



Alaska Geographic Association 421 W 1st Ave. #250 Anchorage, AK 99501

Alaska Geographic Association:

Enclosed is the organization's 2023 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2024.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

Best Regards,

Pinion, LLC

** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

| Αŀ | or the | e 2023 calendar year, or tax year beginning ar | na enaing | | | | | | | | | | |
|-------------------------|--|--|---------------------|-----------------------------|---|--|--|--|--|--|--|--|--|
| B c | Check if opplicable | C Name of organization | | D Employer identif | ication number | | | | | | | | |
| | Addres | ALASKA GEOGRAPHIC ASSOCIATION | | | | | | | | | | | |
| | Name change | Doing business as | | 92-00431 | .54 | | | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/sui | | | | | | | | | | |
| | □Final return/ | 421 W 1ST AVE. | #250 | 907-274- | | | | | | | | | |
| | termin ated | | G Gross receipts \$ | 8,064,245. | | | | | | | | | |
| L | Ameno | ANCHORAGE, AN 99301 | | H(a) Is this a group r | | | | | | | | | |
| | Applic tion pendir | F Name and address of principal officer: AND I HADD | | for subordinates | s? Yes X No | | | | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates i | ncluded? Yes No | | | | | | | | |
| | | empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $= 4947(a)($ | 1) or 5 | 27 If "No," attach a | a list. See instructions | | | | | | | | |
| | Vebsit | | | H(c) Group exemption | | | | | | | | | |
| | | organization: X Corporation Trust Association Other | L Ye | ar of formation: 1959 i | M State of legal domicile: AK | | | | | | | | |
| Pa | | Summary | | | | | | | | | | | |
| Φ | | Briefly describe the organization's mission or most significant activities: TO | | | | | | | | | | | |
| Activities & Governance | | CARING FOR ALASKA'S LAND THROUGH EDUCATI | | | | | | | | | | | |
| ž | 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | |
| 8 | 1 | | | 3 | | | | | | | | | |
| ص ص | | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | | | | | |
| es | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 90 | | | | | | | | |
| ΞĒ | 6 | Total number of volunteers (estimate if necessary) | | | 12 | | | | | | | | |
| Act | I | | | <u>7a</u> | | | | | | | | | |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | | | | | | | | | |
| | | | F | Prior Year | Current Year | | | | | | | | |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 1,186,082. | 793,254. | | | | | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 843,142. | 721,953. | | | | | | | | |
| 3e | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 569. | | | | | | | | | |
| _ | יין | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,174,750. | 3,455,414. | | | | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 4,204,543. | 4,998,148. | | | | | | | | |
| | I | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 421,169. | 849,642. | | | | | | | | |
| | I . | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | | | | | | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 | | 1,812,036. | 2,051,430. | | | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | _ | 0. | 0. | | | | | | | | |
| ă | b | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | 1 (74 004 | 1 700 567 | | | | | | | | |
| ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,674,994. | | | | | | | | | |
| | I | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,908,199. | 4,610,639. | | | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 296,344. | <u> </u> | | | | | | | | |
| is or | | | | Beginning of Current Year | End of Year | | | | | | | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 4,850,527. | 5,699,547. | | | | | | | | |
| et A | 21 | Total liabilities (Part X, line 26) | | 2,275,453. 2,575,074. | 2,736,964. 2,962,583. | | | | | | | | |
| 2 <u>-</u> | 22 art II | Net assets or fund balances. Subtract line 21 from line 20 | | 2,373,074. | 2,302,303. | | | | | | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedu | ulae and etate | mente, and to the heet of m | v knowledge and helief it is | | | | | | | | |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of | | | y knowledge and belief, it is | | | | | | | | |
| uu, | , сопс | t, and complete. Declaration of proparti (office than officer) is based on an information of | willon propai | ci nas any knowicago. | | | | | | | | | |
| Sign Here | | Signature of officer | | Date | | | | | | | | | |
| | | ANDY HALL, EXECUTIVE DIRECTOR | | | | | | | | | | | |
| Hei | • | Type or print name and title | | | | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | | | | | | | |
| Paid | ı | MANDY SMITH MANDY SMITH | | 11/14/24 self-emplo | | | | | | | | | |
| | arer | Firm's name PINION, LLC | | | 8-0567703 | | | | | | | | |
| - | Only | Firm's address 828 GREAT NORTHERN BOULEVARD | | 7111113 E111 | | | | | | | | | |
| | | HELENA, MT 59601 | | Phone no 40 | 6-442-1040 | | | | | | | | |
| — Mav | the IF | RS discuss this return with the preparer shown above? See instructions | | 17 Hono Hor = 0 | X Yes No | | | | | | | | |
|) | | | | | | | | | | | | | |

| Fa | Statement of Program Service Accomplishments |
|----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | TO CREATE AN INFORMED PUBLIC CARING FOR ALASKA'S LAND THROUGH |
| | EDUCATION SALES AND PROGRAMS. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$1, 213, 328 . including grants of \$) (Revenue \$3, 466, 969 .) |
| | DISTRIBUTION OF EDUCATIONAL AND INTERPRETIVE MATERIALS TO VISITORS AND |
| | USERS OF ALASKA'S PUBLIC LANDS. APPROXIMATELY ONE MILLION INDIVIDUALS |
| | WERE PROVIDED INFORMATION ABOUT 35 NATIONAL PARKS, FORESTS, AND OTHER |
| | PUBLICLY HELD LANDS. |
| | TODDICHI MEND HANDS: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$1,084,730. including grants of \$) (Revenue \$8) |
| | DEVELOPMENT AND PRESENTATION OF EXPERIENTIAL EDUCATION PROGRAMS FOR |
| | TEACHERS, YOUTH, GUIDES AND THE GENERAL PUBLIC. PROGRAMS ARE BOTH |
| | DAILY AND MULTI-DAY IN LENGTH. MANY ARE AVAILABLE FOR COLLEGE AND |
| | CONTINUING EDUCATION CREDITS. PROGRAMS ARE OFFERED IN NATIONAL PARKS, |
| | FORESTS, REFUGES, AND OTHER PUBLIC LANDS IN ALASKA. MORE THAN 100 |
| | PROGRAMS ARE OFFERED. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 1,540,780 . including grants of \$ 849,642 .) (Revenue \$ 28,931 .) |
| 40 | (Code:) (Expenses \$ |
| | OTHER EDUCATIONAL PRODUCTS AND MATERIALS. EIGHT OR MORE DISTINCT |
| | |
| | VISITOR GUIDES, TWO OR MORE BOOKS AND/OR FILMS, AND VARIOUS OTHER |
| | EDUCATIONAL PUBLICATIONS PRODUCED ANNUALLY IN PARTNERSHIP WITH THREE |
| | FEDERAL AND STATE LAND MANAGEMENT AGENCIES FOR USE BY VISITORS, |
| | EDUCATIONAL INSTITUTIONS, AND THE GENERAL PUBLIC. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| - | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 3,838,838. |
| | Form 990 (2023) |

Form 990 (2023) ALASKA GEOGRAPHIC ASSOCIATION Part IV Checklist of Required Schedules

| | • | | Yes | No |
|-----|--|-----|-----|---------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | Х | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | 7.7 |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | \ \ _{\\\\} |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 37 | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |

Form 990 (2023) ALASKA GEOGRAPHIC ASSOCIATION
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|--|------------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u>X</u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | <u> </u> |
| 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? If "Yes," answer lines 24b through 24d and complete | l | | 37 |
| | Schedule K. If "No," go to line 25a | 24a | | <u>X</u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c 24d | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05.0 | | х |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | | 25b | | Х |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | |
| _, | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | _X_ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | <u>X</u> |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | _X_ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | . |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u>X</u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | _X_ |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | 7.7 | |
| Pai | Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| Га | Check if School do O contains a vacanage or note to any line in this Dout V | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| ۔ د | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| _ | | - | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1 | | |
| C | | 1c | Х | |
| 332004 | (gambling) winnings to prize winners? | _ | 990 | (2023) |

| | o o i (bontinaea) | | | |
|------------|---|-----|-----|-----|
| | | | Yes | No |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | _X_ |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | _X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | _X_ |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| D | | | | |
| 120 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | ıza | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | 104 | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| ~ | organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| _ | excess parachute payment(s) during the year? | 15 | | х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| - | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Vee " complete Form 6060 | | | |

Form **990** (2023)

ALASKA GEOGRAPHIC ASSOCIATION Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

| Sec | tion A. Governing Body and Management | | | | | |
|-----|--|----------|-----------------------|------------|---------|----------|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 12 | 2 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 12 | 2] | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | any other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | _X_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direct | supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | _X_ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | 4 | | _X_ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | _X_ |
| 6 | Did the organization have members or stockholders? | | | 6 | | _X_ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point o | one or | | | |
| | more members of the governing body? | | | 7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | ders, or | | | |
| | persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by the | following: | | 77 | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | 37 |
| 800 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | |
| 40- | Did the constant of the board o | | | 40- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters | , aπiliates, | 106 | | |
| 110 | and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body | , bofor | o filing the form? | 10b 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | beloi | e ming the forms | Ha | 21 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | | | 12.0 | | |
| · | on Schedule O how this was done | , | | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | th a | | | |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | e its p | articipation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization | 's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | T (section 501(c)(3) | s only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | X Own website Another's website X Upon request Other (explain | | , | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict c | f interest policy, an | d finan | cial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | l records | | | |
| | THE ORGANIZATION - 907-274-8440 | | | | | |
| | 421 W 1ST AVE., #250, ANCHORAGE, AK 99501 | | | | | |

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per week | (do box | | Pos heck | ition | than o | one n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|---|--|--------------------------------|-----------------------|-------------|--------------|------------------------------|-------------|---|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) ANDY HALL | 40.00 | - | | | | | | 140.026 | _ | 10 000 |
| EXECUTIVE DIRECTOR | 40.00 | | | Х | | | | 140,936. | 0. | 19,993. |
| (2) BRIAN BELGER | 40.00 | 4 | | | | | | 00 601 | • | E 222 |
| C00 | 40.00 | <u> </u> | | Х | | | | 90,601. | 0. | 5,333. |
| (3) SAMANTHA RUTHERFORD DIRECTOR OF FINANCE & ADMIN | 40.00 | - | | х | | | | 60,449. | 0. | 1,228. |
| (4) JULIE HIRT | 2.50 | | | | | | | 00,440. | 0. | 1,220. |
| CHAIR | 2.50 | х | | Х | | | | 0. | 0. | 0. |
| (5) BONNI BROOKS | 2.50 | 25 | | | | | | • | • | • |
| VICE CHAIR | | x | | x | | | | 0. | 0. | 0. |
| (6) PAUL ANDERSON | 2.50 | | | | | | | | | |
| AT-LARGE, CHAIR | | Х | | х | | | | 0. | 0. | 0. |
| (7) PAULA DAVIS | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) KATE GILLING | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) KARI GARDEY | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) GERMAINE SALMINE | 2.50 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (11) RALPH SAMUELS | 2.50 | 1 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) TIM WIEPKING | 2.50 | 1 | | | | | | | | _ |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (13) JIM BRODIE | 2.50 | l | | | | | | | | |
| BOARD MEMBER | <u> </u> | Х | | | | | | 0. | 0. | 0. |
| (14) MARY TOUGAS | 2.50 | l | | | | | | | | |
| BOARD MEMBER | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (15) CHARLES MONEY | 2.50 | | | | | | | | _ | _ |
| BOARD MEMBER | 2 50 | Х | | | | | | 0. | 0. | 0. |
| (16) JILLIAN SIMPSON | 2.50 | ₩. | | | | | | 0. | 0. | ^ |
| BOARD MEMBER (17) THOMAS BAKER | 2.50 | Х | - | | _ | \vdash | | 1 | 0. | 0. |
| BOARD MEMBER | 2.50 | Х | | | | | | 0. | 0. | 0. |
| DOIND HEIDER | 1 | 77 | | <u> </u> | <u> </u> | | | <u> </u> | 0. | Form 990 (2022) |

332007 12-21-23 Form **990** (2023)

| Part VIII Section A. Officers, Directors, Trustees, key Employees, and Highest Compensated Employees (andinaced) Popular Section A. American Section A. Officers and the programme of the p | Form 990 (2023) ALASKA G | EOGRAPHI | C | AS | SO | CI | ΑТ | IC | N | 92-00 | 431 | .54 | Page 8 |
|--|---|---|--------------------------------|-----------------------|--------------------------|-------------------------|---------------------------------|--------|--|--------------------------------|--------|---------------------------------|--|
| Name and title Average Position Position Position Compensation Compe | Part VII Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees, | and | ΙΗiς | ghes | t C | ompensated Employee | s (continued) | | | |
| Complete the properties of the organization Complete the properties Complete the organization Complete the organization Complete the organization Complete the properties Complete t | • • | Average hours per | box | not c , unle: | Posi heck r ss per | ition more son is | than o s both | n an | Reportable compensation | Reportable compensation | ۱ | Estir amo | mated unt of |
| Subtotal 291,986 0 26,554 | | (list any hours for related organizations below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ | organizations (W-2/1099-MIS | | compe from organ and r | ensation n the nization related |
| 1b Subtotal 1b Subtotal 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. Report compensation from the organization from the organization. Name and business address 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Name and business address 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Name and business address 1 Complete this table for your five highest compensation from the organization star year. (A) 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 from the organization of the calculation of the calculation of the calculation of the organization of the calculation of | | 2.50 | | | | | | | | | | | |
| Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report Compensation for the calendar year ending with or within the organization or services A Complete this table for you rive highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization or the organization and other compensation or individual for services rendered to the organization in the services rendered to the organization or individual or services rendered the stable for you rive highest compensated independent contractors that received more than \$100,000 of compensation from the organization or individual or services rendered the stable for you rive 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 or services. A | | 2 50 | X | - | | | | | 0. | | 0. | | <u> </u> |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection 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 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 from the organization. O | | 2.30 | Х | | | | | | 0. | | 0. | | 0. |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection 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 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 from the organization. O | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection 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 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 from the organization. O | | | - | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection 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 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 from the organization. O | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection 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 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 from the organization. O | | | | | | | | | | | | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Total number of independent Contractors Section B. Independent Contractors Complete Schedule J for such person (A) Name and business address NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from than \$100,000 of compensation from the organization of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the organization of the organization of the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received | | | | | | | | | | | | 26 | |
| 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 | | | | | | | | | | | | 26 | |
| Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. | 2 Total number of individuals (including but n | | | | | | | | | | | | 1 |
| line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the orga | compensation from the organization | | | | | | | | | | | Y | es No |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation 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 | | • | , | , | • | , | , | • | | • | | 3 | Х |
| rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | | | | | | | | | | | 4 | х |
| 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) (B) (C) Compensation NONE Description of services Compensation 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. | 5 Did any person listed on line 1a receive or a | accrue comper | ısati | on fr | om a | any | unre | elate | ed organization or individ | dual for services | | 5 | х |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Posscription of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | • | | | | | | | | | | | | |
| Name and business address NONE Description of services Compensation 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 | . , , , | • | • | | | | | | | , , | ensati | on from | 1 |
| \$100,000 of compensation from the organization | | address | NC | ONE | 3 | | | | | ervices | Co | | ation |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | |
| | · | · · | ot lin | nited | d to t | _ | | ted | above) who received mo | ore than | | 00 | 20 (222) |

Form 990 (2023) ALASKA
Part VIII Statement of Revenue

| | | | Check if Schedule O contain | s a response | e or note to any lin | e in this Part VIII | | | |
|--|----|--------------------------|---|-----------------|----------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | Oncon a concasa co contain | <u> </u> | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| () () | - | _ | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | 109,088. | | | | |
| ij g | | | | | 103,000. | | | | |
| fts, Ar | | | Fundraising events | | | | | | |
| ig ig | | | Related organizations | 1 1 | | | | | |
| ns, Sim | | | Government grants (contribution | | | | | | |
| utio er (| | Ť | All other contributions, gifts, grants, | 1 1 | 604 166 | | | | |
| 현된 | | | similar amounts not included above | | 684,166. | | | | |
| ont od (| | _ | Noncash contributions included in lines 1a- | If 1g \$ | 34,266. | T02 054 | | | |
| <u>0 g</u> | | h | Total. Add lines 1a-1f | | | 793,254. | | | |
| | | | | | Business Code | | | | |
| e S | 2 | 2 a FIELD COURSES 611600 | | | | 693,022. 28,931. | 693,022. | | |
| e Ķ | | b | FEES | ES 611600 | | | | | |
| Program Service Revenue | | С | | | | | | | |
| | | d | | | | | | | |
| og B | | е | | | | | | | |
| P | | f | All other program service revenu | e | | | | | |
| | | g | Total. Add lines 2a-2f | | | 721,953. | | | |
| | 3 | | Investment income (including div | | | | | | |
| | | | | | | 27,527. | | | 27,527. |
| | 4 | | Income from investment of tax-e | | | | | | |
| | 5 | | Royalties | = | = | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | | Net rental income or (loss) | | | | | | |
| | | | ` ′ | (i) Securities | (ii) Other | | | | |
| | • | а | assets other than inventory 7a | (1) | (, 55. | | | | |
| | | h | Less: cost or other basis | | | | | | |
| Φ | | D | | | | | | | |
| her Revenue | | _ | and sales expenses 7b | | | | | | |
| eve | | | Gain or (loss) 7c | | | | | | |
| Ä | | | Net gain or (loss) | | | | | | |
| | 8 | а | Gross income from fundraising even | | | | | | |
| Ò | | | including \$ | | | | | | |
| | | | contributions reported on line 10 | ′ I | 0.600 | | | | |
| | | | Part IV, line 18 | | | | | | |
| | | | Less: direct expenses | | b 20,157. | 11 555 | | | 11 555 |
| | | | Net income or (loss) from fundrai | | | -11,555. | | | -11,555. |
| | 9 | а | Gross income from gaming activ | | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | b | | | | |
| | | | Net income or (loss) from gaming | | | | | | |
| | 10 | а | Gross sales of inventory, less ret | | | | | | |
| | | | and allowances | 10 | 6,512,909. | | | | |
| | | b | Less: cost of goods sold | | 3,045,940. | | | | |
| \Box | | С | Net income or (loss) from sales of | f inventory | | 3,466,969. | 3,466,969. | | |
| ا ي | | | | | Business Code | | | | |
| n o | 11 | а | | | | | | | |
| ane | | b | | | | | | | |
| Miscellaneous Revenue | | С | | | | | | | |
| Aisc B | | d | All other revenue | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 4,998,148. | 4,188,922. | 0. | 15,972. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 849,642. 849,642. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 318,541. 255,642. 62,899. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,417,843. 1,137,877. 279,966. Other salaries and wages 7 Pension plan accruals and contributions (include 8,949. 2,202. 11,151. section 401(k) and 403(b) employer contributions) 156,317. 30,866. 125,451. Other employee benefits 9 147,578. 118,437. 29,141. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 60,569. 8,453. 52,116. column (A), amount, list line 11g expenses on Sch O.) 20,59919,883. 716. Advertising and promotion 12 75,300. 62,291. 13,009. Office expenses 13 74,466. 53,894. 20,572. Information technology 14 15 Royalties 115,715. 175,021. 59,306. 16 Occupancy 170,526. 157,402. 13,124. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 69,726. 53,044. 16,682. Depreciation, depletion, and amortization 22 82,077. 77,961. 4,116. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 651,800. 633,769. 18,031. PROGRAM EXPENSES MERCHANT FEES 119,332. 119,332. 64,335. 37,790. 24,817. 39,518. BANK FEES 20,685. 17,105. d DUES AND SUBSCRIPTIONS 108,026. 55,583. 52,443. e All other expenses $4,610,\overline{639}$ 3,838,838. 771,801. 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

| Par | rt X | Balance Sheet | | | | | |
|-----------------------------|----------|---|--------------|---------------------|---------------------------------|----------|---------------------------------------|
| | | Check if Schedule O contains a response or n | ote to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1,338,508. | 1 | 1,882,913. | | |
| | 2 | Savings and temporary cash investments | | | 914,038. | 2 | 940,667 |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | | 183,002. | 4 | 382,366 |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub | stantial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of th | | 5 | | | |
| | 6 | Loans and other receivables from other disqua | alified pers | ons (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | ed in secti | ion 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 1,176,857. | 8 | 1,213,577 148,965 |
| ĕ | 9 | Prepaid expenses and deferred charges | | | 64,720. | 9 | 148,965 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D Less: accumulated depreciation | . 10a | 1,854,816. | | | |
| | b | - | 1,066,592. | 10c | 1,125,924 | | |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, lin | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 106,810. | 15 | 5,135 | | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | | 4,850,527. | 16 | 5,699,547 |
| | 17 | Accounts payable and accrued expenses | | 350,615. | 17 | 244,071 | |
| | 18 | Grants payable | | | 1,021,607. | 18 | 1,698,388 |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 42,531. | 20 | 42,531 |
| | 21 | Escrow or custodial account liability. Complete | | | 42,331. | 21 | 42,531 |
| es | 22 | Loans and other payables to any current or for | | | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | | | | 00 | |
| Liat | | controlled entity or family member of any of the | | | 752,431. | 22 | 746,756 |
| | 23 | Secured mortgages and notes payable to unrealist | | | 732,431. | 23 24 | 740,730 |
| | 24 25 | Unsecured notes and loans payable to unrelat | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on lia | | | | | |
| | | parties, and other liabilities not included on lin of Schedule D | | | 108,269. | 25 | 5,218 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,275,453. | 25 26 | 2,736,964 |
| | 20 | Organizations that follow FASB ASC 958, cl | hack hare | X | 2/2/3/1331 | 20 | 277307301 |
| es | | and complete lines 27, 28, 32, and 33. | nook nore | | | | |
| ŭ | 27 | • • • • • | | | 2.355.715. | 27 | 2,634,865 |
| 3ala | 28 | | | | 2,355,715. 219,359. | 28 | 2,634,865 327,718 |
| βE | | Organizations that do not follow FASB ASC | | | | | , , , , , , , , , , , , , , , , , , , |
| Fu | | and complete lines 29 through 33. | | | | | |
| þ | 29 | Capital stock or trust principal, or current fund | ls | 1 | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | | | | 2,575,074. | 32 | 2,962,583 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 4,850,527. | 33 | 5,699,547 |

Form **990** (2023)

| Par | T XI Reconciliation of Net Assets | | | | |
|-----|---|----------|-----|--------------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 98,1 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 10,6 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 87,5 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,5 | 75,0 | <u>74.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 2,9 | 62,5 | 83. |
| Pai | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | 1 | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2t | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | 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? | | 20 | : X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | 1 | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3k | | |
| | | | For | m 990 | (2023) |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

92-00/315/

| | | ALAS | KA GEOGRAPI | HIC ASSOCIAT | ION | | | 9 | 2-0043154 | |
|----------|-------|--|---------------------------|--|------------------|------------------|-------------------------------|--------------|------------------------|----|
| Pa | rt I | Reason for Public C | Charity Status. | (All organizations must o | omplete th | nis part.) S | ee instruction | S. | | |
| The | organ | ization is not a private found | | | | | | | | |
| 1 | | A church, convention of chu | • | - · | - | - | I)(A)(i). | | | |
| 2 | | A school described in secti | | | | ` ` ` ` ` | <i>x x</i> , | | | |
| 3 | 一 | A hospital or a cooperative | | • | • • • | (b)(1)(A)(ii | i). | | | |
| 4 | 同 | A medical research organiza | | | | | - | (iii). Enter | the hospital's name | ә. |
| | | city, and state: | | , | | | (-)(-)(-) | (/- | Ţ. | , |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental ur | nit describe | ed in | |
| • | | section 170(b)(1)(A)(iv). (C | | , | | , 3 | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | 同 | An organization that normal | - | | | | | e general r | oublic described in | |
| | | section 170(b)(1)(A)(vi). (Co | • | | g | | | 3 | | |
| 8 | | A community trust describe | • | 1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | 一 | An agricultural research org | | | • | ed in coniu | inction with a | land-grant | college | |
| | | or university or a non-land-g | | | | - | | - | - | |
| | | university: | , 3 | , | | , , , | , | 3 | | |
| 10 | X | An organization that normal | Ilv receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns. membershi | p fees, and | d aross receipts fro | |
| | | activities related to its exem | | | | | | | | |
| | | income and unrelated busin | | · · | | | | | - | |
| | | See section 509(a)(2). (Cor | | , | | • | , 0 | | , | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sa | fety. See | section 50 | 09(a)(4). | | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform tl | he functior | ns of, or to car | ry out the | purposes of one or | |
| | | more publicly supported org | ganizations describe | d in section 509(a)(1) d | r section (| 509(a)(2). | See section 5 | 509(a)(3). (| Check the box on | |
| | | lines 12a through 12d that of | describes the type of | supporting organization | n and com | plete lines | 12e, 12f, and | 12g. | | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | orted orga | anization(s), ty | pically by | giving | |
| | | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | of the direc | tors or trustee | es of the su | pporting | |
| | | organization. You must o | omplete Part IV, Se | ections A and B. | | | | | | |
| b | | Type II. A supporting orga | anization supervised | or controlled in connect | tion with its | s supporte | d organization | n(s), by hav | ring | |
| | | control or management of | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | oorted | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functionall | y integrate | d with, | |
| | | its supported organization | n(s) (see instructions) | . You must complete I | Part IV, Se | ections A, | D, and E. | | | |
| d | | | integrated. A supp | orting organization oper | ated in cor | nnection w | ith its suppor | ted organiz | zation(s) | |
| | | that is not functionally into | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | an attentiv | reness | |
| | | requirement (see instructi | ons). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | | |
| е | | □ Check this box if the orga | anization received a v | vritten determination fro | m the IRS | that it is a | Type I, Type I | I, Type III | | |
| | | functionally integrated, or | Type III non-function | nally integrated supportion | ng organiz | ation. | | | | |
| f | | er the number of supported o | • | | | | | | | |
| <u>g</u> | | vide the following information i) Name of supported | about the supporte | d organization(s). (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | manatani | (vi) Amount of oth | |
| | (| organization | (II) EIN | (described on lines 1-10 | in your governi | ng document? | (v) Amount of support (see in | - | support (see instructi | |
| | | organization | | above (see instructions)) | Yes | No | oapport (occ iii | | capport (ccc metract | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

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.)

| Sec | tion A. Public Support | | | | | | | |
|------|--|---------------------------|----------------------|---------------------|---------------------|----------------------|-----------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization'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 | | | | | | | |
| 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) | | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | | |
| | ction B. Total Support | | T | 1 | 1 | 1 | 1 | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Amounts from line 4 | | | | 1 | | | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | | | | + | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| 40 | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | |
| | Total support. Add lines 7 through 10 Gross receipts from related activities, | ete (eee instructi | | | | 12 | | |
| | First 5 years. If the Form 990 is for the | | | fourth or fifth tax | | | | |
| 13 | organization, check this box and stor | · · | | • | • | | | |
| Sec | ction C. Computation of Publi | | | | | | | |
| | Public support percentage for 2023 (I | | | column (f)) | | 14 | % | |
| | Public support percentage from 2022 | | • | .,, | | 15 | % | |
| | 33 1/3% support test - 2023. If the o | | | | | | | |
| | stop here. The organization qualifies | | | | | | | |
| b | b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| | and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | |
| | and if the organization meets the fact | _ | - | | | | | |
| | meets the facts-and-circumstances te | st. The organization | on qualifies as a pu | ublicly supported o | organization | | | |
| b | 10% -facts-and-circumstances test | - 2022. If the org | ganization did not | check a box on lin | | | | |
| | more, and if the organization meets the | ne facts-and-circur | nstances test, che | eck this box and s | stop here. Explain | in Part VI how the | | |
| | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box a | and see instructions | s | |
| | | | | | | Schedule A | (Form 990) 2023 | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | , | | | | |
|-----------|--|---|----------------------|------------------------|---------------------|-----------------------|-------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 679,132. | 889,022. | 909,601. | 1186082. | 793,254. | 4457091. |
| 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 | 4152621. | 1146379. | 2551106. | 5236080. | 7234862. | 20321048. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | 4831753. | 2035401. | 3460707. | 6422162. | 8028116. | 24778139. |
| 78 | A Amounts included on lines 1, 2, and 3 received from disqualified persons | 454,998. | 13,133. | 2,734. | 7,409. | 2,750. | 481,024. |
| k | 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 | | | | | | 0. |
| (| Add lines 7a and 7b | 454,998. | 13,133. | 2,734. | 7,409. | 2,750. | 481,024. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 24297115. |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | 4831753. | 2035401. | 3460707. | 6422162. | 8028116. | 24778139. |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,943. | 236. | 121. | 569. | 27,527. | 31,396. |
| k | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 2,943. | 236. | 121. | 569. | 27,527. | 31,396. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 4834696. | 2035637. | 3460828. | 6422731. | 8055643. | 24809535. |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fir | st, second, third, t | fourth, or fifth tax y | ear as a section 50 | 01(c)(3) organization | on, |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | . (2) | | 1 | 07 02 |
| | Public support percentage for 2023 (I | , | | .,, | | 15 | $\frac{97.93}{95.37}$ % |
| <u>16</u> | Public support percentage from 2022 ction D. Computation of Inves | | | | | 16 | 95.37 % |
| | | | | 20 12 column (f) | | 17 | .13 % |
| | Investment income percentage for 20 Investment income percentage from 20 | | | | | 17 | .13 % |
| 18 19: | a 33 1/3% support tests - 2023. If the | | | on line 14 and line | | | |
| 130 | more than 33 1/3%, check this box ar | | | | | | v |
| k | 33 1/3% support tests - 2022. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | n did not shook a l | nov on line 14 10 | or 10h abaak th | is boy and ass inst | ruotiono | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| | n 990) | 2023 |

| Par | Supporting Organizations (continued) | | | |
|------|---|---------|-----|----|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | 11c | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | _ | | Yes | No |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | _ | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| C1 | supported organizations played in this regard. | 3 | | |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) | uctions | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 2h | | |
| | these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3a | | |
| | trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ju | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |
| | or no supported organizations: If Test Descript III i with the file fold Diaved by the organization in this redain | -N | | |

| Schedule | Δ | (Form | 990) | 2023 |
|----------|---|-------|------|------|

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

<u>4</u> 5

6

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

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

Schedule of Contributors

Employer identification number

| | ALASKA GEOGRAPHIC ASSOCIATION | 92-0043154 | | | | |
|--|---|-------------------------|--|--|--|--|
| Organization type (check | c one): | | | | | |
| Filers of: Section: | | | | | | |
| Form 990 or 990-EZ | \boxed{X} 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 | | | | | |
| | n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F | tule. See instructions. | | | | |
| General Rule | | | | | | |
| | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor | | | | | |
| Special Rules | | | | | | |
| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| contributor, duri literary, or educa | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | |
| year, contributio is checked, ente purpose. Don't c | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ | | | | | |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). | | | | | | |

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ALASKA GEOGRAPHIC ASSOCIATION

92-0043154

| 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 | | \$5,500. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$15,000 . | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$5,000. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

ALASKA GEOGRAPHIC ASSOCIATION

92-0043154

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|-------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | CHARTER USE FOR CRUISE | | |
| | | \$15,000. | 05/13/23 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| 000450 40 00 | | I * | Cabadula P (Farra 000) (0002) |

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** ALASKA GEOGRAPHIC ASSOCIATION 92-0043154 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ALASKA GEOGRAPHIC ASSOCIATION

Employer identification number 92-0043154

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin. | | Siı | nilar Funds o | r Ac | cour | nts. Complete if the |
|-----|--|----------------------------|--------|---------------------|------------|---------------|---------------------------------|
| | Giganization anomolog Tee Sitt of Coop, Factor, in | (a) Donor advi | ised | funds | (| b) Fun | ds and other accounts |
| 1 | Total number at end of year | . , | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | | helo | l in donor advise | d fund | ls | |
| | are the organization's property, subject to the organization's | - | | | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | | | |
| | impermissible private benefit? | | | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "\ | Yes' | on Form 990, Pa | art IV, | line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply | y). | | | | |
| | Preservation of land for public use (for example, recreated | tion or education) | | Preservation of a | a histo | rically | important land area |
| | Protection of natural habitat | L | | Preservation of a | a certi | fied his | storic structure |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contr | ribut | ion in the form of | f a cor | nserva | |
| | day of the tax year. | | | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | | | 2a | |
| b | Total acreage restricted by conservation easements | | | | | 2b | |
| С | Number of conservation easements on a certified historic stru | ucture included on line | 2a | | | 2c | |
| d | Number of conservation easements included on line 2c acqui | | | | | | |
| | on a historic structure listed in the National Register | | | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, o | or te | minated by the o | organi | zation | during the tax |
| | year | | | | | | |
| 4 | Number of states where property subject to conservation eas | | | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | | |
| | violations, and enforcement of the conservation easements it | | | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, | anc | enforcing conse | rvatio | n ease | ements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and | enfo | rcing conservation | on eas | sement | ts during the year |
| _ | | | | | 4) (D) (') | | |
| 8 | Does each conservation easement reported on line 2d above | | | | | | □ vaa □ Na |
| • | and section 170(h)(4)(B)(ii)? | | | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn | | | | | | |
| | organization's accounting for conservation easements. | lote to the organization | 151 | nanciai statemei | ונס נוופ | ii uesc | Tibes trie |
| Par | t III Organizations Maintaining Collections of | Art, Historical Ti | rea | sures, or Oth | er S | imila | r Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its re | ever | ue statement an | d bala | ınce st | neet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education | on, o | or research in furt | heran | ce of p | oublic |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | | | |
| b | b If the organization elected, as permitted under FASB 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 ı | esearch in furthe | rance | of pul | olic service, |
| | provide the following amounts relating to these items. | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | \$ |
| | | | | | | | \$ |
| 2 | If the organization received or held works of art, historical trea | | | | | | |
| | the following amounts required to be reported under FASB A | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | | | \$ |
| b | Assets included in Form 990, Part X | | | | | | \$ |

332051 09-28-23

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

Schedule D (Form 990) 2023

| | t III Organizations Maintaining Co | llections of Ar | | | | r Other S | | ets (continu | rage z ied) |
|-------|---|----------------------|------------|---------------|----------------|----------------|------------------------|----------------|-----------------------|
| 3 | Using the organization's acquisition, accession | | | | | | | • | |
| | collection items (check all that apply). | | | | | | | | |
| а | | | | | | | | | |
| b | Scholarly research | 6 | | | 9- 9 | | | | |
| c | Preservation for future generations | _ | | | | | | | |
| 4 | Provide a description of the organization's coll | ections and explain | n how th | ev further th | ne organizatio | n's exemp | t purpose in F | Part XIII. | |
| 5 | During the year, did the organization solicit or | | | | | | | | |
| | to be sold to raise funds rather than to be mair | | | | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arrange | | | | | | | | |
| | reported an amount on Form 990, Part | | | Ü | | | , | , , | |
| | Is the organization an agent, trustee, custodian | n, or other intermed | diary for | contribution | s or other as | sets not in | cluded | | |
| | on Form 990, Part X? | | | | | | | Yes | X No |
| b | If "Yes," explain the arrangement in Part XIII ar | | | | | | | | |
| | • | · | · · | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | 42 | ,531. |
| d | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | 1f | 42 | ,531. |
| 2a | Did the organization include an amount on For | | | | | | ? | X Yes | □ No |
| b | If "Yes," explain the arrangement in Part XIII. C | Check here if the ex | planatio | n has been | provided in F | Part XIII . | | | X |
| | t V Endowment Funds Complete if the | | | | | | | | |
| | | (a) Current year | | rior year | (c) Two yea | |) Three years b | ack (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the current | nt year end balanc | e (line 1g | ı, column (a) |) held as: | | | | |
| а | Board designated or quasi-endowment | • | % | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| С | Term endowment% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shoul | d equal 100%. | | | | | | | |
| За | Are there endowment funds not in the possess | sion of the organiza | ation that | t are held ar | nd administer | ed for the | | | |
| | organization by: | | | | | | | | res No |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | |
| | (ii) Related organizations? | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | ons listed as requir | ed on So | chedule R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the o | | wment fu | unds. | | | | | |
| Par | t VI Land, Buildings, and Equipme | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV | , line 11a. S | ee Form 990 | , Part X, lin | e 10. | | |
| | Description of property | (a) Cost or o | | (b) Cost | or other | (c) Acc | umulated | (d) Book | value |
| | | basis (investr | nent) | | (other) | depre | eciation | | |
| 1a | Land | | | | 0,144. | | | | <u>,144.</u> |
| | Buildings | | | 65 | 6,628. | 1 | 8,941. | 637 | ,687. |
| | Leasehold improvements | | | | | | | | |
| d | Equipment | I | | | 5,981. | 70 | 9,951. | 176 | <u>,030.</u> |
| е | Other | | | 6 | 2,063. | | | 62 | ,063. |
| Total | . Add lines 1a through 1e. (Column (d) must equ | ual Form 990. Part | X. line 10 | Oc. column | (B)) | | | 1,125 | ,924. |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 | ALASKA GE(| OGRAPHIC . | ASSOCIATION | |
|----------------------------|------------------|------------|-------------|--|
| Part VII Investments - | Other Securities | | | |

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. | | | | | | | |
|--|----------------|---|--|--|--|--|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value | | | | | |
| (1) Financial derivatives | | | | | | | |
| (2) Closely held equity interests | | | | | | | |
| (3) Other | | | | | | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| (F) | | | | | | | |
| (G) | | | | | | | |
| (H) | | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | _ | | | | | | |
| Part VIII Investments - Program Related. | | | | | | | |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| | |
| (8) | |
| (9) | |
| | |

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| <u>1. </u> | (a) Description of liability | (b) Book value |
|---|---|----------------|
| (1) | Federal income taxes | |
| (2) | OPERATING LEASE LIABILITY | 5,218. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 5,218. |

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

Schedule D (Form 990) 2023

| Sche | adula D | (Form 990) 2023 | ALASKA | GEOGRAPHIO | C ASSOCT | ATTON | | 92-(| 0043154 | Page 4 |
|------|---------|-----------------------------|-------------------------|--------------------------|---------------------|-------------|----------------|--------|---|--------------|
| | rt XI | Reconciliation | | | | | Revenue per Re | | , | rage |
| | | Complete if the orga | nization answe | red "Yes" on Form 9 | 90, Part IV, line | 12a. | | | | |
| 1 | Totalı | revenue, gains, and o | ther support pe | r audited financial sta | atements | | | 1 | 5,018 | ,305. |
| 2 | Amou | nts included on line 1 | but not on For | m 990, Part VIII, line | 12: | | | | | |
| а | Net ur | nrealized gains (losses | s) on investmen | ts | | 2a | | | | |
| b | Donat | ed services and use o | of facilities | | | 2b | | | | |
| С | | eries of prior year gra | | | | | | | | |
| d | | (Describe in Part XIII.) | | | | 1 4 - 1 | 20,157. | | | |
| е | Add li | nes 2a through 2d | | | | | | 2e | 20 | <u>,157.</u> |
| 3 | Subtra | act line 2e from line 1 | | | | | | 3 | 4,998 | ,148. |
| 4 | | nts included on Form | | | | | | | | |
| а | Invest | ment expenses not in | cluded on Form | n 990, Part VIII, line 7 | 'b | 4a | | | | |
| b | Other | (Describe in Part XIII.) | | | | 4b | | | | |
| С | Add li | nes 4a and 4b | | | | | | 4c | | 0. |
| 5 | Totalı | revenue. Add lines 3 | and 4c. (This mu | ust equal Form 990. I | Part I. line 12.) | | | 5 | 4,998 | ,148. |
| Pa | rt XII | Reconciliation | of Expenses | per Audited Fir | nancial State | ements With | Expenses per F | Returr | 1 | |
| | | Complete if the orga | nization answe | red "Yes" on Form 99 | 90, Part IV, line | 12a. | | | | |
| 1 | Total (| expenses and losses | per audited fina | ncial statements | | | | 1 | 4,630 | <u>,796.</u> |
| 2 | Amou | nts included on line 1 | but not on Form | m 990, Part IX, line 2 | 5: | | | | | |
| а | Donat | ed services and use o | of facilities | | | 2a | | | | |
| b | Prior y | year adjustments | | | | 2b | | | | |
| С | Other | losses | | | | 2c | | | | |
| d | Other | (Describe in Part XIII. | | | | 2d | 20,157. | | | |
| е | Add li | nes 2a through 2d | | | | | | 2e | | <u>,157.</u> |
| 3 | Subtra | act line 2e from line 1 | | | | | | 3 | 4,610 | <u>,639.</u> |
| 4 | | nts included on Form | | | | | | | | |
| а | Invest | ment expenses not in | cluded on Form | n 990, Part VIII, line 7 | 'b | 4a | | | | |
| b | Other | (Describe in Part XIII.) | | | | 4b | | | | |
| С | Add li | nes 4a and 4b | | | | | | 4c | | 0. |
| 5 | Total e | expenses. Add lines 3 | and 4c. (This r | nust eaual Form 990 | . Part I. line 18.) | | | 5 | 4,610 | ,639. |
| Pai | rt XIII | Supplemental I | nformation | | | | | | | |

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 IV, LINE 2B:

THE ASSOCIATION HAS AN AGREEMENT WITH THE USFWS TO ACT IN A FIDUCIARY CAPACITY FOR CERTAIN PROGRAMS CONDUCTED BY THE USFWS. THE ASSOCIATION COLLECTS MONIES AND PAYS EXPENSES ON BEHALF OF THE USFWS FOR THE AGREED-UPON PROGRAMS.

PART X, LINE 2:

THE ASSOCIATION IS INCORPORATED UNDER THE LAWS OF THE STATE OF ALASKA AS A NONPROFIT CORPORATION AND IS GENERALLY EXEMPT FROM THE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization ALASKA GEOGRAPHIC ASSOCIATION | | | | | | Employer identification number $92-0043154$ | | |
|--|--------------------|------------------------------------|--------------------------|----------------------------------|--|---|------------------------------------|--|
| Part I General Information on Grants a | | 11000011111011 | | | | | <u> </u> | |
| 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? | | | | | | | No | |
| 2 Describe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the United | States. | | | | |
| Part II Grants and Other Assistance to recipient that received more than S | | | | | | es" on Form 990, Part | IV, line 21, for any | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| NATIONAL PARK SERVICE | | | | | | | | |
| 240 W 5TH AVE | | NATIONAL PARK | | | | | DIRECT SUPPORT TO | |
| ANCHORAGE, AK 95501 | 53-0197094 | SERVIC | 823,131. | 0. | | | AGENCIES | |
| U.S. FISH AND WILDLIFE SERVICE 101 TUDOR ROAD ANCHORAGE, AK 99501 | 53-0201504 | US FISH & WILDLIFE | 21,719. | 0. | | | DIRECT SUPPORT TO AGENCIES | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations | - | - | | | | | 2. | |

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

| 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 noncash assistance | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Part IV Supplemental Information. Provide the information requ | uired in Part I, lin | e 2; Part III, column | (b); and any other ac | ditional information. | | | | |
| PART I, LINE 2: | | | | | | | | |
| THE AGENCY IS GIVEN A BUDGET WORKS | HEET SHOW | ING THE AM | OUNT OF FU | NDS | | | | |
| AVAILABLE. THE AGENCY THEN SUBMITS A WORKSHEET BUDGET THAT INCLUDES A | | | | | | | | |
| NARRATIVE OF HOW THEY WANT TO SPEND THEIR FUNDS. THE WORKSHEET/NARRATIVE | | | | | | | | |
| IS APPROVED BY ALASKA GEOGRAPHIC. IN ORDER TO SPEND THESE FUNDS DURING THE | | | | | | | | |
| YEAR THE AGENCY MUST SUBMIT FUNDING REQUESTS FOR PAYMENT AND A | | | | | | | | |
| REIMBURSEMENT RECEIPT MUST BE ATTACHED. THESE EXPENSES ARE COMPARED TO | | | | | | | | |
| THEIR SUBMITTED BUDGETS AND ARE EIGH | THER APPR | OVED OR DE | NIED. | | | | | |
| | | | | | | | | |

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

ALASKA GEOGRAPHIC ASSOCIATION Employer identification number 92-0043154

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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

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

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

| | | (B) Breakdown of W | /-2 and/or 1099-MISO compensation | C and/or 1099-NEC | other deferred benefits | | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------|-------------|-----------------------|-------------------------------------|-------------------------------------|-------------------------|---------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) ANDY HALL | (i) | 140,936. | 0. | 0. | 6,890. | 13,103. | 160,929. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| · | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (י) (ii) | | | | | | | |
| ' | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

ALASKA GEOGRAPHIC ASSOCIATION

Inspection Employer identification number

92-0043154

| Pai | rt I Types of Property | | | | | | | |
|-----|--|-------------------------------|--|---|---|-----|----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | _ | 6 |
| 1 | Art - Works of art | | | - | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (EVENT SUPPORT) | X | 4 | 18,820. | FAIR MARKET | VAL | UΕ | |
| 26 | Other (ITEMS FOR AUCTI) | X | 33 | 5,389. | SELLING PRI | CE | | |
| 27 | Other (EDUCATION SUPPL) | Х | 3 | | FAIR MARKET | | ŰΕ | |
| 28 | Other (AK GEO APPRECIA) | Х | 2 | | FAIR MARKET | | | |
| 29 | Number of Forms 8283 received by the organiz | ation during | the tax vear for c | | | | | |
| | for which the organization completed Form 828 | - | • | | | | | |
| | · · | , , | J | | | Y | es | No |
| 30a | During the year, did the organization receive by | contributio | n any property rep | orted in Part I, lines 1 through | h 28, that it | | | |
| | must hold for at least 3 years from the date of t | | | | | | | |
| | exempt purposes for the entire holding period? | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | olicy that re | quires the review | of any nonstandard contribu | tions? | 31 | | Х |
| | Does the organization hire or use third parties of | | | | | | | |
| | contributions? | | • | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) foi | a type of property | for which column (a) is che | cked, | | | |
| | describe in Part II. | () / |), i i) | (,) | , | | | |

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALASKA GEOGRAPHIC ASSOCIATION

Employer identification number 92-0043154

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

THE 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE VIA EMAIL FROM THE CHIEF

OPERATING OFFICER THE FINANCE COMMITTEE REVIEWS AND ACCEPTS THE 990, ONCE

APPROVED BY THE FINANCE COMMITTEE IT IS EXPLAINED TO THE REMAINING

GOVERNING BOARD AND THEN APPROVED BY THE EXECUTIVE DIRECTOR TO SIGN.

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

ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COLLECTED FOR KEY STAFF MEMBERS

AND THE BOARD OF DIRECTORS. ANY CONFLICTS ARE REPORTED TO THE EXECUTIVE

DIRECTOR AND GOVERNANCE COMMITTEE WHO THEN DECIDES CORRECT ACTION.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE BOARD TAKING

INTO CONSIDERATION COMPENSATION OF LEADERSHIP POSITIONS IN PARTNER

ORGANIZATIONS AND SALARIES FOR COMPARABLE POSITIONS IN OTHER NON-PROFITS.

USING INDUSTRY REPORTS SUCH AS ROBERT HALF, LOCAL NONPROFIT RESEARCH BY THE FORAKER GROUP, LOCAL HIRING ADS FOR SIMILAR POSITIONS AND NATIONAL NONPROFIT PARTNERS SUCH AS THE PUBLIC LANDS ALLIANCE. THE EXECUTIVE DIRECTOR COMPARES THE COMPENSATION OF THE FOLLOWING KEY POSITIONS TO DETERMINE REASONABLENESS OF CURRENT SALARIES AND EXPECTED GROWTH: DIRECTOR OF EDUCATION, DIRECTOR OF DEVELOPMENT, DIRECTOR OF RETAIL AND THE DIRECTOR OF FINANCE. SALARY ADJUSTMENTS WERE MADE TO THE CURRENT EMPLOYEES IN THOSE KEY POSITIONS IF NEEDED.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2023

| Scriedule O (Form 990) 2023 | Page z |
|--|---|
| Name of the organization ALASKA GEOGRAPHIC ASSOCIATION | Employer identification number 92-0043154 |
| GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE | TO THE PUBLIC |
| UPON REQUEST. | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEA | ıR. |
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

| Αŀ | or the | a 2023 calendar year, or tax year beginning | na enaing | | |
|-------------------------|--------------------------|--|----------------|-----------------------------|---|
| B c | Check if opplicable | C Name of organization | | D Employer identif | ication number |
| | Addres | ALASKA GEOGRAPHIC ASSOCIATION | | | |
| | Name change | Doing business as | | 92-00431 | .54 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/sui | | |
| | □Final return/ | 421 W 1ST AVE. | #250 | 907-274- | |
| | termin ated | | | G Gross receipts \$ | 8,064,245. |
| L | Ameno | ANCHORAGE, AN 99301 | | H(a) Is this a group r | |
| | Applic tion pendir | F Name and address of principal officer: AND I HADD | | for subordinates | s? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates i | ncluded? Yes No |
| | | empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $= 4947(a)($ | 1) or 5 | 27 If "No," attach a | a list. See instructions |
| | Vebsit | | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Ye | ar of formation: 1959 i | M State of legal domicile: AK |
| Pa | | Summary | | | |
| Φ | | Briefly describe the organization's mission or most significant activities: TO | | | |
| Activities & Governance | | CARING FOR ALASKA'S LAND THROUGH EDUCATI | | | |
| ž | l | Check this box if the organization discontinued its operations or disp | osed of mo | l | 1 |
| 8 | 1 | | | 3 | |
| ص ص | | Number of independent voting members of the governing body (Part VI, line 1b) | | | |
| es | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 90 |
| ΞĒ | 6 | Total number of volunteers (estimate if necessary) | | | 12 |
| Act | I | | | <u>7a</u> | |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | |
| Revenue | | | F | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 1,186,082. | 793,254. |
| | 9 | Program service revenue (Part VIII, line 2g) | | 843,142. | 721,953. |
| 3e | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 569. | |
| _ | יין | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,174,750. | 3,455,414. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 4,204,543. | 4,998,148. |
| | I | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 421,169. | 849,642. |
| | I . | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 | | 1,812,036. | 2,051,430. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | _ | 0. | 0. |
| ă | b | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | 1 (74 004 | 1 700 567 |
| ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,674,994. | |
| | I | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,908,199. | 4,610,639. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 296,344. | · · · · · · · · · · · · · · · · · · · |
| is or | | | | Beginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 4,850,527. | 5,699,547. |
| et A | 21 | Total liabilities (Part X, line 26) | | 2,275,453. 2,575,074. | 2,736,964. 2,962,583. |
| 2 <u>-</u> | 22 art II | Net assets or fund balances. Subtract line 21 from line 20 | | 2,373,074. | 2,302,303. |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedu | ulae and etate | mente, and to the heet of m | v knowledge and helief it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of | | | y knowledge and belief, it is |
| uu, | , сопс | t, and complete. Declaration of proparti (office than officer) is based on an information of | willon propai | ci nas any knowicago. | |
| Sigi | n | Signature of officer | | Date | |
| Her | | ANDY HALL, EXECUTIVE DIRECTOR | | | |
| Hei | - | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | ı | MANDY SMITH MANDY SMITH | | 11/14/24 self-emplo | |
| | arer | Firm's name PINION, LLC | | | 8-0567703 |
| - | Only | Firm's address 828 GREAT NORTHERN BOULEVARD | | 7111113 E111 | |
| | | HELENA, MT 59601 | | Phone no 40 | 6-442-1040 |
| — Mav | the IF | RS discuss this return with the preparer shown above? See instructions | | 17 Hono Hor = 0 | X Yes No |
|) | | | | | |

| ı a | Tim Statement of Frogram Service Accomplishments |
|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | TO CREATE AN INFORMED PUBLIC CARING FOR ALASKA'S LAND THROUGH |
| | EDUCATION SALES AND PROGRAMS. |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3 | · · · · · · · · · · · · · · · · · · · |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| | |
| 4a | |
| | DISTRIBUTION OF EDUCATIONAL AND INTERPRETIVE MATERIALS TO VISITORS AND |
| | USERS OF ALASKA'S PUBLIC LANDS. APPROXIMATELY ONE MILLION INDIVIDUALS |
| | WERE PROVIDED INFORMATION ABOUT 35 NATIONAL PARKS, FORESTS, AND OTHER |
| | |
| | PUBLICLY HELD LANDS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 1 004 720 |
| 4b | (Code:) (Expenses \$1,084,730. including grants of \$) (Revenue \$693,022.) |
| | DEVELOPMENT AND PRESENTATION OF EXPERIENTIAL EDUCATION PROGRAMS FOR |
| | TEACHERS, YOUTH, GUIDES AND THE GENERAL PUBLIC. PROGRAMS ARE BOTH |
| | DAILY AND MULTI-DAY IN LENGTH. MANY ARE AVAILABLE FOR COLLEGE AND |
| | CONTINUING EDUCATION CREDITS. PROGRAMS ARE OFFERED IN NATIONAL PARKS, |
| | · |
| | FORESTS, REFUGES, AND OTHER PUBLIC LANDS IN ALASKA. MORE THAN 100 |
| | PROGRAMS ARE OFFERED. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| _ | (Code:) (Expenses \$ 1,540,780. including grants of \$ 849,642.) (Revenue \$ 28,931.) |
| 4c | |
| | PRODUCTION OF VISITOR GUIDES, CLASSROOM CURRICULUM, BOOKS, FILMS, AND |
| | OTHER EDUCATIONAL PRODUCTS AND MATERIALS. EIGHT OR MORE DISTINCT |
| | VISITOR GUIDES, TWO OR MORE BOOKS AND/OR FILMS, AND VARIOUS OTHER |
| | EDUCATIONAL PUBLICATIONS PRODUCED ANNUALLY IN PARTNERSHIP WITH THREE |
| | |
| | FEDERAL AND STATE LAND MANAGEMENT AGENCIES FOR USE BY VISITORS, |
| | EDUCATIONAL INSTITUTIONS, AND THE GENERAL PUBLIC. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 3,838,838. |
| | Form 990 (2023) |
| | |

Part IV Checklist of Required Schedules

| | • | | Yes | No |
|-----|--|-----|-----|---------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | Х | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | 7.7 |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | \ \ _{\\\\} |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 37 | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |

Form 990 (2023) ALASKA GEOGRAPHIC ASSOCIATION
Part IV Checklist of Required Schedules (continued)

| | · (ontinuos) | | Yes | No |
|-------|---|----------|-----|---------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 100 | 110 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 214 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| Ū | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| Lou | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | , , , | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | |
| _0 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | 1 |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| ч | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | |
| ŭ | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | <u> </u> | | |
| 02 | \cdot | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | x |
| 35.2 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 554 | | _ |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | 1 |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 | | | |
| b | | | | |
| c | | | | |
| _ | (gambling) winnings to prize winners? | 1c | Х | |
| 22200 | 1 10 01 20 | Гокт | 990 | (2023) |

ALASKA GEOGRAPHIC ASSOCIATION 92-0043154 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 90 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a **14a** Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

Form **990** (2023)

17

If "Yes," complete Form 6069.

10101114 755565 142075

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | | |
|-----|--|----------|-----------------------|-----------|--------|-----|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 1 | 2 | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 1 | 2 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with a | any other | | | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | | | | | |
| | | | | 3 | | Х | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | 4 | | X | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | X | | | | |
| 6 | The state of the s | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | | | | | | | |
| | more members of the governing body? | | | 7a | | X | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | | | | |
| | persons other than the governing body? | | | 7b | | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | | | | |
| а | The governing body? | | | 8a | X | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | X | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | | | | | |
| | | | , | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | y befor | e filing the form? | 11a | X | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | X | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | res," d | escribe | | | | | | | |
| | on Schedule O how this was done | | | 12c | + | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | al by in | dependent | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | X | | | | | |
| b | Other officers or key employees of the organization | | | 15b | Х | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements | nent w | ith a | | | | | | | |
| | taxable entity during the year? | | | 16a | | X | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | te its p | articipation | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | nization | ı's | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | -T (section 501(c)(| 3)s only) | availa | ble | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | X Own website Another's website X Upon request Other (explain | on Sc | hedule O) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict o | of interest policy, a | nd finan | cial | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and | d records | | | | | | | |
| | THE ORGANIZATION - 907-274-8440 | | | | _ | | | | | |
| | 421 W 1ST AVE., #250, ANCHORAGE, AK 99501 | | | | | | | | | |

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| Nours per Week (list arry Nours for related organizations Neuroper Neuroper | (A) Name and title | (B) Average |) (:I- | | Pos | C) ition | 1 | | (D) Reportable | (E) Reportable | (F) Estimated |
|--|-----------------------|---|-----------|--------|--------|-------------|--------|----------|---|----------------------------------|---|
| Name Content Compensation Co | | 1 | box | , unle | ss per | rson i | s both | h an | · · | compensation | |
| X | | (list any hours for related organizations below | | | | | | | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ | compensation from the organization and related |
| CO | (1) ANDY HALL | 40.00 | | | | | | | | | |
| X | EXECUTIVE DIRECTOR | | | | X | | | | 140,936. | 0. | 19,993. |
| SAMANTHA RUTHERFORD 40.00 X | | 40.00 | 1 | | | | | | | | |
| DIRECTOR OF FINANCE & ADMIN | C00 | | | | X | | | | 90,601. | 0. | 5,333. |
| CHAIR | | 40.00 | | | x | | | | 60.449. | 0. | 1.228. |
| CHAIR | | 2.50 | | | | | | | 00,110 | • | |
| S BONNI BROOKS 2.50 X X X X X X X X X | CHAIR | | x | | x | | | | 0. | 0. | 0. |
| VICE CHAIR | (5) BONNI BROOKS | 2.50 | | | | | | | | | |
| AT-LARGE, CHAIR | VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| Color | (6) PAUL ANDERSON | 2.50 | | | | | | | | | |
| Column | AT-LARGE, CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| Rate Gilling 2.50 | (7) PAULA DAVIS | 2.50 | | | | | | | | | |
| BOARD MEMBER X | BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| Secretary Secr | (8) KATE GILLING | 2.50 | | | | | | | | | |
| BOARD MEMBER X | BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| Column C | (9) KARI GARDEY | 2.50 | | | | | | | | | |
| X X 0. 0. 0. | BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| Column | (10) GERMAINE SALMINE | 2.50 | | | | | | | | | |
| BOARD MEMBER X 0. 0. 0. (12) TIM WIEPKING 2.50 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (13) JIM BRODIE 2.50 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. | SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| TIM WIEPKING 2.50 X X 0. | (11) RALPH SAMUELS | 2.50 | | | | | | | | | |
| TREASURER X X X 0. 0. 0. (13) JIM BRODIE 2.50 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. | BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| Column C | (12) TIM WIEPKING | 2.50 | | | | | | | | | |
| BOARD MEMBER X 0. 0. 0. (14) MARY TOUGAS 2.50 X 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. | TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (14) MARY TOUGAS BOARD MEMBER Z.50 X 0. 0. 0. | (13) JIM BRODIE | 2.50 | <u> </u> | | | | | | | | |
| BOARD MEMBER X 0. 0. 0. | BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | (14) MARY TOUGAS | 2.50 | | | | | | | | | |
| - : - : | BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | (15) CHARLES MONEY | 2.50 | | | | | | | | | |
| | BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) JILLIAN SIMPSON 2.50 | (16) JILLIAN SIMPSON | 2.50 | 1 | | | | | | | | _ |
| | - | | X | | | | | <u> </u> | 0. | 0. | 0. |
| (17) THOMAS BAKER 2.50 | | 2.50 | ļ | | | | | | | | _ |
| | BOARD MEMBER | | Х | | | | | | 0. | 0. | 990 (2022) |

332007 12-21-23 Form **990** (2023)

92-0043154

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|---|-----------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|-----------|----------------------------|-------------------|----------------|----------|--------|
| (A) | (B) | | | • | C) | | | (D) | (E) | | (F) | |
| Name and title | | | | | | | one | Reportable Reportab | | | Estima | ted |
| | hours per | box | , unles | ss per | rson i | s both | n an | . | | | amour | t of |
| | week | | cer an | id a di | Irecto | r/trus | tee) | from | from related | | othe | |
| | (list any | ector | | | | | | the | organizations | | compen | |
| | hours for | or dir | e e | | | ated | | organization | (W-2/1099-MISC | ⁵ / | from | |
| | related organizations | stee | truste | | a | bens | | (W-2/1099-MISC/ | 1099-NEC) | | organiz | |
| | below | ıal trı | onal | | ploye | E SO | | 1099-NEC) | | | and rel | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organiza | LIONS |
| (18) REBECCA TALBOTT | 2.50 | 드 | 드 | 0 | 포 | 工高 | Œ | | | \dashv | | |
| BOARD MEMBER | 2.50 | х | | | | | | 0. | | ٥. | | 0. |
| (19) STEVEN DAVID | 2.50 | | | | | | | • | <u> </u> | • | | |
| BOARD MEMBER | | х | | | | | | 0. | (| 0. | | 0. |
| | | T- | | | | | | | · | | | |
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| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 291,986. | | 0. | 26, | 554. |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 291,986. | | 0. | 26, | 554. |
| 2 Total number of individuals (including but n | | | | | | | | eceived more than \$100, | 000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | | 1 |
| | | | | | | | | | | | Yes | No No |
| 3 Did the organization list any former officer, | director, truste | ee, k | кеу е | empl | oye | e, or | hig | hest compensated empl | oyee on | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the su | ım of reportabl | е со | mpe | ensa | tion | and | oth | er compensation from the | ne organization | | | |
| and related organizations greater than \$150 | 0,000? If "Yes, | " со | mple | ete S | Sche | edule | Jf | or such individual | | | 4 X | \bot |
| 5 Did any person listed on line 1a receive or a | accrue comper | ısati | on fr | om | any | unre | elate | ed organization or individ | lual for services | | | |
| rendered to the organization? If "Yes." com | plete Schedule | e J f | or su | ıch r | oers | on . | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | = | - | | | | | | | • | nsat | ion from | |
| the organization. Report compensation for | the calendar ye | ear e | ndir | ng w | ith c | or wi | thin T | the organization's tax y | ear. | | | |
| (A) | | | | _ | | | | (B) | | 0 | (C) | |
| Name and business | address | N | ONE | <u> </u> | | | _ | Description of s | ervices | | ompensat | on |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but p | ot lin | niter | t to t | thos | e lie | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organic | | /// | | | (| _ | .54 | | | | | |

Form **990** (2023)

Form 990 (2023) ALASKA
Part VIII Statement of Revenue

| | | | Check if Schedule O contain | s a response | e or note to any lin | e in this Part VIII | | | |
|--|----|---|---|-----------------|----------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | Oncon a concasa co contain | <u> </u> | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| () () | - | _ | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | 109,088. | | | | |
| ij g | | | | | 103,000. | | | | |
| fts, Ar | | | Fundraising events | | | | | | |
| ig ig | | | Related organizations | 1 1 | | | | | |
| ns, Sim | | | Government grants (contribution | | | | | | |
| utio er (| | Ť | All other contributions, gifts, grants, | 1 1 | 604 166 | | | | |
| 현된 | | | similar amounts not included above | | 684,166. | | | | |
| ont od (| | _ | Noncash contributions included in lines 1a- | If 1g \$ | 34,266. | T02 054 | | | |
| <u>0 g</u> | | h | Total. Add lines 1a-1f | | | 793,254. | | | |
| | | | | | Business Code | | | | |
| e S | 2 | - | FIELD COURSES | | 611600 | 693,022. | 693,022. | | |
| Program Service Revenue | | b | FEES | | 611600 | 28,931. | 28,931. | | |
| S | | С | | | | | | | |
| am | | d | | | | | | | |
| og B | | е | | | | | | | |
| P | | f | All other program service revenu | e | | | | | |
| | | g | Total. Add lines 2a-2f | | | 721,953. | | | |
| | 3 | | Investment income (including div | | | | | | |
| | | | | | | 27,527. | | | 27,527. |
| | 4 | | Income from investment of tax-e | | | | | | |
| | 5 | | Royalties | = | = | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | | Net rental income or (loss) | | | | | | |
| | | | ` ′ | (i) Securities | (ii) Other | | | | |
| | • | а | assets other than inventory 7a | (1) | (, 55. | | | | |
| | | h | Less: cost or other basis | | | | | | |
| Φ | | D | | | | | | | |
| her Revenue | | _ | and sales expenses 7b | | | | | | |
| eve | | | Gain or (loss) 7c | | | | | | |
| Ä | | | Net gain or (loss) | | | | | | |
| | 8 | а | Gross income from fundraising even | | | | | | |
| Ò | | | including \$ | | | | | | |
| | | | contributions reported on line 10 | ′ I | 0.600 | | | | |
| | | | Part IV, line 18 | | | | | | |
| | | | Less: direct expenses | | b 20,157. | 11 555 | | | 11 555 |
| | | | Net income or (loss) from fundrai | | | -11,555. | | | -11,555. |
| | 9 | а | Gross income from gaming activ | | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | b | | | | |
| | | | Net income or (loss) from gaming | | | | | | |
| | 10 | а | Gross sales of inventory, less ret | | | | | | |
| | | | and allowances | 10 | 6,512,909. | | | | |
| | | b | Less: cost of goods sold | | 3,045,940. | | | | |
| \Box | | С | Net income or (loss) from sales of | f inventory | | 3,466,969. | 3,466,969. | | |
| ا ي | | | | | Business Code | | | | |
| oğ a | 11 | а | | | | | | | |
| ane | | b | | | | | | | |
| Miscellaneous Revenue | | С | | | | | | | |
| Aisc B | | d | All other revenue | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 4,998,148. | 4,188,922. | 0. | 15,972. |

10101114 755565 142075

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 849,642. 849,642. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 318,541. 255,642. 62,899. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,417,843. 1,137,877. 279,966. Other salaries and wages 7 Pension plan accruals and contributions (include 8,949. 2,202. 11,151. section 401(k) and 403(b) employer contributions) 156,317. 30,866. 125,451. Other employee benefits 9 147,578. 118,437. 29,141. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 60,569. 8,453. 52,116. column (A), amount, list line 11g expenses on Sch O.) 20,599. 19,883. 716. Advertising and promotion 12 75,300. 62,291. 13,009. Office expenses 13 74,466. 53,894. 20,572. Information technology 14 15 Royalties 115,715. 175,021. 59,306. 16 Occupancy 170,526. 157,402. 13,124. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 69,726. 53,044. 16,682. Depreciation, depletion, and amortization 22 82,077. 77,961. 4,116. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 651,800. 633,769. 18,031. PROGRAM EXPENSES MERCHANT FEES 119,332. 119,332. 64,335. 37,790. 24,817. 39,518. BANK FEES 20,685. 17,105. d DUES AND SUBSCRIPTIONS 108,026. 55,583. 52,443. e All other expenses 4,610,639. 3,838,838. 771,801. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2023)

Part X | Balance Sheet

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|------------|---------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,338,508. | 1 | 1,882,913. |
| | 2 | Savings and temporary cash investments | | | 914,038. | 2 | 940,667. |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | | 183,002. | 4 | 382,366. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | | 5 | | | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| ţ | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | 1,176,857. | 8 | 1,213,577. |
| As | 9 | Prepaid expenses and deferred charges | | | 64,720. | 9 | 148,965. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 1,854,816. | | | |
| | b | Less: accumulated depreciation | 10b | 728,892. | 1,066,592. | 10c | 1,125,924. |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 106,810. | 15 | 5,135. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 4,850,527. | 16 | 5,699,547. |
| | 17 | Accounts payable and accrued expenses | | | 350,615. | 17 | 244,071. |
| | 18 | Grants payable | 1,021,607. | 18 | 1,698,388. | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | ı | 40 521 | 20 | 40 531 |
| | 21 | Escrow or custodial account liability. Complete I | | | 42,531. | 21 | 42,531. |
| es | 22 | Loans and other payables to any current or form | | | | | |
| ≣ | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | | | 750 401 | 22 | 746 756 |
| _ | 23 | Secured mortgages and notes payable to unrela | | | 752,431. | 23 | 746,756. |
| | 24 | Unsecured notes and loans payable to unrelated | - | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | - | · | 108,269. | 0.5 | 5,218. |
| | | of Schedule D | | ····· | 2,275,453. | 25 | 2,736,964. |
| | 26 | Total liabilities. Add lines 17 through 25 | ak basa | X | 2,213,433. | 26 | 2,730,904. |
| S | | Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. | ck nere | | | | |
| nçe | 27 | | 2,355,715. | 27 | 2,634,865. | | |
| <u>a</u> | 28 | | 219,359. | 28 | 327,718. | | |
| ē | 20 | Net assets with donor restrictions Organizations that do not follow FASB ASC 9: | 213/3331 | 20 | 32777101 | | |
| 핊 | | and complete lines 29 through 33. | oo, chec | Kilele | | | |
| <u></u> | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or ed | | 30 | | | |
| \ss(| 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 2,575,074. | 32 | 2,962,583. |
| Ž | 33 | | | | 4,850,527. | 33 | 5,699,547. |
| | აა | TOTAL HADIILIES AND HEL ASSETS/TUTIO DAIANCES | | | ±,030,347• | JJ | 3,033,347. |

Form **990** (2023)

Form **990** (2023)

| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
|----|---|----------|------|-----|-----|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,99 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,61 | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 7,5 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,57 | 5,0 | 74. | | | |
| 5 | 5 Net unrealized gains (losses) on investments 5 | | | | | | | |
| 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 on Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) | 10 | 2,96 | 2,5 | 83. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | _X_ | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | |
| | 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: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | . 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

92-00/315/

| | | ALAS | KA GEOGRAPI | HIC ASSOCIAT | ION | | | 9 | 2-0043154 | | |
|----------|-------|--|---------------------------|--|------------------|------------------|-------------------------------|--------------|------------------------|--|--|
| Pa | rt I | Reason for Public C | Charity Status. | (All organizations must o | omplete th | nis part.) S | ee instruction | S. | | | |
| The | organ | ization is not a private found | | | | | | | | | |
| 1 | | A church, convention of chu | • | - · | - | - | I)(A)(i). | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | | |
| 3 | 一 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 4 | 同 | 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 | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental ur | nit describe | ed in | | |
| • | | section 170(b)(1)(A)(iv). (C | | , | | , 3 | | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | |
| 7 | 同 | An organization that normal | - | | | | | e general r | oublic described in | | |
| | | section 170(b)(1)(A)(vi). (C | • | | g | | | 3 | | | |
| 8 | | A community trust describe | - | 1)(A)(vi). (Complete Par | t II.) | | | | | | |
| 9 | 一 | An agricultural research org | | | • | ed in coniu | inction with a | land-grant | college | | |
| | | or university or a non-land-g | | | | - | | - | - | | |
| | | university: | , 3 | , | | , , , | , | 3 | | | |
| 10 | X | An organization that normal | Ilv receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns. membershi | p fees, and | d aross receipts fro | | |
| | | activities related to its exem | | | | | | | | | |
| | | income and unrelated busin | | · · | | | | | - | | |
| | | See section 509(a)(2). (Cor | | , | | • | , 0 | | , | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sa | fety. See | section 50 | 09(a)(4). | | | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform tl | he functior | ns of, or to car | ry out the | purposes of one or | | |
| | | more publicly supported org | ganizations describe | d in section 509(a)(1) d | r section (| 509(a)(2). | See section 5 | 509(a)(3). (| Check the box on | | |
| | | lines 12a through 12d that of | describes the type of | supporting organization | n and com | plete lines | 12e, 12f, and | 12g. | | | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | orted orga | anization(s), ty | pically by | giving | | |
| | | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | of the direc | tors or trustee | es of the su | pporting | | |
| | | organization. You must o | omplete Part IV, Se | ections A and B. | | | | | | | |
| b | | Type II. A supporting orga | anization supervised | or controlled in connect | tion with its | s supporte | d organization | n(s), by hav | ring | | |
| | | control or management of | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | oorted | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functionall | y integrate | d with, | | |
| | | its supported organization | n(s) (see instructions) | . You must complete I | Part IV, Se | ections A, | D, and E. | | | | |
| d | | | integrated. A supp | orting organization oper | ated in cor | nnection w | ith its suppor | ted organiz | zation(s) | | |
| | | that is not functionally into | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | an attentiv | reness | | |
| | | requirement (see instructi | ons). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | | | |
| е | | □ Check this box if the orga | anization received a v | vritten determination fro | m the IRS | that it is a | Type I, Type I | I, Type III | | | |
| | | functionally integrated, or | Type III non-function | nally integrated supportion | ng organiz | ation. | | | | | |
| f | | er the number of supported o | • | | | | | | | | |
| <u>g</u> | | vide the following information i) Name of supported | about the supporte | d organization(s). (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | manatani | (vi) Amount of oth | | |
| | (| organization | (II) EIN | (described on lines 1-10 | in your governi | ng document? | (v) Amount of support (see in | - | support (see instructi | | |
| | | organization | | above (see instructions)) | Yes | No | oapport (occ iii | | capport (ccc metract | | |
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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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|-----------------------|----------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | | | | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | | etc. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fir | st, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | <u>%</u> |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2023. If the o | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | |
| b | 33 1/3% support test - 2022. If the | organization did no | t check a box on | ine 13 or 16a, and | I line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop he | ere. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported o | organization | | |
| b | 10% -facts-and-circumstances test | - 2022. If the org | anization did not d | check a box on line | e 13, 16a, 16b, or 1 | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circum | nstances test, che | ck this box and s | top here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | zation | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s |
| | | | | | | Schedule A | (Form 990) 2023 |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | elow, please comp | lete Part II.) | | | | _ | | | | |
|-----|--|--------------------------|-----------------------|-----------------------|--------------------|----------------------|--------------------|--|--|--|--|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | | | |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 679,132. | 889,022. | 909,601. | • | 793,254. | 4457091. | | | | |
| 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 | 4152621. | 1146379. | 2551106. | 5236080. | | 20321048. | | | | |
| 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 | 4831753. | 2035401. | 3460707. | 6422162. | 8028116. | 24778139. | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | 454,998. | 13,133. | 2,734. | 7,409. | 2,750. | 481,024. | | | | |
| k | 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 | | | | | | 0. | | | | |
| c | Add lines 7a and 7b | 454,998. | 13,133. | 2,734. | 7,409. | 2,750. | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 24297115. | | | | |
| Sec | Section B. Total Support | | | | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | | | |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4831753. 2,943. | 2035401. | 3460707. 121. | 6422162. 569. | 27,527. | 31,396. | | | | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 2,943. | 236. | 121. | 569. | 27,527. | 31,396. | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 4834696. | 2035637. | 3460828. | 6422731. | 8055643. | 24809535. | | | | |
| 14 | First 5 years. If the Form 990 is for the | e organization's fir | rst, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | on, | | | | |
| 0- | | - O D | | | | | | | | | |
| | ction C. Computation of Publi | | | . (5) | | [| 07 02 ~ | | | | |
| | Public support percentage for 2023 (li | | | | | 15 | 97.93 % 95.37 % | | | | |
| | Public support percentage from 2022 ction D. Computation of Inves | | | | | 16 | 95.37 % | | | | |
| | Investment income percentage for 20 | | | ne 13 column (f)) | | 17 | .13 % | | | | |
| | Investment income percentage from 2 | | | | | 18 | .05 % | | | | |
| | a 33 1/3% support tests - 2023. If the | | | | | | , - | | | | |
| | more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the | nd stop here. The | organization qualif | ïes as a publicly s | upported organizat | tion | X | | | | |
| | | | | | | | | | | | |
| 20 | line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| ule A (Forn | n 990) | 2023 |

Schedule A (Form 990)

| Par | t IV | Supporting Organizations (continued) | | | |
|------|---------|--|-----------|------------|----|
| | | | | Yes | No |
| 11 | Has t | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | rson who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | pelow, the governing body of a supported organization? | 11a | | |
| b | A fam | nily member of a person described on line 11a above? | 11b | | |
| С | A 35% | % controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail | in Part VI. | 11c | | |
| Sect | ion I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | he governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | | he organization operate for the benefit of any supported organization other than the supported | | | |
| | | nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | rvised, or controlled the supporting organization. | 2 | | |
| Sect | ion (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Were | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | anagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | upported organization(s). | 1 | | |
| Sect | ion l | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | he organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | | nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | - | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | - | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | - | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | · | 3 | | |
| Sect | ion I | orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Chec | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | ı | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation) | struction | <u>s).</u> | |
| 2 | Activi | ities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did s | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the su | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those | e supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how t | the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that ti | hese activities constituted substantially all of its activities. | 2a | | |
| b | Did th | he activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one o | or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part \ | VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these | activities but for the organization's involvement. | 2b | | |
| 3 | Parer | nt of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | | he organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did th | he organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,

| | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi | zations | 2 CC 1C 1C 1 Tage C |
|----------------------------------|--|----------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | lov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | · | · |
| Sect | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6_ | Multiply line 5 by 0.035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

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

Schedule of Contributors

Employer identification number

| | ALASKA GEOGRAPHIC ASSOCIATION | 92-0043154 | | | | | | |
|---|--|-------------------------|--|--|--|--|--|--|
| Organization type (check | c one): | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | \boxed{X} 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 | | | | | | | |
| | n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F | tule. See instructions. | | | | | | |
| General Rule | | | | | | | | |
| | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor | | | | | | | |
| Special Rules | | | | | | | | |
| sections 509(a)(contributor, duri | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | | |
| contributor, duri literary, or educa | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | | |
| year, contributio is checked, ente purpose. Don't c | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this book is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | | |
| answer "No" on Part IV, li | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Fing requirements of Schedule B (Form 990). | | | | | | | |

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ALASKA GEOGRAPHIC ASSOCIATION

92-0043154

| 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 | | \$5,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Name, address, and ZIF + 4 | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

ALASKA GEOGRAPHIC ASSOCIATION

92-0043154

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | f additional space is needed. | |
|------------------------------|---|---|------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | CHARTER USE FOR CRUISE | - | |
| | | \$\$15,000. | _05/13/23_ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - - - - | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - \$ | Schedule B (Form 990) (2023) |

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** ALASKA GEOGRAPHIC ASSOCIATION 92-0043154 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(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 |
|---|--|
| | |
| | |
| | |
| | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ALASKA GEOGRAPHIC ASSOCIATION

Employer identification number 92-0043154

| Pa | TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | ds or Accounts. Complete if the |
|----|--|---|--|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | vriting that the assets held in donor a | dvised funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | dvisors in writing that grant funds car | be used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpo | ose conferring |
| | impermissible private benefit? | | Yes No |
| Pa | | | 90, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | · · · · · · · · · · · · · · · · · · · | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation | n of a historically important land area |
| | Protection of natural habitat | Preservation | n of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu | ed conservation contribution in the fo | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | | | |
| С | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included on line 2c acquir | • • • | |
| _ | on a historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by | the organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation ease | • | |
| 5 | Does the organization have a written policy regarding the peri | | |
| • | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | landling of violations, and emorcing t | conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ling of violations, and enforcing cons | ervation easements during the vear |
| | | J , , , , , , , , , , , , , , , , , , , | <i>5</i> , |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 1 | 70(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footnote | ote to the organization's financial sta | ements that describes the |
| _ | organization's accounting for conservation easements. | | |
| Pa | t III Organizations Maintaining Collections of | | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| па | If the organization elected, as permitted under FASB ASC 958 | • | |
| | of art, historical treasures, or other similar assets held for publication and its Dark VIII the text of the feature to the fe | | • |
| | service, provide in Part XIII the text of the footnote to its finance | | |
| р | If the organization elected, as permitted under FASB ASC 958 | • | |
| | 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) Revenue included on Form 990, Part VIII, line 1 | | |
| _ | | | The state of the s |
| 2 | If the organization received or held works of art, historical trea | | ncial gain, provide |
| | the following amounts required to be reported under FASB AS | _ | • |
| a | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | \$ |

Schedule D (Form 990) 2023

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

| | t III Organizations Maintaining C | ollections of Ar | | | | Othe | | | TOTO | | ige Z |
|----------|--|-----------------------|------------|---------------|----------------|-----------|----------------|--|-----------|-------|--|
| | Using the organization's acquisition, accessing | | | | | | | | CONUIN | uea) | |
| 3 | | on, and other records | s, crieck | any or the | iollowing that | make S | igriilicarit i | use or its | | | |
| _ | collection items (check all that apply). Public exhibition | | | l oon or ove | hongo progra | | | | | | |
| a | Scholarly research | d | | | change progra | | | | | | |
| b | | е | , [| Other | | | | | | | |
| C | Preservation for future generations | -114: | 41. | a £4la a 4lı | | -1 | | i- Dt | VIII | | |
| 4 | Provide a description of the organization's co | | | | | | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | 7 v | | 1 |
| Dar | to be sold to raise funds rather than to be ma | | | | | | | | _ Yes | | No |
| Fai | t IV Escrow and Custodial Arrange reported an amount on Form 990, Par | | te if the | organization | n answered "Y | res" on | Form 990, | , Part IV, II | ne 9, or | | |
| 10 | | | diant for | oontribution | o or other occ | ooto not | ingludad | | | | |
| та | Is the organization an agent, trustee, custodi | | | | | | | | 7 v | v | No |
| | on Form 990, Part X? | | | | | | | | Yes | Δ | NO |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | iowing t | able: | | | | | Amount | | |
| | De abouto a balance | | | | | | 4. | | | 2,53 | 1 |
| | Beginning balance | | | | | | | | 42 | ., . | <u>, </u> |
| a | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | 1. | 2,53 | 1 |
| f | Ending balance | | | | | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Yes | , J. | 1 |
| | Did the organization include an amount on Fo | | | | | | • | | | X | No |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if | | | | | | | | | Λ | |
| ı uı | Endownient i dias Complete ii | (a) Current year | | rior year | (c) Two year | | | ears back | (e) Four | veare | hack |
| 4. | Danisaria a of consultation of | (a) Current year | (0) | Tioi yeai | (C) TWO years | S Dack | (u) Tillee | years back | (e) i oui | years | Dack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С. | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | | g, column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion tha | t are held ar | nd administere | ed for th | ie | | Г | · I | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment f | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV | , line 11a. S | See Form 990, | Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o | | | t or other | | ccumulate | | (d) Book | value | 9 |
| | | basis (investr | nent) | | (other) | de | preciation | | | | |
| 1a | Land | | | | 0,144. | | | | 250 | ,14 | 14. |
| b | Buildings | | | 65 | 6,628. | | 18,9 | 41. | 637 | 7,68 | <u> 37.</u> |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | 88 | 5,981. | ' | 709,9 | 51. | | , 03 | |
| <u>e</u> | Other | | | 6 | 2,063. | | | | | 2,06 | |
| Total | . Add lines 1a through 1e. (Column (d) must e | aual Form 990 Part | X line 1 | Oc column | (R)) | | | | 1,125 | 5.92 | 24. |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 ALASKA GEOGR Part VII Investments - Other Securities | RAPHIC ASSOCI | - | 2-0043154 Page |
|---|---------------------------|---|-------------------------|
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | nd-of-year market value |
| (1) Financial derivatives | | | • |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | 5 000 B + N/ I | 11 0 F 000 B 1 V II 10 | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | id-or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. | (B)) | | |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | | (b) Book value |

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | OPERATING LEASE LIABILITY | 5,218. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | · (Column (b) must equal Form 990. Part X. line 25. col. (B)) | 5,218. |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

| Sche | dule D (Form 990) 2023 ALASKA GEOGRAPHIC ASSOCIA | | | | 0043154 Page 4 |
|-------|---|--------------------|----------------|----------|-----------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial State | ments With R | evenue per Re | turn | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 5,018,305. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | | | | |
| d | - · · · · · · · · · · · · · · · · · · · | | 20,157. | | |
| е | Add lines 2a through 2d | | | 2e | 20,157. 4,998,148. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,998,148. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | | | |
| С | 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 | 4,998,148. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | ements With | Expenses per F | Returr | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,630,796. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | | | | |
| c | Other losses | | | | |
| d | | | 20,157. | | |
| | Add lines 2a through 2d | | • | 2e | 20.157. |
| 3 | | | | 3 | 20,157. 4,610,639. |
| 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | 1,010,033 |
| - | · · · · · · · · · · · · · · · · · · · | 40 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| b | Other (Describe in Part XIII.) | 4b | | | 0 |
| | 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 | 4,610,639. |
| | rt XIII Supplemental Information | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I | | | ; Part X | K, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | additional informa | ation. | | |
| | | | | | |
| | | | | | |
| PAI | RT IV, LINE 2B: | | | | |
| | | | | | |
| THE | E ASSOCIATION HAS AN AGREEMENT WITH THE U | JSFWS TO . | ACT IN A F | IDUC | CIARY |
| | | | | | |
| CAI | PACITY FOR CERTAIN PROGRAMS CONDUCTED BY | THE USFW | S. THE AS | SOC: | IATION |
| | | | | | |
| COI | LLECTS MONIES AND PAYS EXPENSES ON BEHALE | F OF THE | USFWS FOR | THE | |
| | | | | | |
| AGI | REED-UPON PROGRAMS. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PAF | RT X, LINE 2: | | | | |
| | | | | | |
| THE | E ASSOCIATION IS INCORPORATED UNDER THE I | LAWS OF T | HE STATE O | F AI | LASKA AS A |
| | | | | | |
| NOI | PROFIT CORPORATION AND IS GENERALLY EXEM | MPT FROM | THE INCOME | TAX | KES UNDER |
| | | | | | |
| THE | PROVISIONS OF SECTION 501(C)(3) OF THE | INTERNAL | REVENUE C | ODE | • |
| | | | | | |

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| ALASKA GEOGRAPHIC ASSOCIATION | | | | | | | 92-0043154 | | |
|--|----------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|--|--|
| Part I General Information on Grants a | nd Assistance | | | | | | | | |
| 1 Does the organization maintain records | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selection | | | |
| criteria used to award the grants or assis | stance? | | | | | | No | | |
| 2 Describe in Part IV the organization's pro | ocedures for monit | toring the use of grant | funds in the United | l States. | | | | | |
| Part II Grants and Other Assistance to recipient that received more than S | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| | | | | | other) | | | | |
| NATIONAL PARK SERVICE | | | | | | | | | |
| 240 W 5TH AVE | | NATIONAL PARK | | | | | DIRECT SUPPORT TO | | |
| ANCHORAGE, AK 95501 | 53-0197094 | SERVIC | 823,131. | 0. | | | AGENCIES | | |
| | | | | | | | | | |
| U.S. FISH AND WILDLIFE SERVICE | | | | | | | | | |
| 101 TUDOR ROAD | | US FISH & | | | | | DIRECT SUPPORT TO | | |
| ANCHORAGE, AK 99501 | 53-0201504 | WILDLIFE | 21,719. | 0. | | | AGENCIES | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | - | - | | | | | | | |
| 3 Enter total number of other organization: | s listed in the line | 1 table | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

| Part III can be duplicated if additional space is needed. | | | | | | | | |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | |
| | | | | | | | | |
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| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | e 2; Part III, column | (b); and any other ad | ditional information. | | | | |
| PART I, LINE 2: | | | | | | | | |
| THE AGENCY IS GIVEN A BUDGET WORKS | HEET SHOW | ING THE AM | OUNT OF FU | NDS | | | | |
| AVAILABLE. THE AGENCY THEN SUBMITS | S A WORKS | HEET BUDGE | T THAT INC | LUDES A | | | | |
| NARRATIVE OF HOW THEY WANT TO SPEN | O THEIR F | UNDS. THE | WORKSHEET | /NARRATIVE | | | | |
| IS APPROVED BY ALASKA GEOGRAPHIC. | IN ORDER | TO SPEND | THESE FUND | S DURING THE | | | | |
| YEAR THE AGENCY MUST SUBMIT FUNDING REQUESTS FOR PAYMENT AND A | | | | | | | | |
| REIMBURSEMENT RECEIPT MUST BE ATTACHED. THESE EXPENSES ARE COMPARED TO | | | | | | | | |
| THEIR SUBMITTED BUDGETS AND ARE EITHER APPROVED OR DENIED. | | | | | | | | |
| | | | | | | | | |

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

ALASKA GEOGRAPHIC ASSOCIATION

Employer identification number 92-0043154

| Pa | rt I Questions Regarding Compensation | | | | | | |
|---|--|----|-----|---------------|--|--|--|
| | | | Yes | No | | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | l | | | |
| | Travel for companions Payments for business use of personal residence | | | | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | l | | | |
| | | | | l | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | | | | |
| | | | | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | |
| | Compensation committee | | | | | | |
| | Independent compensation consultant X Compensation survey or study | | | | | | |
| | X Approval by the board or compensation committee | | | | | | |
| | | | | l | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | l | | | |
| | organization or a related organization: | | | | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X | | | |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X | | | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X | | | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | |
| | | | | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | l | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| | contingent on the revenues of: | _ | | v | | | |
| | The organization? | 5a | | X | | | |
| D | Any related organization? | 5b | | | | | |
| ^ | If "Yes" on line 5a or 5b, describe in Part III. | | | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| | contingent on the net earnings of: | 0- | | v | | | |
| | The organization? | 6a | | X | | | |
| b | Any related organization? | 6b | | lack | | | |
| - | If "Yes" on line 6a or 6b, describe in Part III. | | | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | 7 | | Х | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | | | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | х | | | |
| • | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | $\overline{}$ | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | | | |
| | Regulations section 53.4958-6(c)? | 9 | | i | | | |

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

Schedule J (Form 990) 2023

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

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

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

| | | (B) Breakdown of W | /-2 and/or 1099-MIS/ compensation | C and/or 1099-NEC | (C) Retirement and other deferred (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) | |
|--------------------|------|--------------------------|--------------------------------------|-------------------------------------|---|------------------------------------|---------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) ANDY HALL | (i) | 140,936. | 0. | 0. | 6,890. | 13,103. | 160,929. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization

ALASKA GEOGRAPHIC ASSOCIATION

Employer identification number 92-0043154

| Par | rt I Types of Property | | | | • | | |
|----------------------|--|-------------------------------|---|---|---|------------------|-------|
| | | (a) Check if applicable | (b) Number of contributions or litems contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of det noncash contribut | U | nts |
| 1 | Art - Works of art | | TESTIO CONTINUATOR | r omi ooo, r are viii, iirlo rg | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | | | | | | |
| | | | | | | | |
| 10 11 | Securities - Closely held stock | | | | | | |
| •• | | | | | | | |
| 12 | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| 13 | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | Collectibles | | | | | | |
| 20 | Food inventory Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | | | | | | | |
| 23 | Historical artifacts | | | | | | |
| 23 24 | Scientific specimens | | | | | | |
| 2 4 25 | Other (EVENT SUPPORT) | х | 4 | 18 820 | FAIR MARKET | ₹7 2 Τ.ΤΤ | 7. |
| 26 | Other (ITEMS FOR AUCTI) | X | 33 | | SELLING PRICE | | |
| 20 27 | Other (EDUCATION SUPPL) | X | 3 | | FAIR MARKET | | 7. |
| 28 | Other (AK GEO APPRECIA) | X | 2 | | FAIR MARKET | | |
| 29 | Number of Forms 8283 received by the organiz | l | | | | V111101 | |
| 29 | for which the organization completed Form 826 | | | | | | |
| | for which the organization completed form ozi | 55, i ait v, L | onee Acknowledg | ement <u>23 </u> | | Ye | s No |
| 302 | During the year, did the organization receive by | , contributio | n any property rep | orted in Part I lines 1 throug | sh 28 that it | 16 | 3 140 |
| Jua | | | | | | | |
| | must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | | | | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | 30a | + |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review (| of any nonstandard contribut | tions? | 31 | Х |
| | Does the organization hire or use third parties | | | | ions? | 31 | 1 |
| JZd | - · · · · · · · · · · · · · · · · · · · | | - | | | 32a | X |
| h | contributions? If "Yes," describe in Part II. | | | | | JZa | - 21 |
| 33 | If the organization didn't report an amount in c | olumn (c) for | r a type of property | for which column (a) is che | rked | | |
| 33 | describe in Part II. | Oldifili (C) 101 | a type of property | To which column (a) is the | JNGU, | | |
| | מטטטווטל וווו מונוו. | | | | | | |

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALASKA GEOGRAPHIC ASSOCIATION

Employer identification number 92-0043154

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

THE 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE VIA EMAIL FROM THE CHIEF

OPERATING OFFICER THE FINANCE COMMITTEE REVIEWS AND ACCEPTS THE 990, ONCE

APPROVED BY THE FINANCE COMMITTEE IT IS EXPLAINED TO THE REMAINING

GOVERNING BOARD AND THEN APPROVED BY THE EXECUTIVE DIRECTOR TO SIGN.

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

ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COLLECTED FOR KEY STAFF MEMBERS

AND THE BOARD OF DIRECTORS. ANY CONFLICTS ARE REPORTED TO THE EXECUTIVE

DIRECTOR AND GOVERNANCE COMMITTEE WHO THEN DECIDES CORRECT ACTION.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE BOARD TAKING

INTO CONSIDERATION COMPENSATION OF LEADERSHIP POSITIONS IN PARTNER

ORGANIZATIONS AND SALARIES FOR COMPARABLE POSITIONS IN OTHER NON-PROFITS.

USING INDUSTRY REPORTS SUCH AS ROBERT HALF, LOCAL NONPROFIT RESEARCH BY THE FORAKER GROUP, LOCAL HIRING ADS FOR SIMILAR POSITIONS AND NATIONAL NONPROFIT PARTNERS SUCH AS THE PUBLIC LANDS ALLIANCE. THE EXECUTIVE DIRECTOR COMPARES THE COMPENSATION OF THE FOLLOWING KEY POSITIONS TO DETERMINE REASONABLENESS OF CURRENT SALARIES AND EXPECTED GROWTH: DIRECTOR OF EDUCATION, DIRECTOR OF DEVELOPMENT, DIRECTOR OF RETAIL AND THE DIRECTOR OF FINANCE. SALARY ADJUSTMENTS WERE MADE TO THE CURRENT EMPLOYEES IN THOSE KEY POSITIONS IF NEEDED.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization ALASKA GEOGRAPHIC ASSOCIATION | Employer identification number 92-0043154 |
| GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE | TO THE PUBLIC |
| JPON REQUEST. | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEA | ık. |
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