| | | | . CHAN | GE OF ACCOUNTING | PERIOD | | 1911 - ANDRES CONSERVAD |
|-------------------------------|-------------------------|-------------------|--|---|-------------------|--|-----------------------------|
| | 0 | 00 | | anization Exempt | | | OMB No. 1545-0047 |
| Forn | | 30 | | 4947(a)(1) of the Internal Revenu | | | 2019 |
| | | of the Treasury | | al security numbers on this forr | | | Open to Public |
| Intern | al Rove | enue Service | | gov/Form990 for instructions a | | | Inspection |
| | | | ar year, or tax year beginning | JAN 1, 2019 an | d ending A | | |
| B C | heck if pplicab | le: | forganization | | | D Employer identifica | ation number |
| | Addre | ALAS | KA_WILDERNESS LE | AGUE | | | |
| | Name | 9 | usiness as | | | 52-181474 | 2 |
| | Initial | | and street (or P.O. box if mail is no | ot delivered to street address) | Room/suite | E Telephone number | |
| | Final returr | 122 | C STREET, NW | | 240 | 202-544-5 | 205 |
| | termii ated | City or t | own, state or province, country, | and ZIP or foreign postal code | | G Gross receipts \$ | 2,531,701. |
| | return | WASH | INGTON, DC 2000 | the second | | H(a) Is this a group ret | |
| L | Applie tion pendi | F Name a | nd address of principal officer: A | DAM KOLTON | | for subordinates? | Yes X No |
| | | SAME | AS C ABOVE | | | H(b) Are all subordinates incl | |
| | | empt status: | X 501(c)(3) 501(c) (ALASKAWILD.ORG |) 		 (insert no.) 		 4947(a)(1 |) or 527 | | st. (see instructions) |
| | | | X Corporation Trust | Association Other | L Veer | H(c) Group exemption of formation: 1993 M | |
| | rtl | Summary | A outputation | Association | L rear | priormation: 1993 M | State of legal domicile; DC |
| | 1 | | e the organization's mission or n | nost significant activities: ALAS | SKA WIL | DERNESS LEAG | UE |
| ခ | | | | ECURE VITAL POLIC | | | |
| Activities & Governance | 2 | | | scontinued its operations or disp | | | |
| S | з | Number of vot | ting members of the governing b | ody (Part VI, line 1a) | | 3 | 15 |
| Ō | 4 | | | governing body (Part VI, line 1b) | | | 15 |
| es | 5 | Total number of | of individuals employed in calend | lar year 2019 (Part V, line 2a) | | 5 | 0 |
| İ | 6 | Total number | of volunteers (estimate if necess | ary) | | | 1500 |
| Act | 7 a | Total unrelated | business revenue from Part VIII | , column (C), line 12 | | | 0. |
| - | b | Net unrelated | business taxable income from Fo | orm 990-T, line 39 | 1000000010110 | | 0. |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | - | Prior Year 3,434,199. | Current Year 2,379,236. |
| Revenue | | | | | | 0. | 0. |
| evel | | - | G, (4) | 3, 4, and 7d) | | 11,995. | 14,656. |
| ۳ | | | | , 8c, 9c, 10c, and 11e) | | 105,858. | 64,880. |
| _ | | | | ual Part VIII, column (A), line 12) | · · · · · · · · · | 3,552,052. | 2,458,772. |
| | | | nilar amounts paid (Part IX, colur | | | 0. | 0. |
| | | | to or for members (Part IX, colum | | | 0. | 0. |
| es | 15 | Salaries, other | compensation, employee benefi | ts (Part IX, column (A), lines 5-10) | | 1,255,940. | 902,685. |
| Expenses | 16a | Professional fu | Indraising fees (Part IX, column (| A), line 11e) | A E | 0. | 0. |
| 찕 | D 17 | | ng expenses (Part IX, column (D) | , line 25) ▶ <u>320, 1</u> 11d, 11f-24e) | | 1,338,029. | 1,164,279. |
| | | | | art IX, column (A), line 25) | | 2,593,969. | 2,066,964. |
| | | | expenses. Subtract line 18 from I | | | 958,083. | 391,808. |
| D Sa | | | | | Bec | inning of Current Year | End of Year |
| vet Assets or und Balances | 20 | Total assets (P | 'art X, line 16) | | | 3,137,066. | 3,597,688. |
| d B | 21 | Total liabilities | (Dart V line 26) | | | 310,513. | 379,327. |
| -11 | - | | und balances. Subtract line 21 fr | om line 20 | | 2,826,553. | 3,218,361. |
| 1 march 1 | rt II | Signature | | | | | |
| | | | | urn, including accompanying schedul | | | nowledge and belief, it is |
| rue, o | correc | t, and complete. | Declaration of preparer jother than o | fficer) is based on all information of w | vnich preparer i | has any knowledge. | 20 |
| Sign | | Signature | of officer | | | Date | 20 |
| Here | | S | | /E DIRECTOR | | × | |
| | | | rint name and title | | | | |
| | | Print/Type prep | arer's name | Preparer's signature | | ate Check | PTIN |
| Paid | | TRACY M | Provide the second seco | Juacy m. m | orey 7 | /8/2020 self-employed | P01521539 |
| Prepa | | | ▶ SQUIRE, LEMKIN | | 0 | Firm's EIN 🕨 5 | 2-2041603 |
| Jse C | Inly | Firm's address | | | | | 104 6065 |
| | | | ROCKVILLE, MD 2 | 40850 | | Phone no. 301 | -424-6800 |

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

 932001 01-20-20
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 []

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

| Form | 1 990 (2019) ALASKA WILDERNESS LEAGUE | 52-1814742 P | age 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 | | X |
| 1 | Briefly describe the organization's mission: | <u></u> | |
| - | ALASKA WILDERNESS LEAGUE GALVANIZES SUPPORT TO SECURE VI | TAL POLICIES | |
| | THAT PROTECT AND DEFEND AMERICA'S LAST GREAT WILD PUBLIC | | |
| | WATERS. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| 2 | | X 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 X | NO |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | rs, the total expenses, and | |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$933,545. including grants of \$) (Reven | |) |
| | THE ARCTIC NATIONAL WILDLIFE REFUGE IS OUR NATION'S GREA | TEST WILDERNES | S |
| | | EFUGE IS HOME | |
| | TO THE PORCUPINE CARIBOU HERD, DENNING POLAR BEARS, MUSK | OXEN, WOLVES, | |
| | AND NEARLY 200 SPECIES OF MIGRATORY BIRDS. ITS BIOLOGICA | L HEART, THE | |
| | COASTAL PLAIN, IS NO PLACE FOR OIL AND GAS DRILLING. THE | LEAGUE WORKS | |
| | TO STOP EFFORTS TO SELL OFF THE REFUGE'S COASTAL PLAIN F | OR DEVELOPMENT | |
| | AND TO SUPPORT LEGISLATION TO RESTORE REFUGE PROTECTIONS | . WE DEFEND | |
| | THIS ICONIC PLACE BY EDUCATING DECISION-MAKERS THROUGH O | | |
| | PUBLIC AND THE MEDIA ABOUT WHAT IS AT STAKE. | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ 390, 244. including grants of \$) (Reven | ¢ |) |
| -10 | ARCTIC REFUGE DEFENSE CAMPAIGN - ALASKA WILDERNESS LEAGU | | / |
| | WITH PARTNERS FROM THE BROADER CONSERVATION COMMUNITY, H | • | |
| | NEW ARCTIC REFUGE CAMPAIGN STRUCTURE, ENTITLED THE ARCTI | | |
| | DEFENSE CAMPAIGN (ARDC). ARDC'S OVER-ARCHING GOAL IS TO | | |
| | EXPLORATION AND LEASING IN THE ARCTIC REFUGE AND RESTORE | | |
| | | | |
| | | | |
| | STRUCTURE WILL EMPLOY A CAMPAIGN DIRECTOR TO IDENTIFY AN | | |
| | STRATEGIES NECESSARY TO RESTORE PROTECTIONS FOR THE ICON | | <u> </u> |
| | THE ARDC WILL ENSURE THAT INSTITUTIONAL RESOURCES CURREN | | <u>T</u> |
| | ON ARCTIC REFUGE STAFFING AND CAMPAIGN ACTIVITIES ARE FU | | |
| | AND MAXIMIZED TO THE GREATEST EFFECT TO BUILD CRITICAL C | | |
| | INFRASTRUCTURE AND DEPLOY VITAL FIELD, PARTNERSHIP, AND | | |
| 4c | (· · · · · · · · · · · · · · · · · · · | |) |
| | TONGASS NATIONAL FOREST, AT OVER 17 MILLION ACRES, THE T | | |
| | NATION'S LARGEST RAINFOREST AND ONE OF THE LARGEST REMAI | | |
| | RAINFORESTS IN THE WORLD. IT IS A PLACE BURSTING WITH AB | | |
| | - SOME OF THE LARGEST REMAINING POPULATIONS OF BLACK BEA | · · | |
| | SALMON THRIVE WITHIN THE FOREST - AND WHERE SOUTHEAST AL | ASKANS RELY ON | |
| | HEALTHY LANDS AND WATERWAYS FOR THEIR WAY OF LIFE. THE T | ONGASS IS AN | |
| | ECONOMIC POWERHOUSE WHERE COMMERCIAL FISHING AS WELL AS | TOURISM AND | |
| | RECREATION JOBS ARE THE FASTEST GROWING JOB SECTORS IN T | HE AREA. THE | |
| | LEAGUE'S PROGRAM REACHES OUT TO ALASKANS AND PUBLIC LAND | | |
| | THE UNITED STATES WHO SUPPORT A SUSTAINABLE FUTURE FOR T | | |
| | ADDITION, THE LEAGUE IS WORKING TO ADVANCE LEGISLATIVE P | | |
| | THE FOREST WHILE DEFENDING IT FROM ADMINISTRATIVE AND LE | | |
| 44 | Other program services (Describe on Schedule O.) | <u></u> | |
| τu | (Expenses \$ 100,820 • including grants of \$) (Revenue \$ | ١ | |
| 40 | Total program service expenses 1,562,606. | | |
| 40 | | Farm 990 | (0010) |

| <u>Form 990 (2</u> | e (e) | WILDERNESS | LEAGUE |
|--------------------|--------------------------|------------|--------|
| Part IV | Checklist of Required Sc | hedules | |

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? 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, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 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? 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 | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule J. Parts I and II | 21 | | X |

Form 990 (2019)

| Form | 000 | (2019) |
|------|-----|--------|
| Form | 990 | (2019) |

| | | | Yes | No |
|------------|---|------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 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 25a | 24a | | X X |
| | 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 | | ┝── |
| | 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), 501(c)(4), and 501(c)(29) 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 | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | v |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | v |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| с | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | v |
| ~~ | "Yes," complete Schedule L, Part IV | 28c | Х | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | Δ | ├── |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | v |
| 0 4 | contributions? If "Yes," complete Schedule M | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | x |
| ~~ | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | x |
| ~ | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 24 | х | 1 |
| 25 0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | X | <u> </u> |
| | | 35a | 23 | <u> </u> |
| u | 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 | х | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330 | | <u> </u> |
| 30 | | 36 | | x |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - 30 | | <u> </u> |
| 37 | 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 11b and 19? | | | <u> </u> |
| 00 | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | 1 |
| Pa | | 00 | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 12 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

| | 990 (2019) ALASKA WILDERNESS LEAGUE 52-1814 | 742 | Pa | age 5 |
|-----|---|-----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 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 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | <u>x</u> |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <u>X</u> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | 37 |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | <u>X</u> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | v |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | v |
| | to file Form 8282? | 7c | | x |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 7. | | X |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f 7a | | <u></u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7b | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | 0 | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 55 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| - | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

| Form 990 (2 | 2019) |
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| Form 990 (2019) |
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ALASKA WILDERNESS LEAGUE

52-1814742 Page 6

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
|--------|--|---------|---|---------|-------|--------|
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 15 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | anv other | 1 | | |
| _ | officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| U | | | | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | X |
| 4 | | | | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | - | | _ | | |
| | more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | , | | | |
| | persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | - | | | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | |
| | | • | , , | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | , | e ning the lenn. | 114 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12a | X | |
| b | | | | | л | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "} | , - | | 10. | х | |
| 40 | in Schedule O how this was done | | | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by in | dependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | nent w | ith a | | | |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatio | ı's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AL , CA, CO, CT, F | L,G | A, IL, KS, KY | , ME | MD . | MA |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | | | | | |
| .5 | for public inspection. Indicate how you made these available. Check all that apply. | | . (000000000000000000000000000000000000 | 2 (iny) | arund | |
| | | | | | | |
| 40 | | | , | finer | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | TUICT | or interest policy, and | amano | Jai | |
| ~~ | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boot MI a DEBL MARTER 202 E 4.4 E 205 | oks an | a records | | | |
| | $\frac{\text{MLADEN MATES} - 202-544-5205}{122 \text{ COUPLET NEW NO. 240 MACHINETON DO. 20001}$ | | | | | |
| | 122 C STREET NW, NO. 240, WASHINGTON, DC 20001 | | | | 000 | |
| 932006 | S 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES | | | Form | 990 | (2019) |

ALASKA WILDERNESS LEAGUE

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.

See instructions for the order in which to list the persons above.

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

| Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation Reportable compensation Estimated compensation 0 </th <th>Check this box if neither the organization</th> <th></th> <th>orga I</th> <th>niza</th> <th></th> <th></th> <th>npen</th> <th>isate</th> <th></th> <th></th> <th></th> | Check this box if neither the organization | | orga I | niza | | | npen | isate | | | |
|--|--|---------|-----------|---------|--------|-------|-----------------|-------|-----|-----|---------------|
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| week (it. any hours for related organizations below ine) end and bit and bit bit bit and bit bit and bit bit bit and bit bit bit bit bit bit bit bit bit bit | Name and title | - | | not c | heck r | more | than o | | | | |
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| (15) TOM CAMPION 2.00 CHAIR EMERITUS 1.00 (16) ADAM KOLTON 40.00 EXECUTIVE DIRECTOR 1.00 | (14) CHRIS HILL | 2.00 | | | | | | | | | |
| CHAIR EMERITUS 1.00 X Image: Chair emeritus (16) ADAM KOLTON 40.00 X EXECUTIVE DIRECTOR 1.00 X | DIRECTOR | | Х | | | | | | | | |
| (16) ADAM KOLTON EXECUTIVE DIRECTOR 40.00 1.00 X | (15) TOM CAMPION | | | | | | | | | | |
| EXECUTIVE DIRECTOR 1.00 X | CHAIR EMERITUS | | Х | | | | | | | | |
| | | | 1 | | | | | | | | |
| | EXECUTIVE DIRECTOR | 1.00 | | | Х | | | | | | |
| | | | 4 | | | | | | | | |
| | | | | | | | | | | | |

Form 990 (2019)

| | 1 990 (2019) ALASKA WI | LDERNES | s | LE | AG | UE | | | | 52-18 | 14742 | Page 8 |
|-----|--|--|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---|--|-----------------------------|---|
| Pa | t VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | t C | | s (continued) | | |
| | (A) (B) Name and title Average hours per week | | | | | son i | than c s both r/trust | an | (D) Reportable compensation from | (E) Reportable compensation from related | am | (F) timated tount of other |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | Com C) fr orga and | pensation om the anization d related anizations |
| | | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| с | Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) | , Section A | | | | | | | | | | |
| 2 | Total number of individuals (including but no compensation from the organization | | | | | |) wh | o re | eceived more than \$100, | 000 of reportable | | |
| 3 | Did the organization list any former officer, | • | | | • | | | • | • | | | Yes No |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su | m of reportabl | e co | mpe | ensat | tion | and | oth | ner compensation from t | he organization | 3 | |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | ccrue compen | sati | on fr | oma | any | unre | | | | 4 | |
| Sec | rendered to the organization? If "Yes." com tion B. Independent Contractors | plete Schedule | <u>, J T</u> | or sl | icn r | bers | on . | | | |] ၁ | 21 |
| 1 | Complete this table for your five highest con the organization. Report compensation for t | | | | | | | | | | nsation fro | om |
| | (A) (B) Name and business address NONE Description of services | | | | | | | | (C Comper | | | |
| | | | | | | | | | | | | |
| | | | | | | | | _ | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100,000, of compensation from the organized | 0 | ot lin | nitec | d to t | thos | | ted | above) who received me | ore than | | |

| | | Check if Schedule O | | ue | nco | or note to any line | in this Dart VIII | | | Г |
|---------------------------|------------|--|-----------|--------------------|-----------------|---------------------|----------------------|---|---|---------------|
| | | Check in Schedule Of | | | 1150 | or note to any line | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue exclu |
| s | 1 a | Federated campaigns | | 1a | | | | | | |
| und | b | Membership dues | | 1b | | 375,241. | | | | |
| ŭ | с | Fundraising events | | 1c | | | | | | |
| ar / | d | Related organizations | | 1d | | | | | | |
| Ē | е | Government grants (contr | ibuti | ons) 1e | | | | | | |
| and Other Similar Amounts | f | All other contributions, gifts, | grant | | | | | | | |
| the | | similar amounts not included | abov | | | 003,995. | | | | |
| o p | g | Noncash contributions included in | lines 1 | la-1f 1g \$ | 6 | 97,726. | | | | |
| an | h | Total. Add lines 1a-1f | | | | 🕨 | 2,379,236. | | | |
| | | | | | | Business Code | | | | |
| | 2 a | | | | | | | | | L |
| e | b | | | | | | | | | |
| enu | С | | | | | | | | | |
| Revenue | d | | | | | ļ ļ | | | | |
| | е | | | | | | | | | |
| | | All other program service | rever | nue | | | | | | |
| _ | | Total. Add lines 2a-2f | | | | ····· • | | | | |
| | 3 | Investment income (inclue | | | | | 14 437 | | | 1 4 4 3 |
| | | other similar amounts) | | | | | 14,437. | | | 14,43 |
| | 4 | Income from investment o | | | | ŕ F | | | | |
| | 5 | Royalties | ······ | | | | | | | |
| | | | | (i) Real | | (ii) Personal | | | | |
| | | Gross rents | <u>6a</u> | 1 | <u>4.</u> 0. | | | | | |
| | | Less: rental expenses | 6b | | | | | | | |
| | | Rental income or (loss) | 6c | 59,83 | 4. | | 59,834. | | | 59,83 |
| | | Net rental income or (loss |) | (i) Securit | | (ii) Other | 59,054. | | | 59,05 |
| | <i>i</i> a | Gross amount from sales of | | BA A | | | | | | |
| | Ŀ | assets other than inventory Less: cost or other basis | 7a | /// | 0. | | | | | |
| , | D | and sales expenses | 76 | 72,92 | 9 | | | | | |
| | • | Gain or (loss) | 70 | 21 | 9. | | | | | |
| | с 4 | Net gain or (loss) | 10 | | | | 219. | | | 21 |
| | | Gross income from fundraisi | | | | | 219. | | | |
| | υu | including \$ | | | | | | | | |
| ĺ | | contributions reported on | | | | | | | | |
| | | Part IV, line 18 | | - | 8a | | | | | |
| | b | Less: direct expenses | | | 8b | | | | | |
| | | Net income or (loss) from | | | nts | ▶ | | | | |
| | | Gross income from gamin | | | | | | | | |
| | | Part IV, line 19 | | | 9a | | | | | |
| | b | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | | > | | | | |
| | | Gross sales of inventory, | | | | | | | | |
| | | and allowances | | | 10a | | | | | |
| | b | Less: cost of goods sold | | | 10b | | | | | |
| | | Net income or (loss) from | | | γ | | | | | |
| | | | | | | Business Code | | | | |
| đ | 11 a | MISCELLANEOUS | | | | 900099 | 5,046. | 5,046. | | |
| Revenue | b | | | | | | | | | |
| eve | с | | | | | | | | | |
| щ | d | All other revenue | | | | | | | | |
| | | | | | | | 5,046. | | | |

24

а

b

С

d

25

26

Other expenses. Itemize expenses not covered

CAPACITY BUILDING

LICENSES AND FEES

DIRECT MAIL

e All other expenses

above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

DUES AND SUBSCRIPTIONS

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here X if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

| Pa | 990 (2019) ALASKA WILDE t IX Statement of Functional Expense | | | 52-18 | 14742 Page |
|--------|--|------------------------------|---|--|---------------------------------------|
| Secti | on 501(c)(3) and 501(c)(4) organizations must compl | ete all columns. All other | r organizations must con | nplete column (A). | |
| | Check if Schedule O contains a respons | | | | [|
| | not include amounts reported on lines 6b, 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 domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 150 400 | 00.004 | 21 504 | 10 55 |
| | trustees, and key employees | 150,400. | 99,264. | 31,584. | 19,55 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 630,022. | 455 276 | 43,000. | 121 7/ |
| 7 | Other salaries and wages | 030,022. | 455,276. | 43,000. | 131,74 |
| 8 | Pension plan accruals and contributions (include | 16 664 | 12 044 | 1 004 | 2 5 2 |
| ~ | section 401(k) and 403(b) employer contributions) | 16,664. 44,205. | <u>12,044</u> . 31,672. | 2 5 9 5 | 2,52 |
| 9 | Other employee benefits | 61,394. | 44,533. | 1,094. 3,595. 4,712. | 3,52 8,93 12,14 |
| 10 | Payroll taxes | 01,394. | 44,555. | 4,/14• | 12,14 |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | 5,059. | 2,271. | 2 788 | |
| b | Legal | 26,528. | 2,271• | 2,788. 26,528. | |
| | Lobbying | 5,577. | 5,449. | 20,520. | 12 |
| | Professional fundraising services. See Part IV, line 17 | 5,577. | 5,115. | | 10 |
| f | Investment management fees | | | | |
| י g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| Э | column (A) amount, list line 11g expenses on Sch O.) | 306,485. | 279,383. | 14,585. | 12,51 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 63,014. | 41,653. | 3,937. | 17,42 |
| 14 | Information technology | 136,355. | 97,229. | 13,734. | 25,39 |
| 15 | Royalties | | | | • |
| 16 | Occupancy | 261,036. | 187,510. | 24,034. | 49,49 |
| 17 | Travel | 68,941. | 60,022. | 1,310. | 7,60 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 105,906. | 97,545. | 8,361. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 27,058. | 19,243. | 2,548. | 5,26 |
| 23 | Insurance | 7,090. | 5,247. | 609. | 1,23 |

106,736.

22,052.

13,183.

5,867.

3,392.

22,052.

2,066,964.

106,736.

6,630.

0.

250.

10,649.

6,630.

1,562,606.

0.

0.

348.

1,446.

184,213.

X

19,552.

131,746.

3,526. 8,938. 12,149.

128.

12,517.

17,424.

25,392.

49,492.

7,609.

5,267.

1,234.

15,422.

2,186.

5,867.

1,696.

320,145.

| ALASKA WILDERNESS LEAGUE | 3 |
|--------------------------|---|
|--------------------------|---|

| Fa | τΧ | Balance Sneet | | | | | |
|-----------------------------|-----|--|-------------|--------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note | e to any li | ine in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 655,782. | 1 | 1,228,959. |
| | 2 | Savings and temporary cash investments | 1,376,992. | 2 | 1,636,245. | | |
| | 3 | Pledges and grants receivable, net | 430,000. | 3 | 75,000. | | |
| | 4 | Accounts receivable, net | 1,255. | 4 | 2,044. | | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | - | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | | | | 5 | |
| | 6 | Loans and other receivables from other disgualif | • | | | | |
| | | under section 4958(f)(1)), and persons described | • | · F | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | D :: | | | 315,935. | 9 | 259,599. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 412,075. | | | |
| | b | Less: accumulated depreciation | | 203,048. | 236,085. | 10c | 209,027. |
| | 11 | Investments - publicly traded securities | | | 0. | 11 | 24,797. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 121,017. | 15 | 162,017. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 3,137,066. | 16 | 3,597,688. |
| | 17 | Accounts payable and accrued expenses | 39,260. | 17 | 140,810. | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | 4,614. | 19 | 0. | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complete F | | 21 | | | |
| Ś | 22 | Loans and other payables to any current or form | er officer | , director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | antial cor | ntributor, or 35% | | | |
| abi | | controlled entity or family member of any of thes | e person | s | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ted third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | third par | rties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | ables to | related third | | | |
| | | parties, and other liabilities not included on lines | 17-24). C | Complete Part X | | | |
| | | of Schedule D | | L | 266,639. | 25 | 238,517. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 310,513. | 26 | 379,327. |
| | | Organizations that follow FASB ASC 958, che | ck here | | | | |
| Ces | | and complete lines 27, 28, 32, and 33. | | _ | 1 000 105 | | 0.118.500 |
| alan | 27 | | | | 1,988,195. | 27 | 2,117,563. |
| ΪB | 28 | Net assets with donor restrictions | | | 838,358. | 28 | 1,100,798. |
| un | | Organizations that do not follow FASB ASC 95 | 58, check | k here 🕨 🛄 | | | |
| ц Ц | | and complete lines 29 through 33. | | - | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| it A | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Ne | 32 | Total net assets or fund balances | | | 2,826,553. | 32 | 3,218,361. |
| | 33 | Total liabilities and net assets/fund balances | | | 3,137,066. | 33 | 3,597,688. |

Form **990** (2019)

Part X Balance Sheet

| Form 990 (2019) |
|-----------------|
|-----------------|

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| Form | 1990 (2019) ALASKA WILDERNESS LEAGUE | 52-18 | 14742 | Pag | _{ge} 12 | | | |
|------|---|-----------|------------|-----|-------------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,458 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,066 | | <u>64.</u> 08. | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) | | | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | ····· | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3 a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | 1 | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 b | 000 | | | | |
| | | | | | | | | |

Form **990** (2019)

Department of the Treasury Internal Revenue Service

I

| (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.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Nam | ame of the organization Employer identification number | | | | | | | | | | | |
|-------------|--|--|---|---|-------------------------------------|------------------|-----------------|--------------|----------------------------|--|--|--|
| | | | KA WILDERN | | | | | 5 | 2-1814742 | | | |
| Pa | rt I | Reason for Public C | Charity Status (/ | All organizations must co | omplete th | is part.) Se | e instructions | ö. | | | | |
| The | orgar | nization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | | | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | | | | | |
| 2 | | A school described in section | ed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | |
| | | city, and state: | | | | | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | ′0(b)(1)(A) | (v). | | | | | |
| 7 | X | An organization that norma | lly receives a substa | ntial part of its support fi | rom a gove | ernmental | unit or from th | ie general p | oublic described in | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Par | t II.) | | | | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | e or | | | |
| | | university: | | | | | | | | | | |
| 10 | | An organization that norma | lly receives: (1) more | than 33 1/3% of its sup | port from c | ontributio | ns, membersł | nip fees, an | d gross receipts from | | | |
| | | activities related to its exem | npt functions - subjec | t to certain exceptions, | and (2) no | more thar | n 33 1/3% of it | s support f | from gross investment | | | |
| | | income and unrelated busir | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | after June 30, 1975. | | | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | | | |
| 11 | Щ | An organization organized a | and operated exclusi | vely to test for public sa | fety. See | section 50 |)9(a)(4). | | | | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | ne functior | ns of, or to ca | rry out the | purposes of one or | | | |
| | | more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in | | | | | | | | | | |
| | _ | lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | | | | | | | | | | |
| а | | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving | | | | | | | | | | |
| | | the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting | | | | | | | | | | |
| | _ | organization. You must c | | | | | | | | | | |
| b | | Type II. A supporting org | - | | | | - | | - | | | |
| | | control or management o | | | ame perso | ns that co | ntrol or manag | ge the supp | ported | | | |
| | _ | organization(s). You mus | - | | | | | | | | | |
| С | | Type III functionally inte | | | | | | ly integrate | ed with, | | | |
| | _ | its supported organization | .,., | • | | | - | | | | | |
| d | | Type III non-functionally | | | | | | - | | | | |
| | | that is not functionally int | | • • | • | | - | an attentiv | /eness | | | |
| _ | | requirement (see instructi | | - | | | | | | | | |
| е | | Check this box if the orga functionally integrated, or | | | | | турет, туре | n, rype m | | | | |
| f | Ent | er the number of supported of | | , | 0 0 | ation. | | | | | | |
| י ה | | vide the following information | • | d organization(s) | | | | | | | | |
| 9 | | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount of | monetary | (vi) Amount of other | | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | structions) | support (see instructions) | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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Schedule A (Form 990 or 990 EZ) 2019 ALASKA WILDERNESS LEAGUE

Part II

52-1814742 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---|----------------------|----------------------|----------------------|----------------------|---------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 3487671. | 3133802. | 1546517. | 3434199. | 2379236. | 13981425. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3487671. | 3133802. | 1546517. | 3434199. | 2379236. | 13981425. |
| | 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) | | | | | | 5218273. |
| ~ | | | | | | | 8763152. |
| | Public support. Subtract line 5 from line 4. | | | | | | 0/03132. |
| | | () 00/7 | (1) 00/0 | () 00/7 | ()) 00 (0 | () 00/0 | (0 |
| | ndar year (or fiscal year beginning in) 🕨 | (a)2015 3487671. | (b) 2016 3133802. | (c) 2017 1546517. | (d) 2018 3434199. | (e) 2019 | (f) Total 13981425. |
| | Amounts from line 4 | 348/0/1. | 3133802. | 154051/. | 3434199. | 23/9230. | 13981425. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | - / / | |
| | and income from similar sources \dots | 211,088. | 209,280. | 167,206. | 107,378. | 74,271. | 769,223. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | 18,884. | 19,597. | 10,351. | 5,046. | 53,878. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 14804526. |
| | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 25,889. |
| | First five years. If the Form 990 is for | | , | | | 501(c)(3) | |
| | organization, check this box and stop | - | | | | | |
| Sec | tion C. Computation of Publi | c Support Per | | | | | |
| 14 | Public support percentage for 2019 (li | ne 6. column (f) div | vided by line 11. c | olumn (f)) | | 14 | 59.19 % |
| | Public support percentage from 2018 | | • | (// | | 15 | 54.15 % |
| | 33 1/3% support test - 2019. If the c | | | | | | |
| | stop here. The organization qualifies | | | | | | ► V |
| h | 33 1/3% support test - 2018. If the c | | - | | line 15 is 33 1/3% | | |
| N | | | | | | | |
| 170 | and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | |
| 17 d | | | | | | | |
| | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | |
| | | | | | | | |
| b | 10% -facts-and-circumstances test | • | | | | - | |
| | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | . — |
| 18 | Private foundation. If the organizatio | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | s ▶∟_ |

Schedule A (Form 990 or 990-EZ) 2019 ALASKA WILDERNESS LEAGUE

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------------|-----------------------|-----------------------|---------------------|-----------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disgualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | _ |
| | Public support. (Subtract line 7c from line 6.) ction B. Total Support | | | | | | |
| | | () 00/7 | (1) 00 (0) | () 00/7 | (1) 00 (0) | () | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | | | | | | | |
| | 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 | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) org | anization, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2019 (li | ine 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2018 | Schedule A, Part | III, line 15 | | | 16 | % |
| Sec | ction D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 19 (line 10c, colur | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2 | | | · (" | | 18 | % |
| 19a | 33 1/3% support tests - 2019. If the | | | | | 33 1/3%, and li | ne 17 is not |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2018. If the | | | | | | 3%, and |
| - | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | | | | | | |
| _ | | | | | | | |

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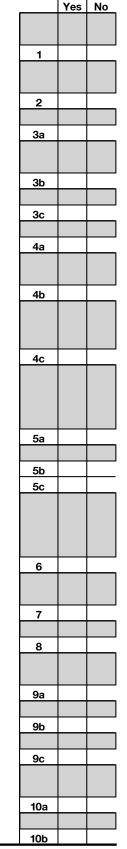
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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



Schedule A (Form 990 or 990 EZ) 2019 ALASKA WILDERNESS LEAGUE Part IV Supporting Organizations (continued)

| | Continued) | | | |
|-----|---|----------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | | |
| Sec | the supported organization(s). tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 4 | Did the exercitation provide to each of its supported exercitations, by the last day of the fifth month of the | | 163 | NU |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| - | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr | uctions) | _ | |
| 2 | Activities Test. Answer (a) and (b) below. | , | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | Lu | | |
| D | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 0Ŀ | | |
| ~ | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | - | | |
| _ | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|--|----|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

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

Schedule A (Form 990 or 990-EZ) 2019 ALASKA WILDERNESS LEAGUE

| | rt V Type III Non-Functionally Integrated 509(| allo, capporting erga | | Current Veer |
|------|--|-------------------------------|--|---|
| | ion D - Distributions | | | Current Year |
| | Amounts paid to supported organizations to accomplish exer | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| • | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 5 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | le organization is responsive | | |
| _ | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | <i>w</i> | (m) | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| с | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| с | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SHORT YEAR EXPLANATION:

2019 IS A SHORT YEAR WITH A PERIOD OF JANUARY 1, 2019 TO AUGUST 31,

2019.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

| 52-1814742 | |
|------------|--|
|------------|--|

| ALASKA WILDERNESS LEAGUE | | | | | |
|--------------------------|--|--|--|--|--|
| Organization type (chec | sk one): | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | \fbox{X} 501(c)(3) (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | 527 political organization | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | |

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed to the parts unless the form and the year for an *exclusively* set is contributed to the parts unless the form and the parts are provided to the parts are prov

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

52-1814742

ALASKA WILDERNESS LEAGUE

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|--------------|---|---------------------------------------|--|--|--|--|
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| <u> 1</u> | | \$ <u>1,000,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 2 | | \$399,204. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 3 | | \$ <u>170,795.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) | (b) | (c) | (d) | | | |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions \$85,000. | Type of contribution Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 5 | | \$64,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| <u>6</u> | | \$58,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

52-1814742

ALASKA WILDERNESS LEAGUE

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|------------|--|----------------------------|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 7 | | \$ <u>50,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 8_ | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |

Name of organization

ALASKA WILDERNESS LEAGUE

Employer identification number

52-1814742

| | · · · · | 1011/12 |
|---|--|--|
| Noncash Property (see instructions). Use duplicate copies of Par | rt II if additional space is needed. | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| | (b) Description of noncash property given (b) Description of noncash property given | (b) FMV (or estimate) (See instructions.) (c) s (c) FMV (or estimate) (See instructions.) (b) S (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) |

| Name of o | organization | Employer identification number | | | | | |
|---------------------------|---|--|---|--|--|--|--|
| ALASKA | A WILDERNESS LEAGUE | | 52-1814742 | | | | |
| Part III | |) through (e) and the following line e charitable, etc., contributions of \$1,000 o | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | (e) Transfer of gi | jíft | | | | |
| - | Transferee's name, address, an | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| - | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| - | Transferee's name, address, a | (e) Transfer of gi nd ZIP + 4 | f gift Relationship of transferor to transferee | | | | |
| | | | | | | | |

| | For Org | anizations Exempt From Income | Tax Under section 5 | 01(c) and section 527 | 2019 |
|--|-------------------|--|--------------------------------|-----------------------------|--|
| Description of the Transmission | Complete | if the organization is described | below. 🕨 Attach to | Form 990 or Form 990-E2 | Z. Open to Public |
| Department of the Treasury Internal Revenue Service | | Go to www.irs.gov/Form990 for i | nstructions and the la | test information. | Inspection |
| If the organization answ | vered "Yes," or | n Form 990, Part IV, line 3, or For | m 990-EZ, Part V, line | e 46 (Political Campaign A | ctivities), then |
| Section 501(c)(3) org | anizations: Con | plete Parts I-A and B. Do not com | plete Part I-C. | | |
| Section 501(c) (other | than section 50 | 01(c)(3)) organizations: Complete P | arts I-A and C below. [| Do not complete Part I-B. | |
| Section 527 organization | ations: Complete | e Part I-A only. | | | |
| If the organization answ | vered "Yes," or | n Form 990, Part IV, line 4, or For | m 990-EZ, Part VI, lin | e 47 (Lobbying Activities) | , then |
| | | have filed Form 5768 (election und | | | |
| Section 501(c)(3) orc | anizations that | have NOT filed Form 5768 (electior | n under section 501(h)) | : Complete Part II-B. Do no | ot complete Part II-A. |
| · / · / · | | Form 990, Part IV, line 5 (Proxy | ()) | • | • |
| Tax) (see separate inst | | | | , | |
| Section 501(c)(4), (5) | , or (6) organiza | tions: Complete Part III. | | | |
| Name of organization | | | | Emple | oyer identification number |
| | ALASKA | WILDERNESS LEAGUE | | | 52-1814742 |
| Part I-A Comple | ete if the org | janization is exempt under | section 501(c) o | r is a section 527 org | janization. |
| | | | | | |
| 1 Provide a description | on of the organiz | ation's direct and indirect political | campaign activities in | Part IV. | |
| • | • | ures | | | |
| | | ign activities | | | |
| | pontiour oumpu | | | | |
| Part I-B Comple | ete if the org | panization is exempt under | section 501(c)(3 | | |
| | | incurred by the organization under | | | |
| | | incurred by organization managers | | | |
| | | n 4955 tax, did it file Form 4720 fo | | | |
| | | | | | |
| b If "Yes," describe in | | | | | |
| | | anization is exempt under | [·] section 501(c), e | except section 501(c) |)(3). |
| 1 Enter the amount d | irectly expended | d by the filing organization for secti | on 527 exempt functio | on activities | |
| | | nization's funds contributed to othe | | | |
| | | | - | | |
| | | s. Add lines 1 and 2. Enter here and | | ····· • • | |
| • | • | | , | ▶ \$ | |
| | | 1120-POL for this year? | | | |
| | | nployer identification number (EIN) | | | |
| | | tion listed, enter the amount paid f | - | - | |
| | 0 | omptly and directly delivered to a s | 0 0 | | |
| | • | additional space is needed, provid | | | 5 5 |
| (a) Name | | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| (u) Nume | | | | filing organization's | contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate |
| | | | | | political organization. If none, enter -0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | 1 | 1 | 1 |

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)



| Schedule C (Form 990 or 990-EZ) 2019 | | | | | | 814742 Page 2 |
|--|--------------|-----------------|---|---------------------------------------|---|------------------------------------|
| Part II-A Complete if the org section 501(h)). | anizatio | on is exem | npt under section | 501(c)(3) and file | d Form 5768 (ele | ction under |
| | tion belon | as to an affil | iated group (and list in | Part IV each affiliated | aroup member's name | address. EIN. |
| expenses, and shar | | • | • • • | | 5 I [_] | ,,, |
| | | , , | d "limited control" pro | visions apply | | |
| Limi | ts on Lobi | bying Exper | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | ience pub | lic opinion (g | rassroots lobbying) | | 10,552. | |
| b Total lobbying expenditures to influ | ience a leg | gislative bod | y (direct lobbying) | | 132,928. | |
| c Total lobbying expenditures (add lin | nes 1a and | d 1b) | | | 143,480. | |
| d Other exempt purpose expenditure | | | | | 1,923,484. | |
| e Total exempt purpose expenditures | | | | | 2,066,964. | |
| f_Lobbying nontaxable amount. Ente | - | - | | | 253,348. | |
| If the amount on line 1e, column (a) o | | | bying nontaxable amo | | | |
| Not over \$500,000 | | | he amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | | \$175.00 | 0 plus 10% of the exce | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17, | | | 0 plus 5% of the exces | · · · · · · · · · · · · · · · · · · · | | |
| Over \$17,000,000 | , | \$1,000,0 | • | . , , , | | |
| | | · · · · | | | | |
| g Grassroots nontaxable amount (en | ter 25% of | line 1f) | | | 63,337. | |
| h Subtract line 1g from line 1a. If zero | o or less, e | | | | 0. | |
| i Subtract line 1f from line 1c. If zero | or less, e | nter -0- | | | 0. | |
| j If there is an amount other than zer | ro on eithe | er line 1h or l | ine 1i, did the organiza | tion file Form 4720 | | |
| reporting section 4911 tax for this | year? | | - | | | Yes No |
| | | 4-Year Ave | raging Period Under | Section 501(h) | | |
| (Some organizations the second s | | |)1(h) election do not h ate instructions for lin | | of the five columns be | low. |
| | Lobl | bying Exper | ditures During 4-Yea | r Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) | 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 31 | 8,382. | 292,515. | 240,237. | 253,348. | 1,104,482. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | 1,656,723. |
| c Total lobbying expenditures | 17 | 1,013. | 290,387. | 160,717. | 143,480. | 765,597. |
| d Grassroots nontaxable amount | 7 | 9,596. | 73,129. | 60,059. | 63,337. | 276,121. |
| e Grassroots ceiling amount | | | | | | |
| (150% of line 2d, column (e)) | | | | | | 414,182. |
| f Grassroots lobbying expenditures | 4 | 4,013. | 64,919. | 7,471. | 10,552. | 126,955. |

Schedule C (Form 990 or 990-EZ) 2019 ALASKA WILDERNESS LEAGUE

52-1814742 Page 3

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

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a) (b) Yes No Amount | | (b) | |
|--------|--|--------------------------|---------|-----------|-------|
| | e lobbying activity. | | | ount | |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5), | or sec | tion | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | 3 | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes." | | | | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | al | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| С | Total | | 2c | | |
| 3 | | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | olitical | | | |
| | expenditure next year? | | 4 | | |
| | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Par | t IV Supplemental Information | | | | |
| Provi | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-A, li | nes 1 a | nd 2 (see | |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| SCHEDUL | ΕD |
|---------|----|
|---------|----|

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

| Attac | n to | ⊦orm | 990 | |
|----------------|------|--------|-----|-------|
| ov/Earm000 for | inct | runtin | | nd th |



Department of the Treasury Intern Nam

| | ent of the Treasury Revenue Service | | 90 for instructions and the latest infor | mation. | Inspection |
|------|--|--|--|---------------------|---------------------------------------|
| Name | of the organizati | | | Emp | loyer identification number |
| | | ALASKA WILDERNESS | | | 52-1814742 |
| Part | | ations Maintaining Donor Advise | | s or Accoun | ts. Complete if the |
| | organizatio | on answered "Yes" on Form 990, Part IV, lin | | | |
| | | | (a) Donor advised funds | (b) Fund | ds and other accounts |
| | | nd of year | | | |
| | | of contributions to (during year) | | - | |
| | | of grants from (during year) | | | |
| | | at end of year | | | |
| | • | on inform all donors and donor advisors in v | 5 | | |
| | | on's property, subject to the organization's | | | Yes 🔛 No |
| | | on inform all grantees, donors, and donor a | | | |
| | | poses and not for the benefit of the donor o | r donor advisor, or for any other purpos | e conferring | |
| | impermissible priv | | | | Yes No |
| Part | | vation Easements. Complete if the org | |), Part IV, line 7. | |
| 1 | | servation easements held by the organization | | | |
| | | n of land for public use (for example, recrea | | • | important land area |
| | | of natural habitat | Preservation | of a certified his | toric structure |
| • | | n of open space | | | · · · · · · · · · · · · · · · · · · · |
| | | a through 2d if the organization held a qualif | ried conservation contribution in the forr | | |
| | day of the tax yea | | | | Held at the End of the Tax Year |
| | | | | | |
| | - | | usture included in (a) | | |
| | | rvation easements on a certified historic stru | | | |
| | | rvation easements included in (c) acquired a | | | |
| | | nal Register rvation easements modified, transferred, rel | | | during the tox |
| | year > | valion easements moumed, transiened, re- | eased, extinguished, or terminated by th | le organization (| duning the tax |
| | | where property subject to conservation eas | sement is located | | |
| | | ation have a written policy regarding the per | | f | |
| | | forcement of the conservation easements it | | | Yes No |
| | | er hours devoted to monitoring, inspecting, | | | |
| | | | nanamig of tiolationic, and officiently oc | | nonto danng the year |
| 7 | Amount of expense | ses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserv | vation easement | s during the year |
| • • | ► \$ | | | | o daning the year |
| 8 | Does each conser | rvation easement reported on line 2(d) abov | e satisfy the requirements of section 17 | 0(h)(4)(B)(i) | |
| | | n)(4)(B)(ii)? | | | Yes No |
| | | be how the organization reports conservation | | | |
| | | d include, if applicable, the text of the footn | | | |
| | organization's acc | counting for conservation easements. | - | | |
| Part | III Organiza | ations Maintaining Collections of | f Art, Historical Treasures, or C | Other Similar | ⁻ Assets. |
| | Complete i | if the organization answered "Yes" on Form | 990, Part IV, line 8. | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement | and balance sh | eet works |
| | of art, historical tr | easures, or other similar assets held for put | olic exhibition, education, or research in | furtherance of p | ublic |
| | service, provide in | Part XIII the text of the footnote to its finar | ncial statements that describes these ite | ems. | |
| b | If the organization | elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and | balance sheet | works of |
| | art, historical treas | sures, or other similar assets held for public | exhibition, education, or research in fu | therance of pub | lic service, |
| | provide the follow | ing amounts relating to these items: | | | |
| | (i) Revenue inclu | uded on Form 990, Part VIII, line 1 | | > \$ | § |
| | | | | | \$ |
| 2 | If the organization | n received or held works of art, historical trea | asures, or other similar assets for financ | ial gain, provide | |
| | the following amo | unts required to be reported under FASB A | SC 958 relating to these items: | | |

Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

▶ \$

►

\$

b

| Sche | | WILDERNESS | | | | | | | 14742 | | .ge 2 |
|------|---|---------------------------------|-------------|---------------|-----------------------|------------|-------------------------|---------------|------------|-----------|--------------|
| Pa | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, o | r Other | ^r Simila | r Assets | (continu | ed) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check | any of the | following that | t make si | gnificant ı | use of its | · | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | I 🛄 I | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | e | . 🗌 (| Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, his | torical treas | sures, or othe | er similar | assets | | _ | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pa | t IV Escrow and Custodial Arranger reported an amount on Form 990, Par | | ete if the | organizatio | n answered ' | "Yes" on | Form 990 |), Part IV, I | ine 9, or | | |
| 10 | Is the organization an agent, trustee, custodia | | ion for o | ontribution | s or other as | ote not i | ncludod | | | | |
| Id | on Form 990, Part X? | | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | ∟ | 1 165 | | INO |
| b | | | lowing ta | abie. | | | | | Amount | | |
| с | Beginning balance | | | | | | 1c | | Amount | | |
| | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | ····· | ······ | | \square | |
| Pa | | | | | | | 0. | | | | |
| | | (a) Current year | | rior year | (c) Two yea | | | /ears back | (e) Four y | ears t | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g | , column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation that | are held ar | nd administer | red for th | e organiza | ation | _ | | |
| | by: | | | | | | | | <u> </u> | ′es | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment fu | unds. | | | | | | | |
| Pa | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answered | | | | | | | | | | |
| | Description of property | (a) Cost or o basis (investr | | . , | t or other (other) | . , | ccumulate preciation | | (d) Book | value | , |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | 7,754. | | 52,7 | | 205 | | |
| d | Equipment | | | | 3,239. | | 99,2 | | 3 | ,99 | |
| | Other | | | | 1,082. | | 51,0 | 82. | - | | 0. |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X. colum | n (B), line 1 | 0 <u>c.)</u> | | | | 209 | ,02 | 27. |

Schedule D (Form 990) 2019

| Part VIII Investments - (| | • | |
|---------------------------|--------|------------|--------|
| chedule D (Form 990) 2019 | ALASKA | WILDERNESS | LEAGUE |

| Complete if the organization answered "Yes" | | | |
|---|----------------------------|--|----------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | a 11d See Form 990 Part X line 15 | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | <u>.15.)</u> | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | 12 /61 |
| (2) TENANT SECURITY DEPOSITS | | | 13,461. |
| (3) CAPITAL LEASE OBLIGATION (4) LEASEHOLD ALLOWANCE | | | <u> </u> |
| | | | 25,600. |
| | | | <u> </u> |
| (6) (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25) | | 238,517. |
| <u> (Oolumn (o) must equal i omi 330, Fait A, Col. (D) illie</u> | <u> </u> | | |

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

Schedule D (Form 990) 2019

| | edule D (Form 990) 2019 ALASKA WILDERNESS LEAGUE | | | L814742 Page 4 |
|---|--|---|-------------------------------|--------------------------------------|
| Par | rt XI Reconciliation of Revenue per Audited Financial State | ments With Revenu | ie per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 2,458,772. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| с | Recoveries of prior year grants | 2c | | |
| d | | | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 2,458,772. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| | | | 4c | 0. |
| С | Add lines 4a and 4b | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 2,458,772. |
| 5 | | | | 2,458,772. n. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ements With Expen | | 1. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ements With Expen | 5 ses per Returr | 2,458,772. 2,066,964. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line | ements With Expen | 5 ses per Returr | 1. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements | ements With Expen | 5 ses per Returr | 1. |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ements With Expen | 5 ses per Returr | 1. |
| 5 Pai 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ements With Expen 12a. 2a 2b | 5 ses per Returr | 1. |
| 5 Par 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ements With Expen 12a. 2a 2b 2c | 5 ses per Returr | 1. |
| 5 Par 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a 2b 2c 2d | 5 ses per Return | n. <u>2,066,964</u> . 0. |
| 5 Par 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | 5 ses per Return | n. 2,066,964. |
| 5 Par 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a 2b 2c 2d | 5 ses per Return | n. <u>2,066,964</u> . 0. |
| 5 Par 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) T XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | 5 ses per Return | n. <u>2,066,964</u> . 0. |
| 5 Pai 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) T XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d | 5 ses per Return | n. <u>2,066,964</u> . 0. |
| 5 Pai 1 2 a b c d e 3 4 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d | 5 ses per Return | n. <u>2,066,964</u> . 0. |
| 5 Pai 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2a 2b 2c 2c 2d 2d 4a 4b 4b | 5 ses per Return 1 2e 3 4c | n. 2,066,964. 0. 2,066,964. |

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

PART X, LINE 2:

THE LEAGUE COMPLIES WITH THE PROVISIONS OF THE FASB ACCOUNTING STANDARDS

CODIFICATION TOPIC ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE

EIGHT-MONTH PERIOD ENDED AUGUST 31, 2019, NO UNRECOGNIZED TAX PROVISION OR

BENEFIT EXISTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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

Open to Public Inspection

|9

| Name of the organi | zation |
|--------------------|--------|
|--------------------|--------|

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

| me | of the | organization | | | | |
|----|--------|--------------|----|-----|----|---|
| | | | λт | ~ ~ | CV | 7 |

| Employer | ide | nti | ifica | tion | n | umber |
|----------|-----|-----|-------|------|---|-------|
| F | 2 | 1 | 01 | 1 7 | A | 2 |

| | ALASKA WILDE | RNESS | LEAGUE | | <u> </u> | .8147 | 742 | |
|----------|--|--------------------------------------|---|--|---|-----------|-----|-----|
| Pa | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | eterminii | | \$ |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 5 | 97,726. | FMV AT DATE | OF | DOM | JAT |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | | | | |
| 14 | Augualified conservation contribution - Other | | | | | | | |
| 14 15 | Real estate - Residential | | | | | | | |
| 15 16 | Real estate - Commercial | | | | | | | |
| 17 | | | | | | | | |
| 18 | Real estate - Other | | | | | | | |
| 19 | Collectibles Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other ► () | | | | | | | |
| 27 | Other ► () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation during | the tax vear for c | ontributions | | | | |
| | for which the organization completed Form 82 | - | | | | | | |
| | | ,,- | | | | | Yes | No |
| 30a | During the year, did the organization receive b | v contributio | on any property rep | orted in Part I. lines 1 throug | h 28. that it | | | |
| | must hold for at least three years from the date | | | | | | | |
| | exempt purposes for the entire holding period | - | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review of | of any nonstandard contribut | ions? | 31 | X | |
| | Does the organization hire or use third parties | | | | | | | |
| | contributions? | | 0 | · · · | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | r for which column (a) is chec | ked, | | | |

describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2019

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

52-1814742

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



52-1814742

ALASKA WILDERNESS LEAGUE

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

AMERICA'S LAST GREAT WILD PUBLIC LANDS AND WATERS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ARCTIC REFUGE DEFENSE CAMPAIGN - ALASKA WILDERNESS LEAGUE, TOGETHER

WITH PARTNERS FROM THE BROADER CONSERVATION COMMUNITY, HAS CREATED A

NEW ARCTIC REFUGE CAMPAIGN STRUCTURE, ENTITLED THE ARCTIC REFUGE

DEFENSE CAMPAIGN (ARDC). ARDC'S OVER-ARCHING GOAL IS TO BLOCK

EXPLORATION AND LEASING IN THE ARCTIC REFUGE AND RESTORE PROTECTIONS

FOR THE COASTAL PLAIN WITHIN FOUR YEARS. THIS NEW CENTRAL CAMPAIGN

STRUCTURE WILL EMPLOY A CAMPAIGN DIRECTOR TO IDENTIFY AND OVERSEE THE

STRATEGIES NECESSARY TO RESTORE PROTECTIONS FOR THE ICONIC LANDSCAPE.

THE ARDC WILL ENSURE THAT INSTITUTIONAL RESOURCES CURRENTLY BEING SPENT

ON ARCTIC REFUGE STAFFING AND CAMPAIGN ACTIVITIES ARE FULLY LEVERAGED

AND MAXIMIZED TO THE GREATEST EFFECT TO BUILD CRITICAL CENTRAL

INFRASTRUCTURE AND DEPLOY VITAL FIELD, PARTNERSHIP, AND COMMUNICATIONS

RESOURCES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RESOURCES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THREATS AIMED AT GIVING AWAY ACCESS TO PROTECTED PUBLIC LANDS.

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

ARCTIC OCEAN AND SEAS - EXPENSES: \$52,913

| Name of the orga | | A WILDERNESS LEAGU | E | | Employer identification number 52-1814742 |
|------------------|-------------|--------------------|------------|------------|---|
| NATIONAL | PETROLEUM F | ESERVE - ALASKA - | EXPENSES: | \$47,907 | |
| EXPENSES | \$ 100,820. | INCLUDING GRANT: | S OF \$ 0. | REVENUE \$ | 5 0. |

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

THE ORGANIZATION'S AUDIT COMMITTEE AND MANAGEMENT REVIEW THE 990 ON BEHALF

OF THE BOARD OF DIRECTORS. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO

THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

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

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED AT THE BOARD

MEETINGS AND REVIEWED AND ENFORCED BY THE BOARD CHAIR. THOSE NOT COMPLETED

ARE FOLLOWED UP BY A DESIGNATED BOARD COMMITTEE MEMBER.

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

THE ORGANIZATION UTILIZES COMPARABLE PAY INFORMATION TO DETERMINE EXECUTIVE DIRECTOR COMPENSATION ON AN ANNUAL BASIS. THE MOST RECENT COMPENSATION REVIEW WAS COMPLETED IN NOVEMBER 2018

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

AL, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MS, NH, NJ, NY, NC, ND, OK, OR, PA, RI, SC, TN UT, WA, WI

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

THE ORGANIZATION MAKES GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

AVAILABLE TO THE PUBLIC UPON REQUEST IN THE OFFICE OF THE ORGANIZATION.

ADDITIONALLY THE ORGANIZATION MAKES ITS FORM 990 AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE.

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization ALASKA WILDERNESS LEAGUE | Employer identification number 52-1814742 |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 279,383. |
| MANAGEMENT AND GENERAL EXPENSES | 14,585. |
| FUNDRAISING EXPENSES | 12,517. |
| TOTAL EXPENSES | 306,485. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 306,485. |
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| SCHEDULE R (Form 990) | Compl | Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. | tions and Unrelated Par vered "Yes" on Form 990, Part IV, I | tnerships _{ne 33, 34, 35b, 3} | ŝ, or 37. | ō | OMB No. 1545-0047 |
|---|--|---|--|--|---|---|--|
| Department of the Treasury Internal Revenue Service | | Attack to Form 990. For metal to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | or to rotin sec. or instructions and the lates | t information. | | 0 | Open to Public Inspection |
| Name of the organization | on ALASKA WILDERNESS | ESS LEAGUE | | | | Employer identification number 52-1814742 | cation number 4 2 |
| Part I Identificatio | Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | e if the organization answered "Yes" | on Form 990, Part IV, line 33 | | | | |
| Name, addr of c | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | me End-of-year assets | | (f) Direct controlling entity |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part II organization | Identification of Related Tax-Exempt Organizations. organizations during the tax year. | Complete if | the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt | Part IV, line 34, b | ecause it had one | or more related tax-exe | npt |
| Nam ⁱ of re | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? |
| ALASKA WILDERNESS I 122 C ST. NW SUITE WASHINGTON, DC 200 | SS LEAGUE ACTION - 30-0233489 TE 240 20001 | PROTECTION OF ALASKAN WILDERNESS | DISTRICT OF COLUMBIA | 501(C)(4) | | ALASKA WILDERNESS LEAGUE | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For Paperwork Reduc | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | s for Form 990. | | | | Schedule R | Schedule R (Form 990) 2019 |

932161 09-10-19 LHA

| Schedule R (Form 990) 2019 ALASKA WILDERNESS LEAGUE Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year. | A WILDERNESS inizations Taxable as a hership during the tax yee | SS LE/ as a Partne × year. | | the organizat | 52-1814742 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related | es" on Form 99 | 0, Part IV, line | e 34, because | 52-181. e it had one or more | 14742 bre related | Page 2 |
|--|---|---|---------------|---|---|--|--|----------------------------------|--|--|---|
| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign country) | trolling y | Predomina (related, u excluded fro sections 5 | t income Irelated, 1 tax under 12-514) | f total ne | (g) Share of end-of-year assets | Disproportionate allocations? | U) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | U) General or managing partner? Yes No | owr |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Identification of Related Organizations Taxable as a Corporation | nizations Taxable a | is a Corpo | or Trust. | omplete if the | Complete if the organization answered "Yes" | swered "Yes" o | n Form 990, F | art IV, line 34 | on Form 990, Part IV, line 34, because it had one or more related | one or mo | re related |
| (a) Name, address, and EIN of related organization | | Prime | ivity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | | (f) Share of total income | (g) Share of Pe end-of-year o assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| 932162 09-10-19 | | | | | | | | | Schedu | le R (Forn | Schedule R (Form 990) 2019 |

Schedule R (Form 990) 2019 ALASKA WILDERNESS LEAGUE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Ň | | Х | Х | Х | × | × | | × | × | × | × | × | × | × | × | | | × | | X | × | | | | | | | |
|---|---|---|--|--|----|---|---|--|----|---|---|--|--|--|---|--------|--|--|---|---|---|--|---|-------------------------------------|-----|-----|-----|-----|
| Yes | 8 | | | | | | | | | | | | | | | × | × | | × | | | | | | | | | |
| | | 1 a | 1b | 1c | 1d | 4 | 2 | ₽ | 1a | 4 | ÷ | 1 | ¥ | Ŧ | - - | 4 | 1 | 1p | 1q | 1r | 1s | | olved | | | | | |
| | r Parts II-IV? | | | | | | | | | | | | | | | | | | | | | elationships and transaction thresholds. | (d) Method of determining amount involved | 76,262.TIMESHEET ALLOCATION | | | | |
| | lated organizations listed ii | | | | | | | | | | | | | | | | | | | | | is line, including covered re | (c) Amount involved | 76,262. | | | | |
| | s with one or more re | λ | | | | | | | | | | • | | nization(s) | nization(s) | ion(s) | | | | | | ho must complete thi | (b) Transaction type (a-s) | 0 | | | | |
| Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. | 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | b Gift, grant, or capital contribution to related organization(s) | c Gift, grant, or capital contribution from related organization(s) | | | | f Dividends from related organization(s) | | Purchase of assets from related organization(s) | | j Lease of facilities, equipment, or other assets to related organization(s) | k Lease of facilities, equipment, or other assets from related organization(s) | Performance of services or membership or fundraising solicitations for related organization(s) | m Performance of services or membership or fundraising solicitations by related organization(s) | | Sharing of paid employees with related organization(s) | p Reimbursement paid to related organization(s) for expenses | q Reimbursement paid by related organization(s) for expenses | r Other transfer of cash or property to related organization(s) | s Other transfer of cash or property from related organization(s) | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | (a) Name of related organization | (1) ALASKA WILDERNESS LEAGUE ACTION | (2) | (3) | (4) | (5) |

Schedule R (Form 990) 2019

(6) 932163 09-10-19

| Page 4 | | inue) | (k) Percentage ownership | | | | Schedule R (Form 990) 2019 |
|-----------------------------------|--|---|---|--|--|--|----------------------------|
| 4742 | | s reve | (j) General or managing partner? Yes No | | | | Form |
| 147 | | gros | Gene Gene D man | | | | e R (I |
| 52 - 181 | | total assets or | (i) Code V-UBI amount in box 20 n of Schedule K-1 | | | | Schedul |
| | | sured by | (h) Dispropor- tionate allocations? | | | | |
| | 37. | of its activities (mea | (g) Share of end-of-year assets | | | | |
| | 990, Part IV, line | than five percent | (f) Share of total income | | | | |
| | Form | more | Partners sec. 501(c)(3) orgs.? | | | | |
| | s" on | ucted | r for all partners sec. 501(c)(3) orgs.? | | | | |
| | e organization answered "Yes" on Form 990, Part IV, line 37 | which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) cain investment partnerships. | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | | |
| LEAGUE | mplete if the organi | ip through which th sion for certain inve | (c) Legal domicile (state or foreign country) | | | | |
| ALASKA WILDERNESS | le as a Partnership. Co | ntity taxed as a partnersh ructions regarding exclus | (b) Primary activity | | | | |
| Schedule R (Form 990) 2019 ALASKA | Part VI Unrelated Organizations Taxable as a Partnership. Complete if th | Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | (a) Name, address, and EIN of entity | | | | |

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see instruct | ctions. | | Taxpaye | r identification numb | er (TIN) |
|---|---|--|---|--------------------------|---|-------------|
| print | ALASKA WILDERNESS LEAGUE | | | | 52-181474 | .2 |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, so 122 C STREET, NW, NO. 240 | ee instruct | ions. | | 52 1011/1 | |
| instructions. | City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20001 | oreign add | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (file | e a separa | te application for each return) | | | 01 |
| Applicati | on | Return | Application | | | Return |
| Is 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 472 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 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) MLADEN MATES | 06 | Form 8870 | | | 12 |
| If this box ▶ 1 I return the box ▶ 2 If the box ▶ | organization does not have an office or place of business is for a Group Return, enter the organization's four digit (| Group Exe and atta JUL? anization's , an | mption Number (GEN), I ich a list with the names and TINs of <u>X 15, 2020</u> , to file return for: d ending <u>AUG 31, 2019</u> | f this is fo all memb | r the whole group, o ers the extension is npt organization retu | for. |
| | nis application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions. | or 6069, e | enter the tentative tax, less | 3a | \$ | 0. |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overpa | | | 3b | \$ | 0. |
| | ance due. Subtract line 3b from line 3a. Include your pa | | | | | |
| | ng EFTPS (Electronic Federal Tax Payment System). See | • | | 3c | \$ | 0. |
| | If you are going to make an electronic funds withdrawal | | | | d Form 8879-EO for | |
| LHA F | or Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT INTERNAL R OGDEN, UT | OF I REVENU | HE TREASURY JE SERVICE CENTER | | Form 8868 (R | ev. 1-2020) |