Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2022 calend	ar year, or ta	ıx year begin	ning		, 2022,	and end	ing		, 20			
В	Check if a	applicable:	C Name of org	anization KA	TMAI CONSERVA	ANCY				D Emplo	oyer identificatio	n number		
	Address of	change	Doing busine	ess as							81-28617	124		
	Name cha	ange	Number and	street (or P.O. bo	x if mail is not delivered to	street address)		Room/su	ite	E Teleph	none number			
	Initial retu	rn	РО ВО	x 90921							(907) 444	1-9402		
	Final retu	rn/terminated	City or town,	state or province	, country, and ZIP or foreig	gn postal code				G Gross receipts				
	Amended	return	ANCHO	RAGE, AK	99509					\$ 955,070				
	Applicatio	n pending	F Name and a	ddress of principa	I officer:				H(a) Is this a group return for subordinates? Yes					
									H(b) Are all subordinates included? Yes N					
<u> </u>	Tax-exem	pt status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527		If "No,"	attach a list	t. See instructions	3		
J	Website:			ONSERVANO	Y.ORG				H(c) Group e	exemption r	number			
ĸ	Form of o		Corporation		ociation Other		L Year of forma	ation: 201						
	art I	Summar			_		-1	-		<u> </u>				
	1	Briefly descri	ibe the organi	ization's missi	on or most significar	nt activities: SEI	E SCHEDUL	E O						
		,	· ·		· ·									
S														
Activities & Governance														
Ver	2	Check this be	ox I if the	organization d	iscontinued its opera	ations or disposed o	f more than 25	5% of its r	net assets.					
တိ	3		_	ū	rning body (Part VI, I	•				3		7		
ø	4		-	_		ody (Part VI, line 1b)				4		 7		
ţie	5			-		! (Part V, line 2a)				5		3		
ΞΞ	6			s (estimate if r						6		<u></u>		
Ä	7a			•	• ,), line 12				7a		0		
					. ,	art I, line 11				7b		0		
	+ -	Net uniterated	u busiliess ta	Aable IIICOIIIC	1101111 01111 990-1, 1 8	aiti, iiile ii		' ' ' ' '		1 75	Cuman			
		Contribution	o and granta /	(Dort VIII line	1h)				Prior Year	052	Curren			
Ф	8		s and grants (548	,853		587,761							
'n	9	-										0		
Revenue	10)				8 ,028		179		
œ	11											62,621		
	12			,	•	. , ,				,889		650,561		
	13					1-3)			213	,019		201,764		
	14	Benefits paid to or for members (Part IX, column (A), line 4)										0		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								,005				
Expenses	16a											0		
ç	. b		• .	•	umn (D), line 25)		0	<u> </u>						
ш					nes 11a-11d, 11f-24e			-		,331		27,451		
		•		•	equal Part IX, colum	nn (A), line 25) •		·		,355		359,187		
		Revenue les	s expenses.	Subtract line	18 from line 12 • ·			·	235	,534		291,374		
ō	Se							Begi	nning of Curre	ent Year	End of	Year		
sets	<u> E</u> 20		(Part X, line 1	,			• • • • • •		533	,537		745,742		
Net Assets or	[21		es (Part X, line	,				·		,146		2,977		
_ž	군 22			es. Subtract l	ine 21 from line 20				451	,391		742,765		
	art II		re Block											
						g schedules and statemer nation of which preparer ha		t of my know	ledge and belie	ef, it is				
					,		, ,							
ei.			RUNCO											
Sig		Signature of office	cer							Date	е			
He	re			XECUTIVE :	DIRECTOR									
		Type or print nar			1									
_	_	Print/Type pre	eparer's name		Preparer's signature		Date		Check	X if	PTIN			
Pa		Sabra I	Lamb		Sabra Lamb		11-15-2	023	self-em	ployed	P01295	682		
	eparer			Affinity	North Tax a	nd Accounting		F	Firm's EIN					
Us	e Only	Firm's addres	is	9421 W K	anaga Loop			F	Phone no.			·		
				Eagle Ri	ver AK 99577					907-7	726-4696			
May	the IRS	3 discuss this	return with th	e preparer sh	own above? See ins	structions					🗌 Ye	s X No		

EEA

Form 990 (2022) KATMAI CONSERVANCY Part IV Checklist of Required Schedules

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l		
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44.		
لم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f		11e		Х
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Х
124	Schedule D. Parts XI and XII	12a		х
b		124		
~	"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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

	rt IV Checklist of Required Schedules (continued)	. / 2 4	'	age 4
	enconnector includes concedence (commutation)		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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		х
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		х
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%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> · · · · · · · · · · · · · · · · · ·	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		22
-	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			21
-	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			21
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		^
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- 57		
30	19? Note : All Form 990 filers are required to complete Schedule O	38	J.	
Par		1 30	Х	1
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Confedence C Contains a response of flote to any line in this fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	162	140
1a b		<u>0</u> 0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
С	reportable gaming (gambling) with backup withholding fules for reportable payments to vehiclos and	4.0		

Form 990 (2022) Page 5 KATMAI CONSERVANCY 81-2861724 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b х 3a х 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 3b 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)? x 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 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7с d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b h Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources (Do not net amounts due or paid to other sources 11b 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 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans С Did the organization receive any payments for indoor tanning services during the tax year? 14a х 14a 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 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2022) KATMAI CONSERVANCY 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year 7 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. Enter the number of voting members included in line 1a, above, who are independent 1b h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 x 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a х **b** Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20

GUY RUNCO (907)444-9402, PO BOX 90921, ANCHORAGE, AK 99509

Form 990 (2022) KATMAI CONSERVANCY	81-2861724	Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 relate	ed organizatio	on com	npen	sate	d an	iy curre	ent c	officer, director, or ti	rustee.	
	_			((C)					
(A) Name and title	(B) Average	,		eck m	ore th	nan one		(D) Reportable	(E) Reportable	(F) Estimated amount
ivame and the	hours					s both ar /trustee)		compensation	compensation	of other
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Indiv or di	Insti	Officer	Key	High emp	Former	1099-MISC/ 1099-NEC)	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	ĕ	Key employee	Highest compensated employee	ner	1099-NEC)	1099-NEC)	related organizations
	organizations below	trust	ıal tru		oyee	ompe				
	dotted line)	ee	stee			ensat				
						ed				
(1) GUY RUNCO	40.00									
EXECUTIVE DIRECTOR				х				66,917	0	0
(2) ANDRIA AGLI	2.00									
DIRECTOR	0.00	Х						0	0	0
(3) MIKE_FITZ	2.00							0	0	0
DIRECTOR (4) ELLIS BACON	6.00	Х						0	0	0
DIRECTOR	<u>0 . 0 0</u>	x						0	0	0
(5) DAVID CARY	2.00							•		<u> </u>
SECRETARY		х		х				0	0	0
(6) BARBARA MUHLBEIER	8.00									
PRESIDENT		х		х				0	0	0
(7) DIANE CHUNG	2.00									
VICE PRESIDENT	0.00	Х		Х				0	0	0
(8) CARL CHAPMAN TREASURER	2.00	x		x				0	0	0
				^				0	0	<u>_</u>
(9)										
<u>(10)</u>										
(11)										
\										
<u>(12)</u>										
(13)										
(13)										
(14)										
	1	1	1			1				

Part	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2		Estimate of compe		nount r tion
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE			nization d organi:	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)_														
<u>(21)</u>														
(22)_														
(25)														
1b	Subtotal		<u> </u>					_						
c	Total from continuation sheets to Part VII, Sect													
d	Total (add lines 1b and 1c)								66,917		0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	sted ab	ove)	who	rec	eived ı	more	e than \$100,000 of					c
													Yes	No
3	Did the organization list any former officer, director			-		_								
	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of re											3		X
4	organization and related organizations greater that	•												
	individual											4		х
5	Did any person listed on line 1a receive or accrue	compensatio	n from	any	unre	elate	ed orga	niza	ation or individual					
	for services rendered to the organization? If "Yes,"	" complete So	chedule	e J fo	or su	ch p	erson					5		х
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										v voor			
	(A)	erisation for	uie cai	enua	ai ye	ai ei		WILII	(B)	ZaliOH S la	x year.	(C)		
	Name and business addres	ss							Description of service	es		Compens	ation	
									·					
	Total number of independent contractors (including	n hut not limit	ted to t	hose	liete	he he	hove) v	who						
-	received more than \$100,000 of compensation fro			1036	not	ou al	oove, v	W110						

KATMAI CONSERVANCY
Statement of Revenue Part VIII

		Check if Schedule O contains a response	or no	te to any line in this	Part VIII			
		·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a b	Federated campaigns	1a 1b					
ts, Gran Amoun	d d	Fundraising events	1c 1d	131,908				
ions, Gif Similar	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1e 1f	455,853				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	1g	\$				
တႜ	h	Total. Add lines 1a-1f			587,761			
				Business Code				
Program Service Revenue	2a b							
Se	С							
gram Serv Revenue	d							
og R	е							
ቯ	l	All other program service revenue						
	g	Total. Add lines 2a-2f						
		Investment income (including dividends, inter other similar amounts)			179			179
	4	·		ŀ				+
	5	Royalties	• •					
		(i) Real		(ii) Personal				
	l	Gross rents 6a						
	l	Less: rental expenses 6b						
	l	Rental income or (loss) 6c						
	d	Net rental income or (loss)	• •					
	7a	Gross amount from (i) Securities sales of assets	3	(ii) Other				
		other than inventory 7a						
	b	Less: cost or other basis						
ıne		and sales expenses 7b						
evenue	С	Gain or (loss)						
Ř	d	Net gain or (loss)	<u></u>					
Other	8a	Gross income from fundraising events (not including \$131,908 of contributions reported on line						
		1c). See Part IV, line 18	8a	135,141				
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising events	_		135,141			135,141
	l	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a	223,578				
	h	Less: cost of goods sold	10b	 				
		Net income or (loss) from sales of inventory			(90, 021)			(90, 031)
	- 6	rectification of (1055) from sales of free fillory	• •	Business Code	(80,931)			(80,931)
v	110	MICCELL AND OUG DESCRIPTION			0 414	0 411		
Miscellanous Revenue	l -	MISCELLANEOUS REVENUE		900099	8,411	8,411		
llan ent	b							+
e v∈	C	All address services						+
Mis F		All other revenue						
	•	Total. Add lines 11a-11d			8,411			
	12	Total revenue. See instructions			650,561	8,411	0	54,389

Form 990 (2022) KATMAI CONSERVANCY Part IX Statement of Functional Expenses

Continu F	01/01/21	and 501(c)/	4) organizations must com	anlata all columns	All other orac	nizations must co	molete column (1)
SECLIOII S	01(0)(3)	and Sunce	t) UlqaliizaliUlis Illusl UUli	ipicic ali colullilis.	All Ulliel Ulya	สาแนสแบบเจ บบนจะ บบ	HIDIELE COIUITIII (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			[
Do r	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	201,764	201,764		
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,				
	trustees, and key employees	66,917	50,188	16,729	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,752	50,752		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,303	10,554	1,749	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	11,280		11,280	
12	Advertising and promotion				
13	Office expenses	15,265		15,265	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	306	306		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	COMMUNITY OUTREACH	200	200		
b	SPECIAL EVENTS	200	200		
С	SUBSCRIPTIONS/MEMBERSHIP	200	200		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	359,187	314,164	45,023	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022) **KATMAI CONSERVANCY** 81–2861724 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa			
			(A)		(B)
			Beginning of year	 	End of year
	1	Cash - non-interest-bearing		1	272,989
	2	Savings and temporary cash investments		2	472,753
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6	
ιχ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	533,537	16	745,742
	17	Accounts payable and accrued expenses		17	,
	18	Grants payable		18	
	19	Deferred revenue	77,981	19	2,977
	20	Tax-exempt bond liabilities		20	, -
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	_
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		-	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	82,146		2,977
		Organizations that follow FASB ASC 958, check here	02,140		2,311
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	451,391	27	742,765
alaı	28	Net assets with donor restrictions		28	742,703
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC 958, check here		20	
Ĭ		and complete lines 29 through 33.			
Ē	20	Capital stock or trust principal, or current funds		29	
ts c	29				
sei	30	Paid-in or capital surplus, or land, building, or equipment fund	• •	30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	484 664	31	
Ne	32	Total liabilities and not assets fixed belongs		32	742,765
	33	Total liabilities and net assets/fund balances	533,537	33	745,742

EEA Form **990** (2022)

Form		-2861	724	Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		650,	561
2	Total expenses (must equal Part IX, column (A), line 25)	2		359,	187
3	Revenue less expenses. Subtract line 2 from line 1	3		291,	374
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		451,	391
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		742,	765
Par	t 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 on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required gudit or gudite, explain why on Schedule O and describe any stops taken to undergo such gudite		3h		

EEA

Form **990** (2022)

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

ZUZZ

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

Open to Public Inspection

Name of the organization Employer identification number KATMAI CONSERVANCY 81-2861724 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 on 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 complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Secti	on A. Public Support			-	-		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	207,386	4,302	487,229	468,714	587,761	1,755,392
2	Tax revenues levied for the		•			·	
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	207,386	4,302	487,229	468,714	587,761	1,755,392
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						14,720
6	Public support. Subtract line 5 from line 4 .						1,740,672
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	207,386	4,302	487,229	468,714	587,761	1,755,392
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources					179	179
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)					0 411	0.411
11	Total support. Add lines 7 through 10					8,411	8,411
12	Gross receipts from related activities, etc.	(see instruction	ne)			12	1,763,982
13	First 5 years. If the Form 990 is for the or	•	,				358,719
10	organization, check this box and stop her	-			•		• • —
Secti	on C. Computation of Public Suppo						<u></u>
14	Public support percentage for 2022 (line 6			1. column (f))		14	98.68 %
15	Public support percentage from 2021 Sch	. , , .	•			15	33.40 %
16a	33 1/3% support test - 2022. If the organi					I - I	
	box and stop here. The organization qual						
b	33 1/3% support test - 2021. If the organi						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202	22. If the organi	zation did not	check a box or	n line 13, 16a, d	or 16b, and line	14 is
	10% or more, and if the organization meet	ts the facts-and	l-circumstance	s test, check th	nis box and sto	p here. Explai	n in
	Part VI how the organization meets the fa	cts-and-circum	stances test. T	he organizatio	n qualifies as a	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 202	21. If the organi	zation did not	check a box or	n line 13, 16a, 1	l6b, or 17a, an	d line
	15 is 10% or more, and if the organization	meets the fact	s-and-circums	tances test, ch	eck this box ar	nd stop here. E	Explain
	in Part VI how the organization meets the	facts-and-circu	ımstances test	. The organiza	tion qualifies a	s a publicly suլ	oported
	organization						_
18	Private foundation. If the organization did	d not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	ee
	instructions						

 Schedule A (Form 990) 2022
 KATMAI
 CONSERVANCY
 81-2861724
 Page 3

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.)

Secti	on A. Public Support			т, р.сс.сс сс		,	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(0)	(3)	(-,	(,	(0)	1-7
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support			•		•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	th tax year as a	section 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor		·				
15	Public support percentage for 2022 (line 8		•	3, column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In-						
17	Investment income percentage for 2022 (li			•		17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the organ	nization did no	t check the box	k on line 14, an	nd line 15 is mo	re than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this bo	ox and stop h e	ere. The organ	ization qualifie	s as a publicly	supported org	ganization 🔲
b	33 1/3% support tests - 2021. If the organization	n did not check a	a box on line 14 o	r line 19a, and lir	ne 16 is more tha	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box		-			-	
20	Private foundation. If the organization did	d not check a l	oox on line 14,	19a, or 19b, ch	neck this box a	nd see instruc	ctions

Schedule A (Form 990) 2022 **KATMAI CONSERVANCY** 81-2861724 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
 - **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI**.
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
)			
	3c		
	4a		
	4b		
	40		
	4c		
	40		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
du	lo Λ (Ε <i>ι</i>	orm 990	1) 2022

Schedule A (Form 990) 2022 81-2861724 Page 5 KATMAI CONSERVANCY Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11a 11c below, the governing body of a supported organization? 11b A family member of a person described on line 11a above? A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, 11c provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b С The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). Yes 2 No Activities Test. Answer lines 2a and 2b below. 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 2a that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

3b

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*.

 Schedule A (Form 990) 2022
 KATMAI
 CONSERVANCY
 81-2861724
 Page 6

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	trust on Nov. 20, 1970 (explain in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organization	zatio	ns must complete Section	_ _			
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year			
	on A - Adjusted Net Income		(A) I IIOI Teal	(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					
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Secti	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	lly in	tegrated Type III supportir	ng organization			
	(see instructions).	-		-			

EEA Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 Excess from 2020 d Excess from 2021 Excess from 2022

е

Schedul	e A (Form 990) 2022 KATMAI CONSERVANCY		Q1_	286	1 724 Page 7
Part		S) Supporting Organi			1724 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	on D - Distributions	, - app	(**************************************		Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2022 EEA

Schedule A (Form 990) 2022 Page 8							
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.)						
	illes 2, 3, and 6. Also complete this part for any additional illiornation. (See instructions.)						

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-PF.

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

2022

KATMAI CONSERVANCY 81-2861724 Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number KATMAI CONSERVANCY 81-2861724

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 ANNENBERG FOUNDATION/EXPLORE.ORG Person X 1 **Payroll** Noncash 1337 OCEAN AVENUE 350,000 (Complete Part II for SANTA MONICA CA 90401 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 2 KODIAK CAKES **Payroll** Noncash 50,000 PO BOX 980992 (Complete Part II for PARK CITY UT 84098 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 3 JUDITH LICHTERMAN **Payroll** Noncash 2822 182ND AVE 25,500 (Complete Part II for REDMOND WA 98052 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 4 KAY ARNOLD **Payroll** Noncash 399 STOAKES AVE 15,200 (Complete Part II for SAN LEANDRO CA 94577-1736 noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 5 JANE FORSYTH **Payroll** Noncash 3116 MORNING WAY 10,000 (Complete Part II for LA JOLLA CA 92037-1905 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X DONNA AND TOM MOYNIHAN 6 **Payroll** Noncash 7,500 112 BRADWYCK DR (Complete Part II for **CARY NC 27513** noncash contributions.)

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number

KATM	AI CONSERVANCY					81-286	1724
Part	Fundraising Activities Form 990-EZ filers are no	•	_		vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organization ra	-	-		es Check all that ar	noly	
	Mail solicitations	ised furius trirough		_	of non-government		
a			e L	=	-	-	
b	Internet and email solicitations		f L		of government gran	IS	
С	☐ Phone solicitations		g L	」Special fun	ndraising events		
d	In-person solicitations						
2a	Did the organization have a written of	-	-		-		
	or key employees listed in Form 990	, Part VII) or entity	in connection	with professi	ional fundraising ser	vices?	∐ Yes ∐ No
b	If "Yes," list the 10 highest paid indiv	riduals or entities (fu	undraisers) pu	ırsuant to agı	reements under which	ch the fundraiser is to be	•
	compensated at least \$5,000 by the	organization.					
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	or criticy (initialistic)	, ,	contrib	outions?	nom activity	col. (i)	organization
			Yes	No		· ·	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		-	•	1			
3	List all states in which the organizati				ione or hoe boon not	ified it is exempt from	
3		on is registered or i	ilcerised to so	iicit cortiributi	ions of has been not	lilled it is exempt from	
	registration or licensing.						

 Schedule G (Form 990) 2022
 KATMAI CONSERVANCY
 81-2861724
 Page 2

Pa	ırt II	Fundraising Events. Comp	olete if the organization	answered "Yes" on Forr	n 990, Part IV, line 18, c	or reported more
		than \$15,000 of fundraising	event contributions and	I gross income on Form	990-EZ, lines 1 and 6b.	. List events with
		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FAT BEAR WEE		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	135,141			135,141
Re						
	2	Less: Contributions	131,908			131,908
	3	Gross income (line 1 minus				
		line 2)	3,233			3,233
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
ens						
Ж	7	Food and beverages				
Direct Expenses						
Ē	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add line				
D	rt III	Net income summary. Subtract lin			/ line 10 or reported m	3,233
ГС	11 (111	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		es on Form 990, Part i	v, line 19, or reported m	ore man
	1	\$13,000 OH FOHH 990-EZ, II	ne oa.	# N D W		
ine			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						() ()
ď	1	Gross revenue				
	2	Cash prizes				
Direct Expenses		·				
pen	3	Noncash prizes				
Ě						
ect	4	Rent/facility costs				
亩						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	☐ No	☐ No	
	7	Direct expense summary. Add line	es 2 through 5 in column (d)			
	8	Net gaming income summary. Sul	otract line 7 from line 1, colu	ımn (d)		
9		nter the state(s) in which the organiz				
		the organization licensed to conduc	• •			Yes No
	b If	"No," explain:				
	_					
40		loro any of the arganization!	r licences revelued a sussession	lad or tarminated decides the	o toy year?	□ Vac □ N.
10		ere any of the organization's gamino		-	е ках уеаг?	Yes No
	b If	"Yes," explain:				
	_					

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

	2022				
	Open to Public				
	Inspection				
Employer identification number					

OMB No. 1545-0047

KATMAI CONSERVANCY Part I General Information of	on Granta and Assist	tanaa				81-2861724	
				2222	., .		
1 Does the organization maintain record		=	-		assistance, and		. X Yes No
the selection criteria used to award the 2 Describe in Part IV the organization's p	•						. <u>x</u> Yes ∐No
Part II Grants and Other Assist				s Complete if the o	rganization answered "	Yes" on Form 990	
Part IV, line 21, for any red						100 0111 01111 000,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KATMAI NATIONAL PARK PO BOX 7					00.,		
KING SALMON AK 99613	53-0197094		201,764		BOOK		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3)3 Enter total number of other organization			table			· · · · · · · -	I .

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of recipients (c) Amount of coasts assistance (d) Amount of noncasts assistance (e) Method of valuation (book, FMV. appraisal. other) (f) Description of noncasts assistance (g) Description of noncasts assistance (g) Amount of noncasts assistance (g) Amount of noncasts assistance (g) Amount of noncasts assistance (g) Method of valuation (book, FMV. appraisal. other) (g) Description of noncasts assistance (g) Amount of noncasts ass	e I (Form 990) (2022) KATMAI CONSERVANO	CY	ala Camanlata if th		wared "Vee" on Ferm 000	81-2861724
(a) Type of grant or assistance (b) Number of recipients (c) Amount of noncash assistance (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (f) Des	Part III can be duplicated if addition	onal space is needed	ais. Complete il ti	ie organization ansv	wered res on Form 990	J, Part IV, line 22.
Monitoring procedures (Part I, line 2) AI CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND	-	(b) Number of	(c) Amount of			(f) Description of noncash assistance
Monitoring procedures (Part I, line 2) I CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND						
Monitoring procedures (Part I, line 2) CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND						
Monitoring procedures (Part I, line 2) CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND						
Monitoring procedures (Part I, line 2) CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND						
Monitoring procedures (Part I, line 2) CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND						
Monitoring procedures (Part I, line 2) CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND						
Monitoring procedures (Part I, line 2) CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND						
CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND	Supplemental Information. Prov	vide the information re	equired in Part I, I	ine 2; Part III, colum	n (b); and any other add	itional information.
	Monitoring procedures (Part I, line	2)			
STER FUNDS TO SUPPORT THE PARK AND ITS PROGRAMS.	CONSERVANCY IS THE OFFICIAL PR	HILANTHROPIC PARTN	ER OF KATMAI N	ATIONAL PARK AND	PRESERVE IN ALASKA.	WE RAISE AND
	STER FUNDS TO SUPPORT THE PARK	AND ITS PROGRAMS.				

Schedule I (Form 990) (2022)

EEA

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KATMAI CONSERVANCY 81-2861724 01. Committee meeting documentation (Part VI, line 8b) THERE ARE NO COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING BODY 02. Form 990 governing body review (Part VI, line 11) THE ORGANIZATION DELEGATED AUTHORITY TO THE EXECUTIVE DIRECTOR TO REVIEW AND SIGN THE FORM 990 DUE TO SHORT TIMING NEAR THE TAX DEADLINE. THE BOARD WILL RECEIVE A COPY AFTER THE TIMELY FILING DATE 03. Conflict of interest policy compliance (Part VI, line 12c) ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AT THE SOONEST BOARD MEETING AFTER THE POTENTIAL CONFLICT ARISES 04. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD PERIODICALLY REVIEWS THE EXECUTIVE DIRECTOR'S SALARY AND COMPARES IT TO AVAILABLE INFORMATION FOR OTHER SIMILARLY SIZED AND FUNDED ORGANIZATIONS 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS AVAILABLE FOR VIEWING UPON REQUEST 06. Part III, response or note to any other line in Part III MISSION: KATMAI CONSERVANCY IS THE OFFICIAL PHILANTHROPIC PARTNER OF KATMAI NATIONAL PARK AND PRESERVE IN ALASKA. WE RAISE AND ADMINISTER FUNDS TO SUPPORT THE PARK AND ITS PROGRAMS. THESE PROGRAMS INCLUDE EDUCATION (BOTH INSIDE AND OUTSIDE THE PARK), LIVE STREAMING BEAR CAMS, SCIENTIFIC AND HISTORICAL RESEARCH, COMMUNITY OUTREACH, YOUTH ENGAGEMENT, AND PARK INFRASTRUCTURE FUNDING

Form 990 Worksheet	Schedule A	A, Line 5 - Exc	ess 2% Limit	tation Contri	butors			
	(This page is not filed with the return. It is for your records only.)							
Name(s) as shown on return						Tax ID Number		
KATMAI CONSERVANCY						81-286172	4	
2% of the amount on Schedule A, Part II, line 11	, column (f)						35,280	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name	2018	2019	2020	2021	2022	Total	Excess contributions	
							(col. (f) minus	
							the 2% limitation)	
KODIAK CAKES					50,000	50,000	14,720	
JUDITH LICHTERMAN					25,500	25,500		
KAY ARNOLD					15,200	15,200		
JANE FORSYTH					10,000	10,000		
DONNA AND TOM MOYNIHAN					7,500	7,500		

TOTAL

14,720