

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

ALASKA CONSERVATION FOUNDATION

92-0061466

Name and title of officer

**ANN ROTHE
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6231607</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BDO USA, LLP** to enter my PIN **61466**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date April 16, 2014

Part III Certification and Authentication

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

92085388878
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4183, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 02/25/14

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

Form **990**

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)

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALASKA CONSERVATION FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 911 WEST 8TH AVENUE 300 City, town, or post office, state, and ZIP code ANCHORAGE, AK 99501 F Name and address of principal officer: ANN ROTHE SAME AS C ABOVE	D Employer identification number 92-0061466 E Telephone number (907) 276-1917 G Gross receipts \$ 6,887,799. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ALASKACONSERVATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1977 M State of legal domicile: AK

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: PRESERVE ALASKA'S ENVIRONMENT			
Activities & Governance	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		20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		20
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5		20
	6 Total number of volunteers (estimate if necessary)	6		20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		1,255.
	b Net unrelated business taxable income from Form 990-T, line 34	7b		255.
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		4,000,816.	5,740,367.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,897.	3,890.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		184,861.	486,095.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,089.	1,255.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,193,663.	6,231,607.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		3,160,238.	3,670,970.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,208,815.	1,371,604.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 515,647.		0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,027,499.	1,288,888.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,396,552.	6,331,462.
19 Revenue less expenses. Subtract line 18 from line 12		-1,202,889.	-99,855.	
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)		9,237,456.	9,482,091.
	22 Net assets or fund balances. Subtract line 21 from line 20		417,359.	425,167.
			8,820,097.	9,056,924.

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 ANN ROTHE, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name KEY E. GETTY, CPA	Preparer's signature	Date 05/09/14
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590	Check <input type="checkbox"/> if self-employed PTIN P00121200
	Firm's address ▶ 3601 C STREET, SUITE 600 ANCHORAGE, AK 99503	Phone no. 907-278-8878	

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

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: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,749,242. including grants of \$ 1,388,834.) (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 55 TRILLION TONS OF COAL RESERVES - ONLY A TINY FRACTION OF WHICH HAS BEEN MINED - WHICH REPRESENT NEARLY 50% OF TOTAL US 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.

4b (Code:) (Expenses \$ 1,105,461. including grants of \$ 908,320.) (Revenue \$) TONGASS FISH PEOPLE PLACE. ACF PROVIDES LEADERSHIP AND FINANCIAL SUPPORT TO A COALITION OF CONSERVATION ORGANIZATIONS, COMMERCIAL FISHERMEN, LOCAL BUSINESSES AND LOCAL COMMUNITIES WORKING TOGETHER FOR SUSTAINABLE MANAGEMENT OF THE TONGASS NATIONAL FOREST, THE LARGEST FOREST IN THE NATIONAL FOREST SYSTEM AND ONE OF THE LAST REMAINING TEMPERATE RAINFORESTS IN THE WORLD. THE COALITION IS FOCUSED ON 1) SUPPORTING A RAPID TRANSITION FROM OLD-GROWTH TO YOUNG-GROWTH TIMBER HARVEST; 2) BUILDING A SUSTAINABLE WOOD PRODUCTS INDUSTRY IN THE REGION; 3) INCREASING PROTECTION FOR THE REGION'S SALMON FISHERIES THAT SUSTAINS THE ECONOMIES OF THE REGION'S COASTAL COMMUNITIES AND 4) PROTECTING THE REGION'S ANCIENT RAINFOREST.

4c (Code:) (Expenses \$ 1,126,319. including grants of \$ 680,501.) (Revenue \$) BRISTOL BAY FISHERIES & 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,087,786. including grants of \$ 693,315.) (Revenue \$ 3,890.)

4e Total program service expenses 5,068,808.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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
24a	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?		
25a	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANN ROTHE - (907)276-1917 911 WEST 8TH AVENUE, NO. 300, ANCHORAGE, AK 99501

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREA GRANT TRUSTEE	3.00	X						0.	0.	0.
(2) ANNE M. WILKAS TRUSTEE	3.00	X						0.	0.	0.
(3) BONITA HOWARD TRUSTEE	3.00	X						0.	0.	0.
(4) CAROL KASZA TRUSTEE	3.00	X						0.	0.	0.
(5) CLIFTON EAMES TRUSTEE	3.00	X						0.	0.	0.
(6) DAVID ROBERTSON TRUSTEE	3.00	X						0.	0.	0.
(7) DAVID HARDENBERGH TREASURER	6.00	X		X				0.	0.	0.
(8) DORENE SCHIRO TRUSTEE	3.00	X						0.	0.	0.
(9) DREW CASON TRUSTEE	3.00	X						0.	0.	0.
(10) JAMES DEWITT TRUSTEE	3.00	X						0.	0.	0.
(11) KERRY K. ANDERSON SECRETARY	6.00	X		X				0.	0.	0.
(12) LEONARD STEINBERG TRUSTEE	3.00	X						0.	0.	0.
(13) MARCIA LAMB NATIONAL VICE CHAIR	7.00	X		X				0.	0.	0.
(14) MARILYN SIGMAN TRUSTEE	3.00	X						0.	0.	0.
(15) NANCY LORD TRUSTEE	3.00	X						0.	0.	0.
(16) RHONDA L. BENNON TRUSTEE	3.00	X						0.	0.	0.
(17) RUTH WOOD CHAIR	15.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STACY STUDEBAKER TRUSTEE	3.00	X					0.	0.	0.	
(19) VERNOR STOR WILSON TRUSTEE	3.00	X					0.	0.	0.	
(20) WILLIAM LEIGHTY TRUSTEE	3.00	X					0.	0.	0.	
(21) ANN ROTHE EXECUTIVE DIRECTOR	50.00			X			103,632.	0.	12,632.	
(22) HEATHER HANDYSIDE DEPUTY DIRECTOR	40.00			X			78,870.	0.	7,142.	
(23) JENNIFER POLLARD DIRECTOR OF PHILANTHROPY	40.00			X			52,187.	0.	6,691.	
(24) DANIELLE WILLIAMS DIRECTOR OF PHILANTHROPY	40.00			X			65,290.	0.	7,109.	
(25) CYNTHIA TISHER DIRECTOR OF FINANCE	30.00			X			80,142.	0.	7,076.	
1b Sub-total							380,121.	0.	40,650.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							380,121.	0.	40,650.	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 31,397.				
	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 5,708,970.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		5,740,367.			
	Program Service Revenue	2 a	ADMISSION FEES	Business Code 900099	3,890.	3,890.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		3,890.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		146,627.			146,627.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	995,660.			
		Less: cost or other basis and sales expenses		656,192.			
		Gain or (loss)		339,468.			
		Net gain or (loss)		339,468.			339,468.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	INVESTMENT REVENUE LTD	531390	1,255.		1,255.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,255.				
12	Total revenue. See instructions.		6,231,607.	3,890.	1,255.	486,095.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,670,970.	3,670,970.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	338,968.	161,396.	103,411.	74,161.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	746,425.	355,403.	227,716.	163,306.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,389.	40,657.	26,050.	18,682.
9 Other employee benefits	110,771.	52,742.	33,793.	24,236.
10 Payroll taxes	90,051.	42,877.	27,472.	19,702.
11 Fees for services (non-employees):				
a Management	22,082.	15,210.	5,526.	1,346.
b Legal	92,139.	6,206.	85,573.	360.
c Accounting	47,060.		47,060.	
d Lobbying	1,829.		1,829.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,641.		54,641.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	415,216.	376,940.	4,734.	33,542.
12 Advertising and promotion	23,271.			23,271.
13 Office expenses	75,817.	41,117.	10,166.	24,534.
14 Information technology	31,061.	21,395.	7,773.	1,893.
15 Royalties				
16 Occupancy	156,897.	92,272.	33,543.	31,082.
17 Travel	196,306.	132,302.	52,325.	11,679.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	125,693.	55,600.	15,273.	54,820.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,681.			20,681.
23 Insurance	6,523.		6,523.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MERCHANT FEES	11,255.			11,255.
b MISCELLANEOUS	7,320.	3,721.	3,599.	
c LICENSE AND TAXES	1,097.			1,097.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,331,462.	5,068,808.	747,007.	515,647.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	10,181.	7,636.	0.	2,545.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	671,457.	1	621,954.	
	2 Savings and temporary cash investments	1,716,759.	2	1,729,785.	
	3 Pledges and grants receivable, net	760,000.	3	314,371.	
	4 Accounts receivable, net	12,162.	4	104,004.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L	0.	6		
	7 Notes and loans receivable, net	0.	7		
	8 Inventories for sale or use	0.	8		
	9 Prepaid expenses and deferred charges	32,712.	9	12,284.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 111,552.			
	b Less: accumulated depreciation	10b 43,129.	82,377.	10c 68,423.	
	11 Investments - publicly traded securities	5,783,735.	11	6,493,867.	
	12 Investments - other securities. See Part IV, line 11	59,218.	12	59,218.	
	13 Investments - program-related. See Part IV, line 11	0.	13		
	14 Intangible assets	0.	14		
	15 Other assets. See Part IV, line 11	119,036.	15	78,185.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,237,456.	16	9,482,091.		
Liabilities	17 Accounts payable and accrued expenses	144,226.	17	308,331.	
	18 Grants payable	132,000.	18	46,000.	
	19 Deferred revenue	66,550.	19	0.	
	20 Tax-exempt bond liabilities	0.	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22		
	23 Secured mortgages and notes payable to unrelated third parties	0.	23		
	24 Unsecured notes and loans payable to unrelated third parties	0.	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	74,583.	25	70,836.	
	26 Total liabilities. Add lines 17 through 25	417,359.	26	425,167.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,511,928.	27	1,647,297.	
	28 Temporarily restricted net assets	2,418,467.	28	2,368,823.	
	29 Permanently restricted net assets	4,889,702.	29	5,040,804.	
	Organizations that do not follow SFAS 117 (ASC 958), 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	8,820,097.	33	9,056,924.		
34 Total liabilities and net assets/fund balances	9,237,456.	34	9,482,091.		

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	6,231,607.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,331,462.
3	Revenue less expenses. Subtract line 2 from line 1	3	-99,855.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,820,097.
5	Net unrealized gains (losses) on investments	5	336,682.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,056,924.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization ALASKA CONSERVATION FOUNDATION	Employer identification number 92-0061466
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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 - Non-functionally integrated
- 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?

	Yes	No
(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?	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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,820,442.	6,426,994.	6,684,624.	4,000,815.	5,756,407.	27,689,282.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,820,442.	6,426,994.	6,684,624.	4,000,815.	5,756,407.	27,689,282.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16,278,450.
6 Public support. Subtract line 5 from line 4.						11,410,832.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,820,442.	6,426,994.	6,684,624.	4,000,815.	5,756,407.	27,689,282.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	197,804.	166,830.	159,029.	139,389.	471,241.	1,134,293.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				1,639.	1,255.	2,894.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	21,079.	6,413.	2,680.	3,897.	3,890.	37,959.
11 Total support. Add lines 7 through 10						28,864,428.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	39.53	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	51.86	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

ALASKA CONSERVATION FOUNDATION

92-0061466

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization ALASKA CONSERVATION FOUNDATION	Employer identification number 92-0061466
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 1,701,688.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 2,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALASKA CONSERVATION FOUNDATION	Employer identification number 92-0061466
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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 35c (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 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 the 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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)	24,705.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	1,830.													
c	Total lobbying expenditures (add lines 1a and 1b)	26,535.													
d	Other exempt purpose expenditures	6,364,261.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,390,796.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	469,540.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">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)	117,385.													
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	453,568.	434,696.	421,565.	469,540.	1,779,369.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,669,054.
c Total lobbying expenditures	41,494.	7,568.	20,346.	26,535.	95,943.
d Grassroots nontaxable amount	113,392.	108,674.	105,391.	117,385.	444,842.
e Grassroots ceiling amount (150% of line 2d, column (e))					667,263.
f Grassroots lobbying expenditures	28,781.	5,976.	17,903.	24,705.	77,365.

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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	7	13
2 Aggregate contributions to (during year)	47,948.	204,572.
3 Aggregate grants from (during year)	24,733.	225,558.
4 Aggregate value at end of year	1,085,899.	5,269,567.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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 XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,644,188.	5,764,447.	4,929,251.	4,423,518.	5,299,755.
b Contributions	252,520.	14,606.	157,127.	41,060.	29,216.
c Net investment earnings, gains, and losses	737,366.	131,812.	1,079,268.	548,347.	-656,883.
d Grants or scholarships	250,291.	237,375.	374,869.	72,300.	248,570.
e Other expenditures for facilities and programs			0.		
f Administrative expenses	28,217.	29,302.	26,330.	11,374.	
g End of year balance	6,355,566.	5,644,188.	5,764,447.	4,929,251.	4,423,518.

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

- a Board designated or quasi-endowment 8.00 %
- b Permanent endowment 80.00 %
- c Temporarily restricted endowment 12.00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	32,000.			32,000.
b Buildings				
c Leasehold improvements				
d Equipment		6,727.	841.	5,886.
e Other		72,825.	42,288.	30,537.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				68,423.

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. (Col. (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. (Col. (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) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY LIABILITY	70,836.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	70,836.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	6,627,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	336,682.
b	Donated services and use of facilities	2b	59,334.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	396,016.
3	Subtract line 2e from line 1	3	6,231,607.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,231,607.

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

1	Total expenses and losses per audited financial statements	1	6,390,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	59,334.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	59,334.
3	Subtract line 2e from line 1	3	6,331,462.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,331,462.

Part XIII Supplemental Information

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

PART V, LINE 4: ACF'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE

FOUNDATION'S OVERALL MISSION TO ADVANCE ALASKA CONSERVATION. ACF HAS MORE THAN 15 ENDOWED FUNDS THAT ARE RESTRICTED TO A VARIETY OF ALASKA CONSERVATION PURPOSES, RANGING FROM REGIONAL PRIORITIES TO ENVIRONMENTAL EDUCATION TO CLIMATE CHANGE.

PART X, LINE 2: THE ORGANIZATION USES A MORE-LIKELY-THAN-NOT

RECOGNITION FOR ALL TAX UNCERTAINTIES. MANAGEMENT HAS CONCLUDED THAT THERE

Part XIII Supplemental Information (continued)

ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS
FINANCIAL STATEMENTS FOR ALL PERIODS REPRESENTED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA CENTER FOR THE ENVIRONMENT 921 W. 6TH AVENUE. SUITE 200 ANCHORAGE, AK 99501	23-7380045	501 C 3	484,690.	0.			MERGER INTEGRATION AND CAPACITY SUPPORT GRANT; CANVASS PROJECT; AYEА CIP PROGRAM MANAGER; SUPPORT
ALASKA COMMUNITY ACTION ON TOXICS 505 W NORTHERN LIGHTS BLVD., SUITE ANCHORAGE, AK 99503	92-0177082	501 C 3	50,040.	0.			ORGANIZING MEDICAL PROFESSIONALS ON COAL; COLLECTIVE CONSERVATION STRATEGY ORGANIZING;
ALASKA CONSERVATION ALLIANCE 921 W 6TH AVE. SUITE 200 ANCHORAGE, AK 99501	91-1803793	501 C 3	16,080.	0.			SIX MONTH INTERNSHIP; TRANSFORMERS: MERGER AGREEMENT AND LEGAL DUE DILIGENCE
ALASKA CONSERVATION VOTERS 921 W 6TH AVE. SUITE 200 ANCHORAGE, AK 99501	92-0090065	501 C 4	20,000.	0.			ACV RAPID RESPONSE "ACTION SCORECARD"; FISH AND DEMOCRACY ONLINE MOBILIZATION
ALASKA MARINE CONSERVATION COUNCIL PO BOX 101145 ANCHORAGE, AK 99515-1145	92-0155875	501 C 3	32,866.	0.			SIX MONTH INTERNSHIP; AWARD GRANT; COLLECTIVE CONSERVATION STRATEGY; CONSERVATION INTERNSHIPS
ALASKA NATIVE HARBOR SEAL COMMISSION - 800 EAST DIMOND BOULEVARD - ANCHORAGE, AK 99515	92-0156465	501 C 3	6,110.	0.			SEAL HABITAT PROTECTION NEAR GLACIAL HAUL-OUTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 37.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 9.**

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

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA SEA OTTER AND STELLER SEA LION COMMISSION, PO BOX 142, OLD HARBOR, A - PO BOX 142 - ANCHORAGE, AK 99643	92-0137202	501 C 3	10,000.	0.			SUPPORT TO THE ALASKA SEA OTTER AND STELLER SEA LION COMMISSION
ALASKA WILDERNESS LEAGUE 122 C ST NW STE 240 WASHINGTON, DC 20001	52-1814742	501 C 3	132,000.	0.			WESTERN ARCTIC TRIBAL OUTREACH ON COAL; ORGANIZING ON COAL; TONGASS SUPPORT
ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS - PO BOX 219 - BETHEL, AK 99559	92-0064285	501 C 3	12,000.	0.			STATE OF THE SALMON SPECIAL CONVENTION FINAL REPORT
AUDUBON ALASKA 441 W 5TH AVE. SUITE 300 ANCHORAGE, AK 99501	13-1624102	501 C 3	9,540.	0.			GENERAL SUPPORT; CONSERVATION INTERNSHIP
BERING SEA FISHERMEN'S ASSOCIATION , 110 W. 15TH AVE., UNIT A ANCHORAGE, AK 99501	92-0074000	501 C 3	18,000.	0.			BERING SEA ELDERS GROUP
BRISTOL BAY HERITAGE LAND TRUST P.O. BOX 1388 DILLINGHAM, AK 99576	31-1721762	501 C 3	15,000.	0.			BRISTOL BAY FLY FISHING ACADEMY
CASTLE MOUNTAIN COALITION 13588 E. SYBARITE RD. PALMER, AK 99645	20-8348228	501 C 3	41,000.	0.			ORGANIZING THE MAT VALLEY ON COAL
CENTER FOR ALASKAN COASTAL STUDIES 708 SMOKEY BAY WAY HOMER, AK 99603	92-0086250	501 C 3	6,940.	0.			ENVIRONMENTAL EDUCATION; CONSERVATION INTERNSHIP
CENTER FOR SCIENCE IN PUBLIC PARTICIPATION - 224 N CHURCH AVENUE - BOZEMAN, MT 59715	81-0512321	501 C 3	521,501.	0.			BRISTOL BAY CAMPAIGN SCIENCE WORK; TECHNICAL SUPPORT FOR AEF CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICKALOON VILLAGE TRADITIONAL COUNCIL - PO BOX 1105 - CHICKALOON, AK 99674	92-0120907	7871 (FEDERALLY RECO	58,000.	0.			OPPOSITION TO MATANUSKA VALLEY COAL DEVELOPMENT
CHUITNA CITIZENS COALITION PO BOX BLG BELUGA, AK 99659-0010	26-2530439	501 C 3	10,000.	0.			ORGANIZING ON CHUITNA COAL
CITY OF KAKE PO BOX 500 KAKE, AK 99830	92-0038151	7871 (FEDERALLY RECO	63,000.	0.			TONGASS SUPPORT
COOK INLETKEEPER PO BOX 3269 HOMER, AK 99603	92-0156450	501 C 3	321,500.	0.			TECHNICAL EXPERTS FOR AEF; AWARDS GRANT; ORGANIZING TO OPPOSE THE CHUITNA MINE; SUPPORT FOR
DISCOVERY SOUTHEAST PO BOX 21867 JUNEAU, AK 99802	92-0128839	501 C 3	6,940.	0.			INTERNSHIP; ENVIRONMENTAL EDUCATION
FRIENDS OF MAT-SU PO BOX 116 PALMER, AK 99645	92-0165705	501 C 3	92,080.	0.			ORGANIZING ON COAL; INTERNSHIP
GROUND TRUTH TREKKING PO BOX 164, C/O ERIN MCKITTRICK SELDOVIA, AK 99663	20-8537847	501 C 3	32,500.	0.			TECHNICAL SUPPORT FOR AEF CAMPAIGN; PEBBLE OUTREACH MATERIALS
GWICH'IN STEERING COMMITTEE 122 FIRST AVE, BOX 2 FAIRBANKS, AK 99701	92-0131608	501 C 3	25,000.	0.			GENERAL SUPPORT; RAPID RESPONSE GRANT FOR TRAVEL TO DC
HOONAH INDIAN ASSOCIATION 254 ROOSEVELT STREET HOONAH, AK 99829	92-0074919	7871 (FEDERALLY RECO	25,000.	0.			COMMUNITY-BASED PLANNING IN HOONAH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HYDABURG COOPERATIVE ASSOCIATION PO BOX 349, HYDABURG HYDABURG, AK 99922	91-0485847	7871 (FEDERALLY RECO	60,000.	0.			TONGASS SUPPORT
INUIT CIRCUMPOLAR COUNCIL OF ALASKA - 3003 MINNESOTA DR - ANCHORAGE, AK 99503	92-0091959	501 C 3	12,000.	0.			DEVELOPING AN INUIT FRAMEWORK FOR FOOD SECURITY IN THE ARCTIC
INUPIAT COMMUNITY OF THE ARCTIC SLOPE - PO BOX 934 - BARROW, AK 99723	92-0063034	7871 (FEDERALLY RECO	10,000.	0.			ALASKA NATIVE FUND - TRADITIONAL KNOWLEDGE FACILITATION PROJECT
NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80392	84-0611876	501 C 3	55,000.	0.			LEGAL SUPPORT TO THE NATIVE VILLAGE OF TYONEK; LEGAL SUPPORT FOR COAL
THE NATURE CONSERVANCY OF ALASKA 416 HARRIS STREET, SUITE 301 JUNEAU, AK 99801	53-0242652	501 C 3	15,000.	0.			TONGASS SUPPORT
NORTHERN ALASKA ENVIRONMENTAL CENTER - 830 COLLEGE ROAD - FAIRBANKS, AK 99701-2895	23-7438038	501 C 3	21,526.	0.			ORGANIZING FAIRBANKS AND NORTHERN COMMUNITIES ON COAL; ENVIRONMENTAL EDUCATION
ORGANIZED VILLAGE OF KASAAN PO BOX 26 KETCHIKAN, AK 99950	92-0119632	7871 (FEDERALLY RECO	20,000.	0.			PRINCE OF WALES TRIBAL SEA OTTER COMMISSION
RESOURCE MEDIA, 325 PACIFIC 3RD FLOOR SAN FRANCISCO, CA 94111	82-0564961	501 C 3	30,000.	0.			COMMUNICATIONS SUPPORT FOR AEF
SIERRA CLUB FOUNDATION 85 2ND STREET, SUITE 750 SAN FRANCISCO, CA 94105	94-6069890	501 C 3	80,000.	0.			ARCTIC COAL CAMPAIGN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SITKA CONSERVATION SOCIETY PO BOX 653 SITKA, AK 99835	92-0096633	501 C 3	221,443.	0.			TONGASS SUPPORT; CONSERVATION INTERNSHIP
SITKA SOUND SCIENCE CENTER 834 LINCOLN STREET, NO. 20 SITKA, AK 99835	26-1253086	501 C 3	20,000.	0.			TONGASS SUPPORT; MARINE DEBRIS IN ALASKA: A DROP IN THE BUCKET: EVERY DROP COUNTS!
SOUTHEAST ALASKA CONSERVATION COUNCIL - 419 6TH STREET, SUITE 200 - JUNEAU, AK 99801	92-0062992	501 C 3	236,230.	0.			TONGASS SUPPORT; COLLECTIVE CONSERVATION STRATEGY; CONSERVATION INTERNSHIP
SOUTHEAST ALASKA WILDERNESS EXPLORATION ANALYSIS & DISCOVERY - PO BOX 306 - GUSTAVUS, AK 99826	92-0168869	501 C 3	106,000.	0.			SUPPORT FOR TONGASS PEOPLE & PLACE
TAKSHANUK WATERSHED COALITION PO BOX 1029 HAINES, AK 99827	331069246	501 C 3	56,160.	0.			SUPPORT FOR THE SOUTHEAST ALASKA WATERSHED COALITION
TRIBE OF NULATO PO BOX 65049 NULATO, AK 99765	92-0064349	7871 (FEDERALLY RECO	10,000.	0.			INTERNATIONAL TRIBAL DIPLOMACY FOR FOOD SECURITY
TROUT UNLIMITED, ALASKA PROGRAM 419 6TH ST., SUITE 200 JUNEAU, AK 99801	38-1612715	501 C 3	165,000.	0.			TONGASS SUPPORT; DEFENDING ALASKANS RIGHTS TO CLEAN WATER
TRUSTEES FOR ALASKA 1026 W 4TH AVENUE, SUITE 201 ANCHORAGE, AK 99501	92-6010379	501 C 3	485,147.	0.			LEGAL DEFENSE FOR BRISTOL BAY; LEGAL AND TECHNICAL SUPPORT FOR BRISTOL BAY; LEGISLATIVE WORK IN
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501 C 3	6,440.	0.			CONSERVATION INTERNSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRANGELL COOPERATIVE ASSOCIATION PO BOX 2021 WRANGELL, AK 99929	92-6000144	7871 (FEDERALLY RECO	20,000.	0.			TRIBAL FOOD SECURITY AND ECONOMIC DEVELOPMENT
YUKON RIVER DRAINAGE FISHERIES ASSOCIATION - 725 CHRISTENSEN DR., STE 3B - ANCHORAGE, AK 99501	92-0135445	501 C 3	20,000.	0.			ENGAGING INDIGENOUS KNOWLEDGE TO REDUCE CHUM SALMON BYCATCH IN THE POLLOCK FISHERY
YUKON RIVER INTER-TRIBAL WATERSHED COUNCIL - 323 2ND STREET - FAIRBANKS, AK 99701	92-0166976	501 C 3	5,040.	0.			CONSERVATION INTERNSHIP

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALASKA CENTER FOR THE ENVIRONMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: MERGER INTEGRATION AND CAPACITY

SUPPORT GRANT; CANVASS PROJECT; AYEА CIP PROGRAM MANAGER; SUPPORT TO THE

HUB; TECHNICAL SUPPORT FOR AEF; OPERATING SUPPORT; COLLECTIVE

CONSERVATION STRATEGY; SUPPORT FOR ENVIRONMENTAL EDDUCATION INITIATIVES;

SWAT TEAM KENAI EXPANSION; CONSERVATION INTERNSHIP

NAME OF ORGANIZATION OR GOVERNMENT: ALASKA COMMUNITY ACTION ON TOXICS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ORGANIZING MEDICAL PROFESSIONALS ON COAL; COLLECTIVE CONSERVATION STRATEGY ORGANIZING; CONSERVATION INTERNSHIP

NAME OF ORGANIZATION OR GOVERNMENT: COOK INLETKEEPER

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL EXPERTS FOR AEF; AWARDS GRANT; ORGANIZING TO OPPOSE THE CHUITNA MINE; SUPPORT FOR COLLECTIVE CONSERVATION STRATEGY

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES FOR ALASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: LEGAL DEFENSE FOR BRISTOL BAY; LEGAL AND TECHNICAL SUPPORT FOR BRISTOL BAY; LEGISLATIVE WORK IN SUPPORT OF CITIZEN PARTICIPATION

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).

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

FORM 990 PAGE 2 MISSION STATEMENT

CONTINUED DETAIL ON MISSION STATEMENT

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.

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

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 OR 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.

EXPENSES \$ 411,197. INCLUDING GRANTS OF \$ 285,874. REVENUE \$ 0.

Name of the organization ALASKA CONSERVATION FOUNDATION	Employer identification number 92-0061466
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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 FUNDS ARE DETERMINED BY AN ADVISORY COMMITTEE COMPRISED OF ALASKA NATIVE LEADERS THROUGHOUT ALASKA AND APPROVED BY THE ACF BOARD OF TRUSTEES. THE ADVISORY COMMITTEE HAS IDENTIFIED THE FOLLOWING PRIORITY AREAS: IMPACTS OF EXTRACTIVE INDUSTRIES; PROTECTION OF SUBSISTENCE RESOURCES; CLIMATE CHANGE; ENERGY AND ENVIRONMENTAL HEALTH.

EXPENSES \$ 224,049. INCLUDING GRANTS OF \$ 139,000. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 452,540. INCLUDING GRANTS OF \$ 268,441. REVENUE \$ 3,890.

FORM 990, PART VI, SECTION B, LINE 11: 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: 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

Name of the organization

ALASKA CONSERVATION FOUNDATION

Employer identification number

92-0061466

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 TRANSACTION.

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

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

Name of the organization ALASKA CONSERVATION FOUNDATION	Employer identification number 92-0061466
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ORGANIZATION ONCE A CONFLICT OF INTEREST HAS BEEN DETERMIND 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 IS 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 VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED AT THE TIME OF DIRECTOR RECRUITMENT BY REVIEWING COMPARABLE SALARY DATA COMPILATIONS FOR SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IN 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. THIS PROCESS WAS LAST UNDERTAKEN IN 2011.

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 COMPARABLE SALARY DATA COMPILATIONS FOR SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IN 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 ED. THE REVIEW PROCESS CAN BE REINITIATED AT OTHER TIMES BY DETERMINATION OF THE EXECUTIVE DIRECTOR. THE MINUTES OF

Name of the organization
ALASKA CONSERVATION FOUNDATION

Employer identification number
92-0061466

THE MEETING AT WHICH COMPENSATION WAS SET DESCRIBE THE INFORMATION,
DELIBERATIVE PROCESS AND DECISION. THIS PROCESS WAS LAST UNDERTAKEN IN
2010.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK,AL,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

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE INCLUDED
ON FORM 990 AND IN THE ORGANIZATION'S ANNUAL REPORT, AVAILABLE ON OUR
WEBSITE. GOVERNING AND POLICY DOCUMENTS ARE AVAILABLE UPON REQUEST. THE
MOST CURRENT THREE FORM 990S ARE DISPLAYED ON THE ALASKA CONSERVATION
FOUNDATION WEBSITE.

PART XII LINE 2C
AUDIT OVERSIGHT PROCESS
THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2012

Department of the Treasury
Internal Revenue Service

For calendar year 2012 or other tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

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

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ALASKA CONSERVATION FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 911 WEST 8TH AVENUE, NO. 300 City or town, state, and ZIP code ANCHORAGE, AK 99501	D Employer identification number (Employees' trust, see instructions.) 92-0061466 E Unrelated business activity codes (See instructions) 531390
C Book value of all assets at end of year 9,482,091.		F Group exemption number (see instructions) ▶ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ **PASSIVE PARTNERSHIP INVESTMENT REVENUE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **ANN ROTHE** Telephone number ▶ **(907) 276-1917**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6	1,255.	1,255.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	1,255.	1,255.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions)
 (except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach statement)	18	
19 Taxes and licenses	19	
20 Charitable contributions (see instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach statement)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,255.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	1,255.
33 Specific deduction (generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	255.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations taxable as corporations (35), Trusts taxable at trust rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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.

Sign Here: Signature of officer, Date, EXECUTIVE DIRECTOR, Title. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with Yes checked.

Paid Preparer Use Only: Print/Type preparer's name (KEY E. GETTY, CPA), Preparer's signature, Date (05/09/14), Check self-employed, PTIN (P00121200), Firm's name (BDO USA, LLP), Firm's address (3601 C STREET, SUITE 600 ANCHORAGE, AK 99503), Firm's EIN (13-5381590), Phone no. (907-278-8878).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.