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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 private foundations)

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending

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Form 990 (2013)

A For the 2013 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number X Address ALASKA GEOGRAPHIC ASSOCIATION Name 92-0043154 Doing Business As Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin 241 NORTH C STREET 907-274-8440 Amende return City or town, state or province, country, and ZIP or foreign postal code 5,013,427. G Gross receipts \$ Applica-ANCHORAGE, AK 99501 H(a) Is this a group return pending F Name and address of principal officer BARBARA E. Yes X No for subordinates? SAME AS C ABOVE Yes H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3)) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) ___ 501(c) (J Website: ► WWW.ALASKAGEOGRAPHIC.ORG H(c) Group exemption number Association K Form of organization: X Corporation Trust Other > L Year of formation: 1959 M State of legal domicile: AK Part∉l Summary Briefly describe the organization's mission or most significant activities. TO CREATE AN INFORMED PUBLIC SECONNED ALGORISES 2014 CARING FOR ALASKA'S NATURAL AND CULTURAL HERITAGE THROUGH THE SALE if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 15 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 98 Total number of volunteers (estimate if necessary) 15 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. 7b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 751,461 604,356. Program service revenue (Part VIII, line 2g 121,757 272,449. Investment income (Part VIII, column (A), lines B, 4, about of 6 201/ 1,244 335. 11 Other revenue (Part VIII, column (A), lines 5 6d, 8c, 9c, 10c, and 11c) 2,101,193 2,226,324. Total revenue - add lines 8 through 11 (must equal Part XIII) column 2,975,655 12 3,103,464. Grants and similar amounts paid (Part IX, column (A), lines-1-3) 13 432,735 285,421. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 723,234 780,449. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 4. 13 Mars 2 - 13 20 1 b Total fundraising expenses (Part IX, column (D), line 25) 3,897. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 837,830 916,904. 2,993,799 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,982,774. Revenue less expenses Subtract line 18 from line 12 <18,144.b 120,690. or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 2,933,205 3,024,216. 21 Total liabilities (Part X, line 26) 137,868 108,189. Net assets or fund balances Subtract line 21 from line 20 2,795,337**.** 2.916.027. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign EXECUTIVE DIRECTOR BARBARA E. BELL, Here Type or print name and title Print/Type preparer's name 20 424/14 of self-employed CINDY L. HULQUIST, Paid CPA P00166182 Preparer GREISEN Firm's name THOMAS, HEAD & Firm's EIN 92-0043874 Use Only Firm's address 1400 WEST BENSON BLVD., ANCHORAGE, AK 99503-3683 Phone no. (907)272-1571X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2013) ALASKA GEOGRAPHIC ASSOCIATION	92-0043154	Page 2
Pa	rt III 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: INSPIRED PEOPLE BECOME CHAMPIONS OF ALASKA'S PARKS, FOR REFUGES.	ESTS, 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? If "Yes," describe these new services on Schedule O	Yes [X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported		nd
4a	(Code) (Expenses \$1, 168, 091. Including grants of \$142, 711.) (Rever DISTRIBUTION OF EDUCATIONAL AND INTERPRETIVE MATERIALS USERS OF ALASKA'S PUBLIC LANDS. APPROXIMATELY ONE MILLI WERE PROVIDED INFORMATION ABOUT 35 NATIONAL PARKS, FOR PUBLICLY HELD LANDS.	TO VISITORS A ON INDIVIDUAL	ND S
4b	Code	KS, FILMS, AN DISTINCT IOUS OTHER IP WITH FOUR	
4c	(Code) (Expenses \$ 584,045. Including grants of \$ 71,355.) (Revention DEVELOPMENT AND PRESENTATION OF EXPERIENTIAL EDUCATION TEACHERS, YOUTH, GUIDES AND THE GENERAL PUBLIC. PROGRAM AND MULTI-DAY IN LENGTH, MANY ARE AVAILABLE FOR COLLEGE EDUCATION CREDITS. PROGRAMS ARE OFFERED IN NATIONAL PAR REFUGES, AND OTHER PUBLIC LANDS IN ALASKA. MORE THAN 10 OFFERED.	PROGRAMS FOR S ARE BOTH DA AND CONTINUI KS, FORESTS,	ILY NG
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 2,336,181.)	
		Form 99	0 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ļ		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ì		
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	١.	37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3.5
	Schedule D, Part III	.8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		. 4	
	as applicable	A. B. C.	" or first	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	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			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
α	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		·	v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f		11e		Λ.
'	the organization's separate of 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	445		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	- 43	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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	1		
	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
b	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		
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	}		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Š	
	instructions for applicable filing thresholds, conditions, and exceptions)	ssameA.	i i	
а	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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?]	
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	
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14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
200	tion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 15		, C.3 «	
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	, ,		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	, ,		*
L	· · · · · · · · · · · · · · · · · · ·	Α.	ŵ	
	•	8 0	4	3"
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	اما		Х
^	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا م		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:	À.	۵.	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	JS T		**
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 to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	, 1		
	ın Schedule O how this was done	12c	X	
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	uelle.
15	Did the process for determining compensation of the following persons include a review and approval by independent)	esta.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	(b) -	<u>,</u>	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
46 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	~rtight	C jungle	ŵ.
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		*	v
L		16a	· \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>X</u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Ç.). Jan. 1
	exempt status with respect to such arrangements?	ı ì	\$ }	"ž'
Sec	tion C. Disclosure	<u>16</u> b		
17	List the states with which a copy of this Form 990 is required to be filed ▶AK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion 🕨		
-	JENNIFER MCBRIDE - 907-771-8405			
	241 NORTH C STREET, ANCHORAGE, AK 99501			

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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 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

(A) Name and Title	(B) Average	141-		Pos			on-	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	not c	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week (list any	-	cerar	dad	irecto	x/trus	tee)	from the	from related organizations	other compensation
	hours for	director				20		organization	(W-2/1099-MISC)	from the
	related	tee or	nstee			ensate		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	d woo				and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1	organizations
/41	40.00	_≘_	트	ō	2	호 등	윤			
(1) BARBARA BELL	40.00	1		х				132,197.	0.	10,806
EXECUTIVE DIRECTOR (2) GEORGE ANDREW HALL	1.00	╁─	<u> </u>	Δ			-	132,137.	0.	10,000
(2) GEORGE ANDREW HALL CHAIR	1.00	X		Х				0.	0.	0
(3) ANNE WILKAS	1.00	121	 - 	22	\vdash		-		0.	
VICE CHAIR	1.00	x		Х				0.	0.	0
(4) LYNELLE BEAULAURIER	1.00	=	—							
SECRETARY		x	ŀ	х				0.	0.	0
(5) IRA PERMAN	1.00									
TREASURER		X		Х				0.	0.	0
(6) PAUL LANDIS	1.00									
EXECUTIVE COMMITTEE MEMBER AT LARGE		X						0.	0.	0
(7) JUDY BITTNER	1.00									
BOARD MEMBER		X						0.	0.	0
(8) ANN CAPISTRANT	1.00									
BOARD MEMBER		X						0.	0.	0
(9) NICK HARDIGG	1.00									
BOARD MEMBER		X				ļ		0.	0.	0
(10) JUNE MCATEE	1.00									
BOARD MEMBER	1	Х						0.	0.	0
(11) DEBBIE MODEROW	1.00		ļ						_	
BOARD MEMBER	1 00	X				_		0.	0.	0
(12) HELEN NIENHUESER	1.00									_
BOARD MEMBER	1 00	X	-			_		0.	0.	0
(13) DAVID A. PIKE	1.00									_
BOARD MEMBER	1 00	X	<u> </u>			-		0.	0.	0
(14) SALLY RUE	1.00	37				Ì				
BOARD MEMBER	1 00	X			_				0.	0
(15) GRAYSON WESTFALL	1.00	x						0.	_	•
BOARD MEMBER	1.00	^	-			<u> </u>		U •	0.	0
(16) KESLER WOODWARD	1.00	x						0.	0.	0
BOARD MEMBER	 	^	-			<u> </u>		0.	<u>U•</u>	0
	<u> </u>	ł								

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Pai	TVII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hı	ghe	st C	Compensated Employe	es (continued)		
	` (A)	(B)			((C)			(D)	(E)		(F)
	Name and title	Average	١		Pos				Reportable	Reportable	,	Estimated
		hours per					than is bot		compensation	compensation	- 1	amount of
		week					or/trus		from	from related		other
		(list any	Ę						the	organization		compensation
		hours for	Individual trustee or director				-		organization	(W-2/1099-MI		from the
		related	5	stee		l	sate		(W 2/1099-MISC)	(11 27 1000 1111	· ,	organization
		organizations	laste	Institutional trustee		98	Highest compensated employee		(11 2, 1000 111100)			and related
		below	<u>=</u>	trons	l	ng l	st co	_				organizations
		line)	Į.	nstitu	Officer	Key employee	불물	Former				5. ga
			<u>-</u>	=	-	Α_	1					
			ļ			<u> </u>	<u> </u>					
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			-		 	 -						
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				<u> </u>	<u> </u>	<u> </u>	ļ	ļ	ļ · · -	· · · - <u>-</u>		
			l		1							
							ł					
1 h	Sub-total		L		L	l	L	_	132,197.		0	10 006
											0.	10,806.
	Total from continuation sheets to Part VII	l, Section A							0.		0.	0.
d	Total (add lines 1b and 1c)								132,197.		0.	10,806.
2	Total number of individuals (including but no	ot limited to th	ose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le	
	compensation from the organization											1
												Yes No
3	Did the organization list any former officer,	director or tra	etor	. ko	on	nnla		orl	highest componented o	mplouse on	ſ	** ** **
3			SIE	s, Re	y en	пріо	уее,	OI I	nignesi compensated e	inployee on		. " '*
	line 1a? If "Yes," complete Schedule J for su											3 X
4	For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	ation	and	d oth	her compensation from	the organization		**************************************
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4 X
5	Did any person listed on line 1a receive or a	ccrue comper	nsati	on f	rom	any	unr	elat	ed organization or indivi	dual for services	,	lia Lak
	rendered to the organization? If "Yes," comp	-							ŭ			5 X
Sec	tion B. Independent Contractors			<u> </u>	20	00.0						<u>J 1 1 21 </u>
		managed at a	100-	nd-	nt -	0.54	0.04-		hat recovered 41	#100.000 -f -		
1	Complete this table for your five highest cor										ipensa	ation from
	the organization Report compensation for t	ne calendar ye	ear e	endı	ng w	/ith (or w	ithir	the organization's tax	/ear		
	(A)								(B)	i		(C)
	Name and business	address	NC)NE	3				Description of s	ervices	С	ompensation
					_			\dashv				
								+				
		····										
		_ _						T				
										}		
-								\dashv				
								- 1				
		-										· • • • • • • • • • • • • • • • • • • •
2	Total number of independent contractors (in	ncluding but no	ot lır	nited	d to	thos	se lis	ted	l above) who received m	ore than	*.^	*
	\$100,000 of compensation from the organiz	ation 🕨				()				`	^

332008 10-29-13

L <u> </u>	rt V		Check if Schedule O cont		e or note to any lii	ne in this Part VIII			
200	* .	3				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
* ,		ecq.			· · · · · · · · · · · · · · · · · · ·		revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns	1a			A STATE OF S	2 . ,	* * ,
Gra			Membership dues	1b	171,240,				· ~** *
ts, An			Fundraising events	1c			4 * * * * * * * * * * * * * * * * * *	6 14.	* * * **
Gif		d	Related organizations	1d		in the same of	San ora	m server of a figure of the	
ıs,		е	Government grants (contribut	ions) 1e		ali miga con distribution di co	a magaza s	***- * 40 3	*
er S		f	All other contributions, gifts, gran	ts, and		· / . / · · ·	* * * * *		* *
₽¥			similar amounts not included abor	ve 1f	433,116.			1 1 2 4	« » " .
der		g	Noncash contributions included in lines	1a-1f \$				*.**	, *
ပ္သမ		h	Total. Add lines 1a-1f		▶	604_356.	~, *** , · · · · ·	·	* * *
					Business Code		// / 3m / · · · · · · ·	√*, ₹* + 	·
ě	2	а	PROGRAM REVENUE		900099	272,449.	272,449.		
e K		b							
Se		С							
am		d							
Program Service Revenue		е							
ď.		f	All other program service reve	nue					
		q	Total. Add lines 2a-2f		▶	272,449.		the state of street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3		Investment income (including	dividends, inte	rest, and				
			other similar amounts)		•	335.			335.
	4		Income from investment of tax	x-exempt bond	proceeds				
	5		Royalties		•				
	_		,	(ı) Real	(II) Personal	, , , ,	* * * * * * * * * * * * * * * * * * * *	The state of the s	The Sale glass
	6	а	Gross rents	(7 · · · ·	(//	* * * **	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.7
			Less rental expenses		 	1, ;			
			Rental income or (loss)		† · · · · · · · · · · · · · · · · · · ·	1 * * *			
			Net rental income or (loss)		>	1	, , ,		" " . " . " . " . " . " . " . " . " . "
			Gross amount from sales of	(i) Securities	(II) Other	**	300 5 5 5 A S	v * 58.4.5	
	•	<u> </u>	assets other than inventory	() CCCATAGES	ling Other	* * .		# mod 4 dink	A TATA
		h	Less cost or other basis		1	1	` , `,		100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St
		U	and sales expenses				* * * * *		
l		_	Gain or (loss)			* ` ` `	, XX		
			Net gain or (loss)	L		- 1	, ~-	1 25 a 14 5 7 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	
1			* '	a avanta (aat			€ . , ,	2 6 15 5 20	W. M
ne l	8		Gross income from fundraising including \$	-		*			
Ye.				of		* - * * *	** 4	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
å			contributions reported on line	•			× * * * *	State of the state	
Other Revenue		•.	Part IV, line 18						
₹			Less direct expenses		o[100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg	* 1 100 h
			Net income or (loss) from fund	•				5	*
	9	а	Gross income from gaming ac			1 4 * 4 -			
i			Part IV, line 19						
ļ			Less direct expenses	Ł	ـــــــار		I to the same of	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i di sadilila ma
			Net income or (loss) from gam	=		<u> </u>	* . **	# 3 TV u.	
	10	а	Gross sales of inventory, less			* · **			
		_	and allowances	ā					
			Less cost of goods sold	ł	1,909,963.		- 1	Karala My	V
-		С	Net income or (loss) from sale			2 126 757	2,126,757.	1 3 3 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·
}			Miscellaneous Revenu	e	Business Code	1			a said that is
ļ			FEES		900099	91,545.	91,545.		<u> </u>
	ı	b	MISCELLANEOUS		900099	8,022,	8,022.	ļ	
	•	С							
			All other revenue						
		е	Total. Add lines 11a-11d		>	99,567.	<u> </u>		
33200	12	_	Total revenue See instructions.			3,103,464.	2,498,773.	0.	335
33200 10-29-	13								Form 990 (2013)

Do	Check if Schedule O contains a response include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	this Part IX (B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and			***	* , ,
	organizations in the United States. See Part IV, line 21	285,421.	285,421.	1 m 17 = , de	
2	Grants and other assistance to individuals in				,
	the United States See Part IV, line 22			,* \$4.	,**
3	Grants and other assistance to governments,				, ,
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			***	
4	Benefits paid to or for members			, , ,	, , ,
5	Compensation of current officers, directors,				
	trustees, and key employees	132,197.	79,443.	52,754.	
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	1,304,186.	1,114,779.	189,407.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<u>40,</u> 806.	31,903.	8,903.	
9	Other employee benefits	157,445.	120,642.		
10	Payroll taxes	145,815.	126,387.	19,428.	
11	Fees for services (non-employees)				}
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f	Investment management fees		<u>.</u>		
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	<u>65,322.</u>	1,377.		
12	Advertising and promotion	4,497.	4,497.		
13	Office expenses	70,217.	51,724.	18,493.	
14	Information technology				
15	Royalties	 			
16	Occupancy	113,503.		113,503.	
17	Travel	105,254.	87,719.	17,535.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,039.	4,892.	22,147.	
23	Insurance	75,887.	59,654.	16,233.	
24	Other expenses. Itemize expenses not covered	*	i i i		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0)	<u> </u>	* &		
а	REPAIRS/MAINTENANCE	102,533.	72,990.	29,543.	·
ь		73,806.	70,988.	2,818.	
С	CONTRACT LABOR	66,428.	66,428.		
d		47,948.	47,948.		
е	All other expenses	164,470.	109,389.	51,184.	3,897
25_	Total functional expenses Add lines 1 through 24e	2,982,774.	2,336,181.	642,696.	3,897
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 5,035 1 192,488. 1 Cash - non-interest-bearing 1,286,320. 1,391,848. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 104,505. 53,716 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary ... employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 1,333,580 1,277,084. 8 Inventories for sale or use 8 78,329 105,737. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other GH weign ~~~ 873,746. basis Complete Part VI of Schedule D 10a 70,697. 58,082. 815,664 Less accumulated depreciation 10b 10c h Investments - publicly traded securities 11 11 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 15 2,933,205 3,024,216. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 137,868. 108,189. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities 30g 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 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 137,868 108,189 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and justi Ar complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,581,038 2,682,963. 27 Unrestricted net assets 28 Temporarily restricted net assets 214,299. 233,0<u>64</u>. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here vŽ and complete lines 30 through 34. 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 2,916,027. 2,795,337. 33 Total net assets or fund balances 33

3,024,216. Form **990** (2013)

34

Total liabilities and net assets/fund balances

2,933,205

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

Form 990 (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

92_0043154

	, <u> </u>		GEOGRAPHIC A							Z-004) T D 4	<u>:</u>
Part I	Reason	tor Public Chai	rity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions				
he organ	nization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2 🔛	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
3 🖳		•	ital service organization o									
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(ii	i). Enter	the hospita	ıl's nan	ле,
	city, and stat	e										
5	_	· ·	benefit of a college or ur	niversity o	wned or o	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comp	lete Part II)									
6	A federal, sta	ate, or local governm	nent or governmental unr	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 📖	An organizat	ion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	cribed	ın
	section 170((b)(1)(A)(vi). (Comple	ete Part II)									
8 🔛	A community	trust described in :	section 170(b)(1)(A)(vı).	(Complete	Part II)							
9 X	An organizat	on that normally red	ceives (1) more than 33 ⁻	1/3% of its	support f	rom contr	ibutions, m	nembershi	p fees, a	nd gross re	ceipts	from
	activities rela	ited to its exempt fu	inctions - subject to certa	ıın exceptı	ons, and (2) no more	than 33 1	1/3% of its	support	from gross	inves	tment
	income and t	unrelated business t	taxable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June	30, 19	75
	See section	509(a)(2). (Complet	e Part III)									
10 🔲	An organizati	ion organized and o	perated exclusively to te	st for publ	ıc safety 🤄	See sectio	on 509(a)(4	1).				
11	An organizati	ion organized and o	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes	of one	or
	more publicly	supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the box	x that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h						
	a Type	I b ∐Т	ype II c T	ype III - Fu	nctionally	ıntegrated	c	і ∐ Тур	e III - No	n-functiona	ily inte	grated
e 📖	By checking	this box, I certify th	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons ot	her tha	an.
	foundation m	nanagers and other	than one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2)	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check t	his box									
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (III) below	,	Yes	No
	the gove	erning body of the s	supported organization?							11g(i)	<u> </u>	
	(ii) A family	member of a perso	n described in (i) above?							11g(ii)	Ц	
	(iii) A 35% d	controlled entity of a	a person described in (i) o	or (II) abovi	e?					11g(iii		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
` '	of supported anization	(ii) EIN	above or IRC section	în col. (i) la	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amoun sup	nt of mo pport	netary
			(see instructions))	Yes	No	Yes	No	Yes	No			
							<u> </u>	<u> </u>	<u> </u>			
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		\$ 500 mass was him.	od 1000.0 y Sproy, Stron				24.00					
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otal		ALLES MAN MAN		10 march	many to the same	M. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	******		Self Self Control			

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		i				
	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					İ	
	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,					30 6 7	
	column (f)	No.					
6	Public support. Subtract line 5 from line 4	204 550			T.M. C. N. C.	NEW 1985	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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				1		
	business is regularly carried on						
10	Other income Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part IV)				i		
11	Total support. Add lines 7 through 10	*		100	74. July 31.		
	Gross receipts from related activities,		ons)		0.00000 oh 30000 v / 30	12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax year as a section		
-	organization, check this box and stop			, - , -	,	V-7V-7	
Sec	tion C. Computation of Publ		rcentage				F
14	Public support percentage for 2013 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual					•	
17a	10% -facts-and-circumstances tes	t - 2013. 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 "fac						
	meets the "facts-and-circumstances"					. 3	
b	10% -facts-and-circumstances tes				-	7a, and line 15 is 10	% or
	more, and if the organization meets the						· = -
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization						
				7.5		dule A (Form 990 o	990-EZ) 2013

332022 09-25-13

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	534,227.	1113119.	598,387.	751,461.	604,356.	3601550.
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	4321078.	4143093.	3998606.	3913094.	4309169.	20685040.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				<u></u>		
5	The value of services or facilities furnished by a governmental unit to the organization without charge			L			
6	Total. Add lines 1 through 5	4855305.	5256212.	4596993.	4664555.	4913525.	24286590.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	7,835.	8,675.	10,121.	12,438.	13,978.	53,047.
t	Armounts 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	_7,835.	8,675.	10,121.	12,438.	13,978.	53,047.
8	Public support (Subtract line 7c from line 6)	2	,	3	. <u>\$2.00</u>	3. Mar. 1. Mar. 14.	24233543.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	4855305.	5256212.	4596993.	4664555.	4913525.	24286590.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	4,376.	1,219.	1,311.	1,244.	335.	8,485.
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,376.	1,219.	1,311.	1,244.	335.	8,485.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	90,802.		94,400.		99,567.	544,804.
	Total support. (Add lines 9, 10c, 11, and 12)	4950483.		4692704.	4803287.		24839879.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ıne 8, column (f) dı	ıvıded by line 13, c	olumn (f))		15	<u>97.56 %</u>
	Public support percentage from 2012					16	98.24 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colun	nn (f) divided by lin	ie 13, column (f))		17	.03 %
18	Investment income percentage from 2	2012 Schedule A, I	Part III, line 17			18	.03 %
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	17 is not
Ь	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	•	•				▶ X
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation If the organization	in did not check a	hox on line 14, 19:	a or 10h chack th	ue hay and see ins	etri ictions	> [

Part IV Sup	com	olete this p	art for any	/ additiona	al inform	nation (See ins	structions)					-
CHEDULE	Α,	PART	III,	LINE	12,	EXPLAN	ATION	FOR	OTHER	INCOME	•	
EES												
ISCELLAN	rOi	TC										
тосыцым	ЦО	_										
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No 1545-0047

Name of the organization ALASKA GEOGRAPHIC ASSOCIATION			Em	Employer identification number 92-0043154		
Da	rt l Organizations Maintaining Donor Advise	od Funds or Other Similar Fu	inds or Acco			
Га	organization answered "Yes" to Form 990, Part IV, line		inas or Acco	dires. Complete ii the		
	organization answered Tes to Form 990, Fait IV, into	(a) Donor advised funds	(b) Eu	nds and other accounts		
_	Total number at and of year	(4) 5500 4500 5	(-, -			
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 Did the organization inform all donors and donor advisors in	www.na that the agests hold in depar	advesad funda			
5	are the organization's property, subject to the organization's		advised lutius	Yes No		
			in ha usad anliv	res No		
0	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?	of donor advisor, or for any other purp	pose comening	Yes No		
Pa	rt II Conservation Easements. Complete if the org	ranization answered "Ves" to Form 9	90 Part IV line 7			
1	Purpose(s) of conservation easements held by the organization		50,1 (11, 111, 111, 111, 111, 111, 111, 1			
•	Preservation of land for public use (e.g., recreation or e		an historically imr	oortant land area		
	Protection of natural habitat	. —	certified historic			
	Preservation of open space	Treservation or a	certifica Historic	Structure		
2	Complete lines 2a through 2d if the organization held a qualit	find consequation contribution in the	form of a consen	vation easement on the last		
_	day of the tax year	ned conservation contribution in the	ionn of a conscri	ration easement on the last		
	day of the lax year			Held at the End of the Tax Year		
а	Total number of conservation easements		2a	TICIA AL INC ENA OT MIC TAX TCAT		
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c	1		
d		, ,				
_	listed in the National Register	a a	2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated b		on during the tax		
	year >		, ,	3		
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handlin	g of			
	violations, and enforcement of the conservation easements r	t holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easeme	nts during the ye	ar >		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements d	uring the year ►	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section	170(h)(4)(B)(ı)			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and exp	ense statement,	and balance sheet, and		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that desci	ibes the organiza	ation's accounting for		
	conservation easements			· - ·· - ·· · · · · · · · · · · · · · · ·		
Pa	rt III Organizations Maintaining Collections o		or Other Simi	lar Assets.		
	Complete if the organization answered "Yes" to Form	•				
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ext	nibition, education, or research in fur	therance of publi	c service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue state	ment and balanc	e sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	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 tre		ancial gain, provi	de		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	:			
а	Revenues included in Form 990, Part VIII, line 1		>	\$		
b	Assets included in Form 990, Part X		>	\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.		_	
(a) Descrip	Complete if the organization answered "Yes" ofton of Security or Category (including name of security)	to Form 990, Part IV, lin (b) Book value		0, Part X, line 12 f valuation Cost or end-of-year market value
	al derivatives	(b) BOOK Value	(C) Metrod o	valuation Cost or end-or-year market value
	ai derivatives ·held equity interests			
(3) Other	Tield equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method o	f valuation Cost or end of year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)		,- ,-,-		
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)		7. 30. 70 X 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part IX	Other Assets.	<u> </u>	1 x 2 x x x x x x x x x x x x x x x x x	Action of the second se
<u> </u>	Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11d See Form 990	0, Part X, line 15
		Description		(b) Book value
(1)				
(2)	-			
(3)		-		
(4)				
(5)			-	
(6)				
(7)				
(8)		- · · ·		
(9)	45 200 5			
Part X	imn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15)		
I alt A		to Form 000 Deat IV In-	- 44 446 O E-	000 D AVA 05
1.	Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line	(b) Book value	rm 990, Part X, line 25
	leral income taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value	
(2)	income taxes			
(3)				
(4)	-			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line	25)		
	for uncertain tax positions. In Part XIII, provide		to the organization's	e financial etatements that reports the

332053 09-25-13

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047	2013	Open to Public	🐃 Inspection 🎉

Employer identification number

ž 92-0043154 (h) Purpose of grant or assistance 5 5 F 5 DIRECT SUPPORT TO X Yes DIRECT SUPPORT DIRECT SUPPORT DIRECT SUPPORT 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 AGENCIES AGENCIES GENCIES AGENCIES 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 o (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 169,677 44,938 61,832 8,497 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table USDA FOREST SERVICE 53-0197094 NAT'T PARK SERVICE ASSOCIATION US FISH/WILDLIFE (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table BLM ALASKA GEOGRAPHIC General Information on Grants and Assistance 72-0564834 53-0201504 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization US FISH & WILDLIFE SERVICE BUREAU OF LAND MANAGEMENT or government NATIONAL PARK SERVICE 222 W. 7TH AVE., #13 ANCHORAGE, AK 99503 ANCHORAGE, AK 99513 USDA FOREST SERVICE Name of the organization ANCHORAGE AK 99501 240 w 5TH AVENUE JUNEAU AK 99802 1101 TUDOR ROAD PO BOX 21528 Part II Part I

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

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance 92-0043154 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information EXPLANATION: EACH AGENCY IS GIVEN A BUDGET WORKSHEET SHOWING THE AMOUNT THESE EXPENSES ARE COMPARED TO THEIR SUBMITTED BUDGETS AND ARE EITHER J O OF FUNDS AVAILABLE. THE AGENCIES THEN SUBMIT A WORKSHEET BUDGET THAT WORKSHEETS/NARRATIVES ARE APPROVED BY ALASKA GEOGRAPHIC. IN ORDER REQUESTS FOR PAYMENT AND A REIMBURSEMENT RECEIPT MUST BE ATTACHED THESE SPEND THESE FUNDS DURING THE YEAR THE AGENCY MUST SUBMIT FUNDING (d) Amount of non-cash assistance A NARRATIVE OF HOW THEY WANT TO SPEND THEIR FUNDS. (c) Amount of cash grant ALASKA GEOGRAPHIC ASSOCIATION (b) Number of recipients .. ∵ (a) Type of grant or assistance LINE APPROVED OR DENIED. PART I Schedule I (Form 990) (2013) H SCHEDULE INCLUDES . Part III

Page 2

Schedule I (Form 990) (2013)

332102 10-29-13

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No 1545-0047

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

ALASKA GEOGRAPHIC ASSOCIATION	92-0043154
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
OF BOOKS, DVDS, AND OTHER INFORMATIONAL MATERIAL; THROUGH	FIELD
SEMINARS AND TEACHER TRAININGS; THROUGH THE WEBSITE; AND '	THROUGH
PARTNERSHIPS WITH PUBLIC LAND AGENCIES.	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FINANCE COMMITTEE SHALL REVIEW AND REQUE	ST APPROVAL BY THE
BOARD OF DIRECTORS OF THE IRS FORM 990 EACH YEAR BEFORE I	T IS FILED WITH
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER	OF A COMMITTEE
WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEME	NT WHICH AFFIRMS
SUCH PERSON HAS RECEIVED, READ, UNDERSTOOD AND AGREES TO	COMPLY WITH THE
ORGANIZATION'S CONFLICTS OF INTEREST PROVISIONS. IF THE	GOVERNING BOARD OR
COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FA	ILED TO DISCLOSE
ACTUAL OR POSSIBLE CONFLICTS OF INTEREST IT SHALL TAKE AP	PROPRIATE
DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE EXECUTIVE COMMITEE HAS OVERSIGHT OVER TH	
THE EXECUTIVE DIRECTOR WITH THE LEVEL DETERMINED BY A MUL'	
WHICH SETS BASE COMPENSATION WITH A COST OF LIVING ADJUST	
RANGE OF PERFORMANCE-BASED ANNUAL BONUSES. THE ORIGINAL CO	
IS WITHIN THE RANGE OF SIMILAR-SIZED ORGANIZATIONS NOTED	IN THE FORAKER

GROUP SURVEY OF ALASKA AND ANCHORAGE BASED NONPROFITS.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization ALASKA GEOGRAPHIC ASSOCIATION	Employer identification number 92-0043154
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AND UPON REQUE	ST.
	

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868.

itorilai	Treveride our vice	Information about 1 or in doc	,	mod double to be with the beganner.		l		
• If yo	ou are filing for an Aut	omatic 3-Month Extension, complet	te only Pa	irt I and check this box			▶ X	
• If yo	ou are filing for an Ado	litional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)			
Do no	t complete Part II uni	less you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868		
Electr	r <mark>onic filing (e-f/le)</mark> . Yo	u can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for	a corporation	
		or an additional (not automatic) 3-mol						
of time	e to file any of the forn	ns listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Fransfers A	Associated V	Vith Certain	
		which must be sent to the IRS in pap						
<u>vis</u> it w	ww irs gov/efile and c	lick on e-file for Chanties & Nonprofits	·	·				
Par	t l [®] Automati	c 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corp	poration required to file	e Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete			
Part I	only							
All oth	er corporations (includ	ding 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
to file	income tax returns				Enter file	r's identıfyi	ng number	
Туре	or Name of exemp	t organization or other filer, see instru	ctions.		Employer identification number (EIN) o			
print								
	ALASKA G	EOGRAPHIC ASSOCIAT	ION			92-0043154		
File by t		and room or suite no. If a P.O. box, s	ee instruc	tions	Social se	curity numb	er (SSN)	
filing yo return S		H C STREET					, ,	
Instructi		st office, state, and ZIP code For a fo	oreign add	lress, see instructions				
	ANCHORAG	E, AK 99501						
Enter	the Return code for th	e return that this application is for (file	e a separa	te application for each return)			0 1	
			_					
Appli	cation		Return	Application			Return	
ls For			Code	Is For			Code	
Form	990 or Form 990 EZ		01	Form 990 T (corporation)			07	
Form	990-BL		02	Form 1041-A			08	
Form 4720 (Individual)			03	Form 4720 (other than individual)			09	
Form	990-PF		04_	Form 5227			10	
Form	990-T (sec 401(a) or 4	08(a) trust)	05	Form 6069			11	
Form	990 T (trust other than	above)	06	Form 8870			12	
		CHRISTY SHIRA						
• The	e books are in the care	e of ▶ 241 NORTH C STI	REET	- ANCHORAGE, AK 99	501			
Tel	lephone No > 907	-274-8440		Fax No 🕨				
• If ti	he organization does r	not have an office or place of business	s in the Ur	nited States, check this box			▶ □	
• If t	his is for a Group Retu	ırn, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole g	group, check this	
box I	If it is for par	t of the group, check this box	and atta	ich a list with the names and EINs o	f all mem <u>b</u>	ers the exte	nsion is for	
1	I request an automatic	c 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl			
	AUGUST 15	, 2014 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension	on	
	is for the organization	's return for						
	► X calendar year	<u>2013</u> or						
	tax year begin	nning	, an	d ending				
2	If the tax year entered	l in line 1 is for less than 12 months, c	heck reas	on. Initial return	Fınal retur	n		
	Change in acco	unting period						
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits		•	•	3a	\$	0.	
		r Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
	• •	nts made Include any prior year overp		• • •	3b	\$	0.	
e Balance due Subtract line 3h from line 3a Include vous payment with this form if required								

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 323841 12-31-13

by using EFTPS (Electronic Federal Tax Payment System) See instructions

Form 8868 (Rev 1-2014)

instructions.