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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

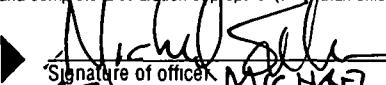
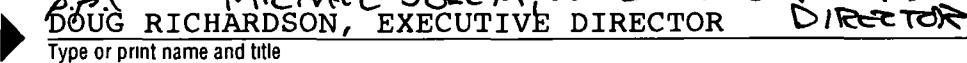
A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>ASSOCIATION OF AMERICAN GEOGRAPHERS</b>		<b>D</b> Employer identification number  53-0207414	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address)			Room/suite
	1710 16TH STREET, NW			
	City or town, state or country, and ZIP + 4			
	WASHINGTON, DC 20009-3198			
<b>F</b> Name and address of principal officer: DOUG RICHARDSON SAME AS C ABOVE				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ► <a href="http://WWW.AAG.ORG">WWW.AAG.ORG</a>				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation 1937 <b>M</b> State of legal domicile DC		

**Part I** Summary

<b>CANNED Revenue Activities &amp; Expenditures</b>  <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE OBJECTIVES OF THE ASSOCIATION OF AMERICAN GEOGRAPHERS (ASSOCIATION) ARE TO FURTHER</b>  <b>2</b> Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>5</b> Total number of employees (Part V, line 2a) <b>6</b> Total number of volunteers (estimate if necessary) <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>3</b> 19 <b>4</b> 18 <b>5</b> 21 <b>6</b> 100 <b>7a</b> 2,654. <b>7b</b> 1,389.		
	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	<b>Prior Year</b> <b>Current Year</b> <b>1,594,402.</b> <b>1,915,281.</b> <b>1,733,576.</b> <b>3,107,051.</b> <b>67,673.</b> <b>171,517.</b> <b>1,129,506.</b> <b>4,525,157.</b> <b>5,193,849.</b> <b>166,236.</b> <b>456,942.</b> <b>1,973,190.</b> <b>2,020,383.</b>		
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ►		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12		
	<b>Beginning of Current Year</b> <b>End of Year</b> <b>8,449,372.</b> <b>9,672,611.</b> <b>976,759.</b> <b>1,134,502.</b> <b>7,472,613.</b> <b>8,538,109.</b>		
	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20		

**Part II** Signature Block

<b>Sign Here</b> ►  Signature of officer <b>MICHAEL SOLEM, EDUCATIONAL AFFAIRS</b> Date <b>7-13-2011</b> ►  <b>DOUG RICHARDSON, EXECUTIVE DIRECTOR</b> <b>DIRECTOR</b> Type or print name and title	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of Preparer (other than officer) is based on all information of which preparer has any knowledge		
	<b>Paid Preparer's Use Only</b> Preparer's signature ►  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>THOMPSON, GREENSPON &amp; CO. P. C. CPA'S</b> <b>4035 RIDGE TOP RD, SUITE 700</b> <b>FAIRFAX, VA 22030</b>	Date <b>JUL 07 2011</b> Check if self-employed ► <input type="checkbox"/> EIN ►	Preparer's identifying number (see Instructions) Phone no ► (703) 385-8888

May the IRS discuss this return with the preparer shown above? (see instructions)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
**THE OBJECTIVES OF THE ASSOCIATION ARE TO FURTHER PROFESSIONAL INVESTIGATION INTO GEOGRAPHY BY ENCOURAGING THE APPLICATION OF GEOGRAPHIC FINDINGS IN EDUCATION, GOVERNMENT, AND BUSINESS. THE ASSOCIATION SUPPORTS THESE OBJECTIVES BY PROMOTING ACQUAINTANCE AND**

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  
 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 505,549. including grants of \$ 0. ) (Revenue \$ 78,467. )  
**PUBLICATIONS: AAG PUBLISHES TWO SCHOLARLY JOURNALS, A NEWSLETTER AND A "GUIDE TO PROGRAMS IN GEOGRAPHY" AS WELL AS SEVERAL PUBLICATIONS IN THE FIELD OF GEOGRAPHY.**

4b (Code: ) (Expenses \$ 93,106. including grants of \$ 19,945. ) (Revenue \$ 3,025,286. )  
**ANNUAL MEETING: THE ASSOCIATION CONDUCTS AN ANNUAL MEETING THAT PROVIDES A FORUM FOR DISCUSSION AND EXCHANGE OF INFORMATION RELATED TO GEOGRAPHY AND GEOGRAPHY EDUCATION. DELEGATES READ PAPERS, GIVE PRESENTATIONS, PARTICIPATE IN FIELD TRIPS, PANELS, SYMPOSIA, AND WORKSHOPS.**

4c (Code: ) (Expenses \$ 1,193,664. including grants of \$ 5,700. ) (Revenue \$ )  
**EDUCATION PROJECTS: RESEARCH EDUCATIONAL PROJECTS APPLICABLE TO GEOGRAPHY WHICH ARE FUNDED BY OUTSIDE AGENCIES, FOUNDATIONS, AND OTHER ORGANIZATIONS.**

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 1,488,395. including grants of \$ 431,297. ) (Revenue \$ 644. )

4e Total program service expenses ► \$ 3,280,714.

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>● Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>● Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>● Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>● 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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>	11 X	
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 X	

## Part IV Checklist of Required Schedules (continued)

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

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	45
1b		1b	0
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	12b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	19	
1b	Enter the number of voting members that are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			

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

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

### Section 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	
	THE ORGANIZATION - (202) 234-1450	
	1710 16TH STREET, NW, WASHINGTON, DC 20009-3198	

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JOHN AGNEW PRESIDENT 2009/PAST PRESIDENT 2010	0.00	X		X			0.	0.	0.
MOLLY BROWN COUNCILLOR	0.50	X					0.	0.	0.
DAGMAR BUDIROVA COUNCILLOR	0.90	X					0.	0.	0.
LESLIE DURAM COUNCILLOR	0.00	X					0.	0.	0.
KENNETH FOOTE VICE PRESIDENT 2010	2.30	X		X			1,000.	0.	0.
DOUG GAMBLE COUNCILLOR	1.00	X					2,000.	0.	0.
AMY GLASMEIER COUNCILLOR	1.20	X					0.	0.	0.
ALYSON GREINER COUNCILLOR	0.90	X					0.	0.	0.
CAROL HARDEN VICE PRESIDENT 2009/PRESIDENT 2010	2.80	X		X			0.	0.	0.
LISA HARRINGTON COUNCILLOR	1.80	X					0.	0.	0.
LAURIE HUMMEL COUNCILLOR	0.90	X					0.	0.	0.
L. ALLEN JAMES COUNCILLOR	0.90	X					0.	0.	0.
AUDREY KOBAYASHI COUNCILLOR	1.40	X					0.	0.	0.
CATHLEEN MCANNEY COUNCILLOR	0.90	X					0.	0.	0.
BYRON MIDDLEKAUFF COUNCILLOR	0.10	X					0.	0.	0.
WILLIAM MOSELEY COUNCILLOR	1.00	X					0.	0.	0.
MARIE PRICE COUNCILLOR	1.20	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARILYN RAPHAEL COUNCILLOR	0.10	X						0.	0.	0.
NANCY WILKINSON TREASURER	0.90	X	X					0.	0.	0.
ANTOINETTE WINKLER PRINS COUNCILLOR	1.00	X						0.	0.	0.
MICHAEL SCOTT COUNCILLOR	0.10	X						0.	0.	0.
JENNY ZORN COUNCILLOR	0.10	X						0.	0.	0.
KAREN TILL COUNCILLOR	0.10	X						0.	0.	0.
DOUGLAS RICHARDSON EXECUTIVE DIRECTOR	41.40			X				289,782.	0.	43,070.
TERI MARTIN ACCOUNTING MANAGER	40.00				X			115,833.	0.	21,894.
SUSAN GALLAGHER SR. PROJECT MGR. - GEO. ED	40.00				X			105,833.	0.	20,647.
PATRICIA SOLIS DIRECTOR, OUTREACH & STRAT	40.00				X			101,667.	0.	13,455.
<b>1b Total</b>						►		<b>736,948.</b>	<b>0.</b>	<b>121,360.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 5

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

(A) Name and business address	(B) Description of services	(C) Compensation
AUTOMATED GRAPHIC SYSTEMS 4590 GRAPHICS DR., WHITE PLAINS, MD 20695	PRINTING SERVICES	152,885.
BAV SERVICES 10 SONWIL DRIVE, BUFFALO, NY 14225	AUDIO VISUAL SERVICES	129,591.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

**Part VIII Statement of Revenue**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>					
1 a Federated campaigns	1a				
b Membership dues	1b	819,469.			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	864,062.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	231,750.			
g Noncash contributions included in lines 1a-1f \$					
<b>h Total. Add lines 1a-1f</b>		► 1915281.			
<b>Program Service Revenue</b>					
2 a ANNUAL MEETING	Business Code				
b PUBLICATIONS	611600	3027940.	3027940.		
c NCGE ADMINISTRATION	511190	78,467.	75,813.	2,654.	
d	541900	644.	644.		
e					
f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		► 3107051.			
3 Investment income (including dividends, interest, and other similar amounts)		► 171,827.			171,827.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		►			
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	2,574,729.				
c Gain or (loss)	2,575,039.				
d Net gain or (loss)	<310.►				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b Less: direct expenses	a				
c Net income or (loss) from fundraising events	b	►			
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	►				
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	►				
<b>Miscellaneous Revenue</b>	Business Code				
11 a					
b					
c					
d All other revenue					
<b>e Total. Add lines 11a-11d</b>		►			
<b>12 Total revenue. See instructions</b>		► 5193849.	3104397.	2,654.	171,517.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,700.	5,700.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	280,046.	280,046.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	171,196.	171,196.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	865,079.	547,171.	317,908.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	576,303.	364,517.	211,786.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	94,565.	59,813.	34,752.	
9 Other employee benefits	373,483.	236,232.	137,251.	
10 Payroll taxes	110,953.	70,179.	40,774.	
11 Fees for services (non-employees):				
a Management	27,695.	27,695.		
b Legal	7,664.	7,400.	264.	
c Accounting	54,056.	54,056.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	16,790.	14,126.	2,664.	
g Other				
12 Advertising and promotion	60.		60.	
13 Office expenses	539,797.	163,289.	376,508.	
14 Information technology	7,706.	7,706.		
15 Royalties				
16 Occupancy	114,715.	28,100.	86,615.	
17 Travel	148,285.	101,754.	46,531.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	724,877.	9,070.	715,807.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,758.		63,758.	
23 Insurance	18,529.	8,259.	10,270.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a EXPENSE ALLOCATION	0.	1,098,499.	<1,098,499.>	
b BAD DEBT EXPENSE	24,256.	22,142.	2,114.	
c BUSINESS DEVELOPMENT	9,387.	350.	9,037.	
d MISCELLANEOUS ITEMS	5,596.	3,414.	2,182.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,240,496.	3,280,714.	959,782.	0.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	175,855.	1	276,489.
	2 Savings and temporary cash investments	786,421.	2	336,346.
	3 Pledges and grants receivable, net	197,290.	3	218,138.
	4 Accounts receivable, net	123,557.	4	75,975.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	79,076.	9	100,088.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	886,474.		
	b Less: accumulated depreciation	673,099.	10c	213,375.
	11 Investments - publicly traded securities	6,845,892.	11	8,425,060.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,000.	15	27,140.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,449,372.	16	9,672,611.	
Liabilities	17 Accounts payable and accrued expenses	143,612.	17	205,916.
	18 Grants payable	182,210.	18	7,762.
	19 Deferred revenue	650,937.	19	920,824.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	976,759.	26	1,134,502.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,090,862.	27	7,041,364.
	28 Temporarily restricted net assets	84,105.	28	94,797.
	29 Permanently restricted net assets	1,297,646.	29	1,401,948.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,472,613.	33	8,538,109.
	34 Total liabilities and net assets/fund balances	8,449,372.	34	9,672,611.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

---

**Name of the organization**

**Employer identification number**

53-0207414

# ASSOCIATION OF AMERICAN GEOGRAPHERS

53-0207414

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

**Schedule A (Form 990 or 990-EZ) 2009**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)****Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,487,442.	2,821,166.	1,992,792.	1,478,665.	1,915,281.	9,695,346.
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	2,420,257.	2,429,428.	2,125,448.	1,733,576.	3,104,397.	11,813,106.
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 <b>Total.</b> Add lines 1 through 5	3,907,699.	5,250,594.	4,118,240.	3,212,241.	5,019,678.	21,508,452.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	180.	600.	7,825.	115,399.	17,390.	141,394.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			44,344.			44,344.
c Add lines 7a and 7b	180.	600.	52,169.	115,399.	17,390.	185,738.
8 <b>Public support</b> (Subtract line 7c from line 6)						21,322,714.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	3,907,699.	5,250,594.	4,118,240.	3,212,241.	5,019,678.	21,508,452.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	500,980.	549,707.	1,441,337.	1,341,635.	171,827.	4,005,486.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	500,980.	549,707.	1,441,337.	1,341,635.	171,827.	4,005,486.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	8,598.	7,715.	6,025.	7,502.	1,654.	31,494.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12)	4,417,277.	5,808,016.	5,565,602.	4,561,378.	5,193,159.	25,545,432.

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	83.47	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	80.64	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	15.68	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	17.81	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

    b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ASSOCIATION OF AMERICAN GEOGRAPHERS

Employer identification number

53-0207414

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

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

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

d  Loan or exchange programs

e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If "Yes," explain the arrangement in Part XIV.

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

1a Beginning of year balance

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
6602298.	1414657.			
114,463.	5120418.			
193,167.	130,932.			
26,800.	19,339.			
4,441.	44,370.			
6878687.	6602298.			

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

- a Board designated or quasi-endowment ► 78.34 %
- b Permanent endowment ► 20.38 %
- c Term endowment ► 1.28 %

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

by:

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		621,163.	513,900.	107,263.
c Leasehold improvements				
d Equipment		265,311.	159,199.	106,112.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))			►	213,375.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
<b>Total</b> (Col (b) must equal Form 990, Part X, col (B) line 12) ►		

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

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

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

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

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)**

**2. FIN 48 Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,193,849.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	4,240,496.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	953,353.
4 Net unrealized gains (losses) on investments	4	112,144.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	<1. >
9 Total adjustments (net). Add lines 4 through 8	9	112,143.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,065,496.

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

1 Total revenue, gains, and other support per audited financial statements	1	5,305,993.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	112,144.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	112,144.
3 Subtract line 2e from line 1	3	5,193,849.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,193,849.

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

1 Total expenses and losses per audited financial statements	1	4,240,496.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	4,240,496.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,240,496.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: LINE 2: THE ASSOCIATION ADOPTED THE NEW ACCOUNTING**

POLICY FOR UNCERTAINTY IN INCOME TAXES ON SEPTEMBER 1, 2009. THE ADOPTION  
OF THAT GUIDANCE RESULTED IN NO CHANGE TO THE FINANCIAL STATEMENTS. THE  
ASSOCIATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER  
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. ALSO, AS A RESULT  
OF THIS NEW GUIDANCE, NO INTEREST AND PENALTIES HAVE BEEN RECORDED IN THE  
ACCOMPANYING FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS.

**Part XIV Supplemental Information (continued)**

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING ADJUSTMENT: -1.

**Schedule F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No 1545-0047

**2009**Open to Public  
Inspection

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

**Name of the organization****Employer identification number****ASSOCIATION OF AMERICAN GEOGRAPHERS****53-0207414****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANT TO RECIPIENT LOCATED IN THE REGION		87,755.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	GRANT TO RECIPIENT LOCATED IN THE REGION		47,285.
EAST ASIA AND THE PACIFIC	0	0	GRANT TO RECIPIENT LOCATED IN THE REGION		18,454.
EUROPE	0	0	GRANT TO RECIPIENT LOCATED IN THE REGION		5,172.
NORTH AMERICA	0	0	GRANT TO RECIPIENT LOCATED IN THE REGION		5,200.
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	GRANT TO RECIPIENT LOCATED IN THE REGION		1,040.
SOUTH AMERICA	0	0	GRANT TO RECIPIENT LOCATED IN THE REGION		2,530.
SOUTH ASIA	0	0	GRANT TO RECIPIENT LOCATED IN THE REGION		3,760.
<b>Totals</b>	► 0	1			171,196.

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

Schedule F (Form 990) 2009



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	EAST ASIA & THE PACIFIC	2	430.00	CHECK/CASH/REGISTRATION	0.		
RESEARCH GRANT	EAST ASIA & THE PACIFIC	1	1,000.00	CHECK	0.		
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	EUROPE	8	4,172.00	CHECK/CASH/REGISTRATION	0.		
PUBLICATION AWARD	EUROPE	1	1,000.00	CHECK	0.		
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	NORTH AMERICA	3	2,000.00	WIRE	0.		
RESEARCH GRANTS	NORTH AMERICA	2	2,500.00	CHECK	0.		
UNDERGRADUATE EXCELLENCE AWARD	NORTH AMERICA	1	700.00	CHECK	0.		
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	SOUTH AMERICA	5	2,530.00	WIRE/REGISTRATION	0.		
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	SUB-SAHARAN AFRICA	69	47,755.00	CASH/WIRE/REGISTRATION	0.		

**Part IV** **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2: PARTICIPANTS MUST PROVIDE ADDRESS, PASSPORT OR NATIONAL ID INFORMATION. THEY ALSO MUST SIGN THE AAG DISCLOSURE FORMS AND A LETTER OF PARTICIPATION THAT OUTLINES THE TERMS OF THEIR RECEIVING THE FUNDS, WHICH THEY AGREE TO FOLLOW (E.G. WHAT THEY MAY BE SPENT FOR, DEADLINES, PURPOSE OF THE PROGRAM, ETC.). TYPICALLY AT LEAST ONE HALF OF THE TOTAL IS WITHHELD UNTIL RECEIPT OF FINAL DOCUMENTATION, GENERALLY A REPORT OR AN EXPENSE DOCUMENTATION.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	CENTRAL AMERICA AND THE CARIBBEAN	5	47,284. CHECK/CASH/REGISTRATION	0.			
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	RUSSIA AND THE NEWLY INDEPENDENT STATES	2	1,040. CASH/REGISTRATION	0.			
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	SOUTH ASIA	9	3,761. CASH/REGISTRATION	0.			
TRAVEL EXPENSE GRANTS FOR ANNUAL MEETINGS AND CONFERENCES	EAST ASIA & THE PACIFIC	1	17,024. CHECK/CASH/REGISTRATION	0.			

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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► Attach to Form 000

ASSOCIATION OF AMERICAN GEOGRAPHERS

Name of the organization

ASSOCIATION OF AM

## 1 Does the organization maintain records to substantiate information on grants and assistance?

Yes

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

1 (a) Name and address of organization or government recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule F (Form 3507) if additional space is needed						(b) EIN		(c) IRC section if applicable		(d) Amount of cash grant		(e) Amount of non-cash assistance		(f) Method of valuation book, FMV, appraisal, etc.		(g) Description of non-cash assistance		(h) Purpose of grant or assistance	
--	--	--	--	--	--	---------	--	-------------------------------	--	--------------------------	--	-----------------------------------	--	--	--	--	--	------------------------------------	--

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HONORARIUMS FOR PROJECTS, WORKSHOPS, BOOK REVIEWS AND SPEAKING	115	197,941.	0.		
EXPENSE REIMBURSEMENT FOR ANNUAL MEETING ATTENDANCE AND TRAVEL AWARDS	78	14,615.	8,945.		
SCHOLARSHIPS, RESEARCH AND WRITING GRANTS	155	48,545.	0.		
SPECIAL LIFETIME ACHIEVEMENT AWARD	1	10,000.	0.		

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

**SCHEDULE I, PART I, LINE 2: PARTICIPANTS MUST PROVIDE ADDRESS, PASSPORT OR NATIONAL ID INFORMATION.** THEY ALSO MUST SIGN THE AAG DISCLOSURE FORMS AND A LETTER OF PARTICIPATION THAT OUTLINES THE TERMS OF THEIR RECEIVING THE FUNDS, WHICH THEY AGREE TO FOLLOW (E.G. WHAT THEY MAY BE SPENT FOR, DEADLINES, PURPOSE OF THE PROGRAM, ETC.). TYPICALLY AT LEAST ONE HALF OF THE TOTAL IS WITHHELD UNTIL RECEIPT OF FINAL DOCUMENTATION, GENERALLY A REPORT OR AN EXPENSE DOCUMENTATION.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ASSOCIATION OF AMERICAN GEOGRAPHERS

Employer identification number  
**53-0207414**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

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) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?  
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?  
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2009

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For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) <b>DOUGLAS RICHARDSON</b>	<b>229,575.</b>	<b>60,000.</b>	<b>207.</b>	<b>32,500.</b>	<b>11,170.</b>	<b>333,452.</b>	<b>0.</b>
(ii)	0.	0.	0.	0.	0.	0.	0.
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**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## **Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
► See the Instructions for Form 990.

OMB No 1545-0047

2009

**Open to Public  
Inspection**

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**Name of the Organization**

## ASSOCIATION OF AMERICAN GEOGRAPHERS

Employer Identification number  
**53-0207414**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

**Schedule J-2 (Form 990) 2009**

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

ASSOCIATION OF AMERICAN GEOGRAPHERS

Employer identification number  
53-0207414

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFESSIONAL INVESTIGATIONS IN GEOGRAPHY AND TO ENCOURAGE THE

APPLICATION OF GEOGRAPHIC FINDINGS IN EDUCATION, GOVERNMENT, AND

BUSINESS. THE ASSOCIATION SUPPORTS THESE OBJECTIVES BY PROMOTING

ACQUAINTANCE AND DISCUSSION AMONG ITS MEMBERS AND WITH SCHOLARS IN

RELATED FIELDS BY STIMULATING RESEARCH AND SCIENTIFIC EXPLORATION, BY

ENCOURAGING THE PUBLICATION OF SCHOLARLY STUDIES, AND BY PERFORMING

SERVICES TO AID THE ADVANCEMENT OF ITS MEMBERS AND THE FIELD OF

GEOGRAPHY. THE ASSOCIATION RECEIVES AND ADMINISTERS FUNDS IN SUPPORT

OF RESEARCH AND PUBLICATION IN THE FIELD OF GEOGRAPHY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISCUSSION AMONG ITS MEMBERS AND WITH SCHOLARS IN RELATED FIELDS. THE

ASSOCIATION STIMULATES RESEARCH AND SCIENTIFIC EXPLORATION, BY

ENCOURAGING THE PUBLICATION OF SCHOLARLY STUDIES AND BY PERFORMING

SERVICES TO AID THE ADVANCEMENT OF ITS MEMBERS AND THE FIELDS OF

GEOGRAPHY AND GEOGRAPHIC EDUCATION.

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

OUTREACH: AAG PROMOTES ACQUAINTANCE AND DISCUSSION AMONG ITS MEMBERS

AND WITH SCHOLARS IN THE FIELD; STIMULATES RESEARCH AND SCIENTIFIC

EXPLORATION; ENCOURAGES PUBLICATION OF SCHOLARLY STUDIES; AND AIDS THE

ADVANCEMENT OF GEOGRAPHY AND GEOGRAPHIC EDUCATION.

MEMBERSHIP: THE ASSOCIATION PROVIDES SERVICES TO THE MEMBERSHIP THAT

OFFERS: INFORMATION SUCH AS PUBLICATIONS AND NEWSLETTERS; PARTICIPATION

IN REGIONAL OR SPECIAL INTEREST GROUPS; OPPORTUNITIES FOR INVOLVEMENT

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

932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ASSOCIATION OF AMERICAN GEOGRAPHERS

Employer identification number  
53-0207414

IN EDUCATIONAL RESEARCH, POLICY PROGRAMS, COMMITTEES, COMMISSIONS AND  
PROJECTS.

EXPENSES \$ 1488395. INCLUDING GRANTS OF \$ 431297. REVENUE \$ 644.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO  
ALL AAG COUNCILLORS AND OFFICERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY  
COVERS THE ASSOCIATIONS OFFICERS, COUNCIL MEMBERS, CHIEF EMPLOYED  
EXECUTIVE AND CHIEF EMPLOYED FINANCE EXECUTIVE, AND AAG EMPLOYEES AND IS  
MONITORED BY ANNUAL DISCLOSURES WHICH ARE REVIEWED AND MAINTAINED BY THE  
EXECUTIVE DIRECTOR

THE ASSOCIATIONS CHIEF EMPLOYED EXECUTIVE AND CHIEF EMPLOYED FINANCE  
EXECUTIVE REVIEW EACH TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR  
ACTUAL CONFLICTS OF INTEREST. IF POTENTIAL OR ACTUAL CONFLICTS EXIST  
(PAST, PRESENT OR FUTURE) THE AAG EXECUTIVE DIRECTOR OR PRESIDENT OF THE  
AAG COUNCIL WILL DETERMINE WHETHER TO:

A) TAKE NO ACTION;

B) ASSURE FULL DISCLOSURE TO THE AAG COUNCIL AND OTHER INDIVIDUALS COVERED  
BY THIS POLICY;

C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR  
DECISIONS WITHIN THE ASSOCIATION; OR

D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN THE ASSOCIATION OR,  
IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN  
ACCORDANCE WITH THE ASSOCIATIONS REMOVAL PROCEDURES.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ASSOCIATION OF AMERICAN GEOGRAPHERS

Employer identification number  
53-0207414

THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE  
DOCUMENTED IN THE MINUTES OF EACH BOARD OR COMMITTEE MEETING.

FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR DETERMINING  
COMPENSATION OF THE FOLLOWING PERSONS INCLUDES A REVIEW AND APPROVAL BY THE  
FALL AAG COUNCIL OF THE ASSOCIATION. COMPARABILITY DATA USED IN THE REVIEW  
PROCESS IS OBTAINED FROM DATA GATHERED FROM COMPARABLE POSITIONS AT  
SIMILARLY SITUATED ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS ARE  
DOCUMENTED IN THE MINUTES OF COMPENSATION COMMITTEE.

THE COMPENSATION DETERMINATION PROCESS APPLIES TO THE FOLLOWING  
OFFICES/POSITIONS AND THE MOST RECENT YEAR FOR WHICH THIS PROCESS WAS  
UNDERTAKEN FOR EACH IS IDENTIFIED:

EXECUTIVE DIRECTOR 2009

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS ARE  
AVAILABLE ON THE ASSOCIATION WEBSITE AND IN PUBLISHED DOCUMENTS, INCLUDING  
THE ASSOCIATION OF AMERICAN GEOGRAPHERS GUIDE. FINANCIAL STATEMENTS ARE  
AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THERE WAS NO CHANGE IN THE PROCESS THIS YEAR.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

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

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

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

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

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>ASSOCIATION OF AMERICAN GEOGRAPHERS</b>	Employer identification number <b>53-0207414</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>1710 16TH STREET, NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20009-3198</b>	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**THE ORGANIZATION**

- The books are in the care of ► 1710 16TH STREET, NW – WASHINGTON, DC 20009-3198 Telephone No. ► (202) 234-1450 FAX No. ► ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until APRIL 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year        or  
►  tax year beginning SEP 1, 2009, and ending AUG 31, 2010.

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

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

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

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

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

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

Type or print	Name of exempt organization <b>ASSOCIATION OF AMERICAN GEOGRAPHERS</b>	Employer identification number <b>53-0207414</b>
File by the extended due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1710 16TH STREET, NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20009-3198</b>	

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

**0 1**

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

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

- The books are in the care of ► **THE ORGANIZATION - 1710 16TH STREET, NW - WASHINGTON, DC 20009-3198**
- Telephone No ► **(202) 234-1450** FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **JULY 15, 2011**
- 5 For calendar year , or other tax year beginning **SEP 1, 2009**, and ending **AUG 31, 2010**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

**Signature and Verification**

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

Signature ► *J. Smith*

Title ► CPA

Date ► **4/6/11**

Form 8868 (Rev. 1-2011)