMINATION OF COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES
THE ORGANIZATION HAS NO "KEY EMPLOYEES", AND ONLY ONE OFFICER IN ADDITION TO THE EXECUTIVE DIRECTOR: THE DIRECTOR OF FINANCE AND OPERATIONS. FOR THIS EMPLOYEE, SALARY RANGE IS DETERMINED AT THE TIME OF POSITION RECRUITMENT BY REVIEWING COMPARABILITY SALARY DATA COMPILATIONS FOR SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS: BOTH NATIONAL ENVIRONMENTAL GROUPS, AND ALASKA'S NONPROFIT SECTOR. SALARY REVIEW IS PERFORMED BY THE EXECUTIVE DIRECTOR, DISCUSSED WITH THE EXECUTIVE COMMITTEE, AND RECORDED WITH SUPPORTING DOCUMENTATION BY THE E.D. THE REVIEW PROCESS CAN BE REINITIATED AT OTHER TIMES BY DETERMINATION OF THE

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

EXECUTIVE DIRECTOR. PROCESS LAST UNDERTAKEN IN 2010.

FORM 990, PART XI, LINE 5

PART XI, LINE 5

\$988,638 UNREALIZED GAIN ON INVESTMENTS.

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

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

ATTACHMENT 1

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

ALASKA CONSERVATION FOUNDATION IS A PUBLIC FOUNDATION FOR CONSERVATION IN THE STATE OF ALASKA. WE BUILD STRATEGIC LEADERSHIP AND SUPPORT FOR ALASKAN EFFORTS TO TAKE CARE OF WILDLANDS, WATER, AND WILDLIFE WHICH SUSTAIN DIVERSE CULTURES, HEALTHY COMMUNITIES, AND PROSPEROUS ECONOMIES. TOGETHER WITH AN EXPANDING ARRAY OF DIVERSE PARTNERS, ACF GIVES HIGHEST PRIORITY TO MAINTAIN AN ACTIVE AND LASTING MAJORITY THAT EMBRACES CONSERVATION VALUES.

ATTACHMENT 2

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

TONGASS FISH PEOPLE PLACE. ACF PROVIDES LEADERSHIP AND FINANCIAL SUPPORT TO A COALITION OF CONSERVATION ORGANIZATIONS, COMMERCIAL FISHERMEN, LOCAL BUSINESSES AND LOCAL COMMUNITIES WORKING TOGETHER FOR SUSTAINABLE MANAGEMENT OF THE TONGASS NATIONAL FOREST, THE

| | |
|--|--|
| Name of the organization ALASKA CONSERVATION FOUNDATION | Employer identification number 92-0061466 |
|--|--|

ATTACHMENT 2 (CONT'D)

LARGEST FOREST IN THE NATIONAL FOREST SYSTEM AND ONE OF THE LAST REMAINING TEMPERATE RAINFORESTS IN THE WORLD. THE COALITION IS FOCUSED ON 1) SUPPORTING A RAPID TRANSITION FROM OLD-GROWTH TO YOUNG-GROWTH TIMBER HARVEST; 2) BUILDING A SUSTAINABLE WOOD PRODUCTS INDUSTRY IN THE REGION; 3) INCREASING PROTECTION FOR THE REGION'S SALMON FISHERIES THAT SUSTAINS THE ECONOMIES OF THE REGION'S COASTAL COMMUNITIES; AND 4) PROTECTING THE REGION'S ANCIENT RAINFOREST.

ATTACHMENT 3

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|--|-----------------|-----------------|----------------|
| STRENGTHENING THE ALASKA CONSERVATION MOVEME | 319,641. | 508,817. | |
| BRISTOL BAY REGIONAL VISION PROJECT | 243,348. | 316,063. | |
| ALASKA NATIVE FUND | 90,219. | 148,432. | |
| TOTALS | <u>653,208.</u> | <u>973,312.</u> | |

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
 DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI,

| | |
|--|--|
| Name of the organization ALASKA CONSERVATION FOUNDATION | Employer identification number 92-0061466 |
|--|--|

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A) <u>TOTAL</u> <u>REVENUE</u> | (B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u> | (C) <u>UNRELATED</u> <u>BUSINESS REV.</u> | (D) <u>EXCLUDED</u> <u>REVENUE</u> |
|---------------------------------------|---------------------------------------|---|---|--|
| INTEREST INCOME EXCLUDED § 512(B) (1) | 157,709. | | | 157,709. |
| TOTALS | <u>157,709.</u> | | | <u>157,709.</u> |

ATTACHMENT 6FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>BEGINNING</u> <u>BOOK VALUE</u> | <u>ENDING</u> <u>BOOK VALUE</u> |
|--------------------|---------------------------------------|------------------------------------|
| PREPAID EXPENSES | 23,399. | 23,231. |
| OTHER ASSETS | 3,196. | 6,224. |
| TOTALS | <u>26,595.</u> | <u>29,455.</u> |

ATTACHMENT 7FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>BEGINNING</u> <u>BOOK VALUE</u> | <u>ENDING</u> <u>BOOK VALUE</u> | <u>COST</u> <u>OR FMV</u> |
|--------------------|---------------------------------------|------------------------------------|------------------------------|
| SECURITIES | 5,129,679. | 5,912,491. | FMV |
| TOTALS | <u>5,129,679.</u> | <u>5,912,491.</u> | |

ALASKA CONSERVATION FOUNDATION
 FORM 990, SCHEDULE I, PART II, Line 1
 6/30/2011

| (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 grant | (f) Method of Valuation (Book, FMV, Appraisal, Other) | (g) Description of non-cash assistance | (h) Purpose of grant assistance |
|---|------------|-------------------------------|--------------------------|------------------------------|---|--|--|
| Alaska Center for the Environment 3000 West 10th Street Anchorage, AK 99501 | 23-7386045 | 501 (c) (3) | \$46,700 | | | | 2011 Operating Support - Future - Grassroots Organizing Strategies for Alaska's Future - Grassroots Organizing in the Mat-Su Valley Coal Dust and Transportation Outreach - Coal Dust Outreach - AKWG Coal Transportation Outreach |
| Alaska Community Action on Toxicity 1000 West 10th Street Anchorage, AK 99501 | 92-0177082 | 501 (c) (3) | \$86,050 | | | | 2011 Operating Support Human Health Impacts of Coal |
| Alaska Conservation Alliance 1100 K Street Anchorage, AK 99501 | 91-1807793 | 501 (c) (3) | \$62,500 | | | | Railroad Efficiency Landscape Roadmap, 2011 Operating Support, Strategies for Alaska's Future, Integrated Resource Plan Energy Efficiency in the Railbelt Study Alaska Coal Working Group - Media and Fly-In Alaska Electrical Co-Op Utility Organizer Arctic Energy Efficiency Study Energy Efficiency Outreach Energy Efficiency Outreach and Validation AEP Polling and Focus Groups |
| Alaska Farmland Trust Corporation, 248 E. Dahlia Ave. Palmer, AK 99645 | 92-0090685 | 501 (c) (3) | \$37,060 | | | | 2011 Operating Support Operating Support |
| Alaska Mining Conservation Council 100 Box 50110 Anchorage, AK 99510-1145 | 20-2860877 | 501 (c) (3) | \$5,205 | | | | Internship Herring Sea Project Support 2011 Operating Support 2011 Operating Support |
| Alaska Public Interest Research Group P.O. Box 101083 Anchorage, AK 99510-1093 | 92-0047627 | 501 (c) (3) | \$92,500 | | | | Capacity - Karakoram for Energy Pivoting Geological Technical Analysis for Underground Coal Geological Fire Island Organizing Campaign Building a Receptive Movement |
| Alaska Youth for Environmental Action c/o National Wildlife Federation 750 West Second Avenue, Suite 200 Anchorage, AK 99501 | 31-0204616 | 501 (c) (3) | \$46,950 | | | | Youth Coal Summit Campaign - Proposed Chitina coal mine |
| Backcountry Hunters & Anglers, PO Box 31, Joseph, OR 97846 | 20-1037177 | 501 (c) (3) | \$40,000 | | | | Campaign - Proposed Chitina coal mine |
| Bring Sea Fisheries Association, PO Box 1000 Anchorage, AK 99501 | 92-0074000 | 501 (c) (3) | \$12,500 | | | | Traditional Knowledge Study - Marine Mammals |
| Tribal Boy Native Association P.O. Box 316 Gillingham, AK 99576 | 92-0041474 | 501 (c) (3) | \$32,348 | | | | Bristol Bay Regional Vision Project |
| Castle Mountain Coalition PO Box 770774 Engle River, AK 99577 | 20-0448228 | 501 (c) (3) | \$15,000 | | | | Preliminary Legal Analysis of Winbone Hill Coal Project Geological Analysis of CIR's Proposed Underground Coal Qualification Technical Support - Alaska Coal Working Group Bristol Bay Campaign Science |
| Center for Science in Public Participation 204 North Church Avenue Seward, NE 68570 | 81-0513221 | 501 (c) (3) | \$35,000 | | | | Guarantee Organizing - Chitina Mine Mercury and Chitina With Operating Support Operating Support In-situ Flow Observation for the Chitina Mine Chitina Field Media Chitina Coal Campaign |
| COLUMBIAN CITIZENS NO-COMBUSTION PO Box 100 Dillingham, AK 99659-0100 | 34-2570419 | 501 (c) (3) | \$17,000 | | | | Organizational Capacity Campaign - Fracking in the State |
| Cook Inletkeeper PO Box 2465 Brewer, AK 99603 | 92-0156470 | 501 (c) (3) | \$47,179 | | | | |
| Copper River Watershed Project PO Box 1560 Ketchikan, AK 99924 | 92-0162546 | 501 (c) (3) | \$45,573 | | | | |
| Herakli Citizens' Council PO Box 200 Dillingham, AK 99655 | 92-0056455 | 501 (c) (3) | \$7,000 | | | | |

| | | | | |
|---|------------|-------------|-----------|--|
| Discovery Southwest PO Box 21857 Juneau, AK 99802 | 32-0128819 | 501 (c) (3) | \$8,488 | Internship |
| Earthworks PO Box 21837 Juneau, AK 99802 | 32-1597765 | 501 (c) (3) | \$27,600 | Peabody Mine Campaign |
| Friends of Mt. St. Juneau, AK 99802 | 92-0185705 | 501 (c) (3) | \$233,000 | Mt. St. Coal Development Campaign |
| Juneau Metropolitan Partnership PO Box 20649 Juneau, AK 99801 | 92-0171748 | 501 (c) (3) | \$7,652 | Internship |
| Ketchikan Bay Conservation Society 3734 Ben Malczew Lane Homer, AK 99603 | 92-0009871 | 501 (c) (3) | \$10,000 | Engage in permitting process for oil & gas development |
| National Council of Churches Suite 108 Washington, DC 20007 | 13-9569417 | 501 (c) (3) | \$7,500 | Peabody Mine Campaign |
| Northern Alaska Environmental Center 530 Collins Road Fairbanks, AK 99701-2895 | 23-7438038 | 501 (c) (3) | \$67,791 | Permitting Participation - Alaska Students, 2011 Operating Support |
| Republic of Tlukchik PO Box 75 Dillingham, AK 99576 | 26-1203644 | 501 (c) (3) | \$618,652 | Executive Leadership Support, Healy Coal Plant Media Strategies for Alaska's Future Legislative Liaison |
| Sheepik-Atkasheen Wood-Tikchik P.O. Box 1388 Dillingham, AK 99576 | 31-1721762 | 501 (c) (3) | \$10,000 | Organizing on Healy Coal Plant #2 and Utilizing Energy Organizing in the Interior |
| Protect Our Minors 1157 Babary St. Pacific Palisades, CA 90272 | 20-0174999 | 501 (c) (3) | \$50,000 | British Bay Campaign Local Outreach Organizational Capacity |
| Renewable Energy Alaska Project Joy O Street Safco 207 Anchorage, AK 99501 | 25-0684827 | 501 (c) (3) | \$25,499 | British Bay Fly Fishing Academy |
| Riponella Resource Foundation Suite 206 Anchorage, AK 99501 | 20-4919871 | 501 (c) (3) | \$10,000 | Climate Change - Coal Mining |
| Sierra Club Foundation 85 Leonard Street Suite 750 San Francisco, CA 94105 | 24-6063850 | 501 (c) (3) | \$40,000 | 2011 Operating Support Perishability - Season Capacity |
| SLCA Conservation Society PO Box 6511 Sitka, AK 99875 | 92-0086613 | 501 (c) (3) | \$121,888 | Support youth education regarding wild salmon protection in Bristol Bay |
| Southwest Alaska Conservation Council 419 Sixth Street Suite 206 Juneau, AK 99801 | 92-0062292 | 501 (c) (3) | \$105,310 | Coal Plant Technical Review No Exam Coal Campaign - Alaska Coal Work |
| Tukuhannuk Watershed Council PO Box 1065 Palmer, AK 99627 | 33-1069246 | 501 (c) (3) | \$4,050 | Tongass Community Outreach |
| The Nature Conservancy of Alaska 1100 L Street Suite 100 Anchorage, AK 99501 | 93-0204616 | 501 (c) (3) | \$27,000 | 2011 Operating Support |
| Trust Unlimited, Alaska Program 419 6th St., Suite 200 Juneau, AK 99801 | 30-1612715 | 501 (c) (3) | \$52,000 | Tongass Community Outreach |
| Tuuktooqooq 1026 West Fourth Avenue Sitka, AK 99801 | 92-0810779 | 501 (c) (3) | \$495,000 | 2011 Operating Support Legal Support - Alaska Clean Energy Campaign British Bay Campaign Local Council |
| Yakutat Salmon Board 300 KIMTRADIG DRIVE Palmer, AK 99625 | 92-6001319 | Borough | \$5,956 | Internship |
| Yukon River Inlet-Tukchik Watershed Council 725 Chulitna Drive, Suite 3 Anchorage, AK 99501 | 92-0165976 | 501 (c) (3) | \$5,657 | Internship |
| Total Grants (Greater than \$5,000) Paid to Organization or Government | | | | \$3,495,876 |
| Various Grants less than \$5,000 | | | | \$29,922 |
| Total Grants Paid to Organization or Government | | | | \$3,525,798 |

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 **X**
- 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.

| | | |
|---|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization ALASKA CONSERVATION FOUNDATION | Employer identification number 92-0061466 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 441 WEST 5TH AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANCHORAGE, AK 99501 | |
| | | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 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 ▶ ANN ROTHE

Telephone No. ▶ 907 276-1917

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 02/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20____ or

▶ tax year beginning 07/01, 2010, and ending 06/30, 2011.

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 \$ | <u>0</u> |
| 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 \$ | <u>0</u> |
| 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 \$ | <u>0</u> |

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 Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time**. Only file the original (no copies needed).

| | | |
|---|---|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. ALASKA CONSERVATION FOUNDATION | Enter filer's identifying number, see instructions Employer identification number (EIN) or <input type="checkbox"/> 92-0061466 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 441 WEST 5TH AVENUE | Social security number (SSN) <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANCHORAGE, AK 99501 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | 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 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ANN ROTHE**
 Telephone No. **907 276-1917** 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.

- 4 I request an additional 3-month extension of time until **5/15**, 20 **12**.
- 5 For calendar year _____, or other tax year beginning **07/01**, 20 **10**, and ending **6/30**, 20 **11**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

| | | | |
|--|-----------|----|-----|
| 8a 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. | 8a | \$ | N/A |
| 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 and any amount paid previously with Form 8868. | 8b | \$ | N/A |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | N/A |

Signature and Verification must be completed for Part II only.

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

Signature **Randa Q Carpenter** Title **CPA** Date **2/14/2012**