Form **990-EZ**

Short Form

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less tran \$100,000 and total assets less tran \$250,000 are true at the end of the year may use this form.

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

Open to Public. Inspection

Α	For the 2006 ca	the 2006 calendar year, or tax year beginning , 2006, and ending ,					
В	Check if applicable:		C		DE	mployer is	dentification number
L	Address change	Please use IRS	COPPER RIVER PRINCE WILLIAM SOUND				02443
	Name change	label or print or	MARKETING ASSOCIATION				
X	Initial return	type.	PO BOX 199			elephone (
	Final return	Sée Specific	1 CONTROLL			<u>(907)</u>	424-3549
	Amended return	Instruc-			1	F.	·
	Application pending	uons.		•	FG	roup ⊏x umber	temption ►
	Section	501/cY	3) organizations and 4947(a)(1) nonexempt charitable trusts	G Accounting			
	n	ıust att	sch a completed Schedule A (Form 990 or 990-EZ).	Other (speci			Casii Acciual
							anization is not
ł	Website: ► <u>w</u>	ww.Co	opperRiverMarketing.org	required to	attaci	h Sched	lule B (Form 990.
J	Organization type ((check on	y = X = 501(c) (6) < (insert no.) 4947(a)(1) or 527	990-EZ, or 9	90-P	F).	•
ĸ	Check ► if	the orga	anization is not a section 509(a)(3) supporting organization and its	Tross receipts are	norn	aslly no	t mara than
	\$25,000. A retu	rn is no	anization is not a section 509(a)(3) supporting organization and its of t required, but if the organization chooses to file a return, be sure to	o file a complete	returi	nany no 1.	t more than
L	Add lines 55, 60	o, and 7	b, to line 9 to determine gross receipts: if \$100,000 or more, file Fo	orm 990			
	uisiead of Form	994 J.F.				<u>, ►\$</u>	92,450.
1.8	Rever	iue, E	xpenses, and Changes in Net Assets or Fund Balan	ces (See the i	nstr	uction	s.)
		ons, gir	ts, grants, and similar amounts received			11	27,450.
	2 Program s	service	revenue including government fees and contracts			2	65,000.
	3 Membersh	rip dues	s and assessments			3	
	4 investmer	nt incom	ne			4	
	5a Gross am	ount fro	m sale of assets other than inventor.			(38.75)	
	b Less: cost	or other	er basis and sales expenses	······································		100	
Ŗ	c Gain or (loss) from sa	le of assets other than inventory (line 5a less line 5b) (attach schedule)			5c	•
ž	6 Special ev	ents ar	nd activities (attach schedule). If any amount is from gaming, check	here ▶□	••••		· · · · · · · · · · · · · · · · · · ·
REVENU	a Gross reve	enue (n	ot including \$of contributions				
Ü	reported o	n line 1)				
_	h Less: direc	ct expe	nses other than fundraising expenses			23.5	
	c Net incom	e or flo	ss) from special events and addition from Callery from Sta				
	7a Gross sale	e of inv	ss) from special events and activities (line 6a less line 6b)	• • • • • • • • • • • • • • • • • • • •	• • • •	6c	
	h Loce: ooet	of good	ventory, less returns and allowances				
	Cross prof	or good	ds sold	·			
			ss) from sales of inventory (line 7a less line 7b)	• • • • • • • • • • • • • • • • • •	• • • •	7c	
	8 Other revenue	-			_)[8	•
	9 Total reve	nue (ad	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		, . ▶	9	92,450.
	10 Grants and	d simila	r amounts paid (attach schedule)]	10	
E	11 Benefits pa	aid to o	r for members		[11	
X	12 Salaries, other compensation, and employee benefits					12	13,350.
Ē	13 Profession	al fees	and other payments to independent contractors		1	13	187.
ENSES	14 Occupancy	, rent,	utilities, and maintenance		· · · · ·	14	4,250.
E	15 Printing, p	ublicatio	ons, postage, and shipping			15	1,591.
-	16 Other expense	s (descri	be ►See S	tatement 1)	·····}	16	44,092.
	17 Total expe	nses (a	dd lines 10 through 16)	<u> </u>	 	17	63,470.
	18 Excess or	(deficit)	dd lines 10 through 16)		`	18	28,980.
NSET T			balances at beginning of year (from line 27, column (A)) (must agr				20, 300.
ES	figure repo	rted on	prior year's return)	ree with ena-or-ye	ar f	19	0.
ᅗ	20 Other chan	iges in i	net assets or fund balances (attach explanation)	••••••••	۱	20	
2	21 Net assets	or fund	balances at end of year (combine lines 18 through 20)				28,980.
Par	Balanc	e She	ets - If Total assets on line 25, column (B) are \$250,000 or more,	file Form 000 inc		of Form	20,300.
		2 2	(See Instructions)	(A) Beginning o			
22	Cash, savinos.	and inv	restments	(~) beginning (· yea	22	(B) End of year
23	Land and buildi	nas	••••••			23	58,930.
24	Other assets (d	escribe	► See Statement 2			24	ΕΛ
	Total assets		See Statement 2		^		50.
			pe ► See Statement 3			25 26	58,980.
27	Net assets or fu	ind bals	ances (line 27 of column (B) must agree with line 21)				30,000.
BAA	For Privacy Act	and Pa	perwork Reduction Act Notice, see the separate instructions.		0.		28,980.
			To the second of	TEEA0803	ㄴ 01/	19/07	Form 990-EZ (2006)

Part N: Statement of Program Service Accomplishments (See the instructions.) Expenses		990-EZ (2006) COPPER RIVER PR				-2502		_	Page
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, and (40 granization's and 450 granization's exempt purposes. In a clear and concise manner, and (40 granization's and 450 granization's exempt purposes. In a clear and concise manner, and (40 granization's 450 granization's 45					ons.)	1	•		
Section Sect	What	What is the organization's primary exempt purpose? PROMOTE SALMON SALES				(Requi	red for 50	1(c)(3)
Section Sect	Desc desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each				4947(a) organiza)(1) trusts	tions i	ano onal
PROGRAM SERVICES, WE DID IMPLEMENT A COHO RADIO CAMPAIGN FOR (Grants \$ 25,000.) It this amount includes foreign grants, check here.	prog	ogram title.						, -,-	
ADVERTISING CR SILVER SAMON (Grants \$ 25,000.) If this amount includes foreign grants, check here. 29a	28	28 THE GRANT WAS AWARDED FOR START UP COSTS. AS PART OF OUR NEW							
ADVERTISING CR SILVER SAMON (Grants \$ 25,000.) If this amount includes foreign grants, check here. 29a		PROGRAM SERVICES, WE DID	IMPLEMENT A COHO I	RADIO CAMPAIGN	FOR]			
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Grants \$ If this amount includes foreign grants, check here. 29a				ants check here		282			
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Grants \$ If this amount includes foreign grants, check here. 30a						1			
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Grants \$ If this amount includes foreign grants, check here. 30a		(Grants \$) If the	nis amount includes foreign gr	ants, check here	····· ►	29a			
Other program services (attach schedule) If this amount includes foreign grants, check here.	30			- 		1			
Other program services (attach schedule) If this amount includes foreign grants, check here.									
Other program services (attach schedule) If this amount includes foreign grants, check here.						f 1			
Grants \$ If this amount includes foreign grants, check here. 31a 32 Total program service expenses (add lines 28a through 31a) 32 Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.) (A) Name and address (B) Fille and average hours per week devoted to position (C) Compensation (III) (D) Contributions to grant and other allowances (D) Compensation (III) (D) Contributions to grant other allowances (D) Compensation (III) (D) Contributions to grant other allowances (D) Compensation (III) (D) Contributions to grant other allowances (D) Compensation (III) (D) Contributions to grant other allowances (D) Compensation (III) (D) Contributions to grant other allowances (D) Compensation (III) (D) Contributions to grant other allowances (D) Compensation (III) (D) Compensation		(Grants \$) If th	nis amount includes foreign gr	ants, check here		30a			
Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.) (A) Name and address	31	Other program services (attach schedule	e)	• • • • • • • • • • • • • • • • • • • •				•	
Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.) (A) Name and address		(Grants \$) If th	nis amount includes foreign gr	ants, check here	▶□	31a			
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THEA THOMAS P O BOX 1566 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(A) Name and address	per week devoted	not paid, enter -0)	employee benefit plai	nsandla	nd other	allowa	inces
Part V. Other Information (Note the statement requirement in the instructions) See Statement 4 Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes, attach a conformed copy of the changes. 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes, attach a conformed copy of the changes. 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a Did the organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b N/A	mire	A MILOVA C			deferred compensa				
CORDOVA, AK 99574 JTM KALLANDER Vice President O. O. O. O. O. BOX 2272 CORDOVA, AK 99574 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 34 Were any changes made to the crganizing or governing documents but not reported to the IRS? If "Yes," attach a detailed description of each activity. 34 Were any changes made to the organization proving the income on form 590-T, attach a statement explaining your reason for not reporting the income on form 590-T, attach a statement explaining your reason for not reporting the income on form 590-T, attach a statement explaining your reason for not reporting the income on form 590-T, attach a statement explaining your reason for not reporting the income on form 590-T, attach a statement. a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 35b N/A 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.). 37a Enter amount of political spenditures, direct or indirect, as described in the instructions. b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a X 38a X 39 Sol(c)(7) organizations. Enter: alnitiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b N/A			President	0.		0.			0.
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If "Yes," attach the sch specified in the line 38 instructions and enter the amount involved. 38b N/A 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b N/A	b	Did the organization file Form 1120-POL	for this year?	·····			37ь	}	X
b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved. 38b N/A 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		_	-				Sec. 1815.12	X 55	ggaget de Vendes
b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved. 38b N/A 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b N/A	30 d	any such loans made in a prior year and	ie any idans to, any officer, di still unpaid at the start of the	rector, trustee, or key e period covered by this r	return?		382		X
the amount involved. 38 b N/A 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 38 b N/A 39 b N/A							738	**************************************	gija
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39a N/A	b	If 'Yes,' attach the sch specified in the lin	e 38 instructions and enter		30 h	NT .	/太 引		
a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39a N/A N/A			• • • • • • • • • • • • • • • • • • • •	••••••	36D	N/	"		
b Gross receipts, included on line 9, for public use of club facilities		· · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Marchael Marchael				
								* 1	
	BAA	Gross receipts, included on line 9, for put	olic use of club facilities		39Ь	N/	'A		

Page 2

Forr	n 990-l	EZ (2006) COPPER RIVER PRINCE WILLIAM SOUND	56-2502443		Page 3
		Other Information (Note the statement requirement in the instructions)		<u> </u>	age o
		c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
		on 4911 ► N/A; section 4912 ► N/A; section 4955 ►	N/A		
` I	b <i>501 (d</i> year attac	c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit tra or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' h an explanation	ansaction during the	Yes 40b N	No /A
	year	r amount of tax imposed on organization managers or disqualified persons during the under sections 4912, 4955, and 4958	·0.		
•	d Enter	r amount of tax on line 40c reimbursed by the organization	0.		
•	shelte	rganizations. At any time during the tax year, was the organization a party to a prohibited tax er transaction?		40e	X
41	List th	e states with which a copy of this return is filed None			
42		poks are in care of > LIZ SENEAR	Telephone no. ► (907)	424-345	59
	Locate	d at > BOX 199, CORDOVA AK			
!	bAt an finand If 'Yes	ny time during the calendar year, did the organization have an interest in or a signature or othe cial account in a foreign country (such as a bank account, securities account, or other financials, enter the name of the foreign country:	er authority over a al account)?	Yes 42b	No X
		the instructions for exceptions and filing requirements for Form TD F 90-22.1.			
(cAt an	by time during the calendar year, did the organization maintain an office outside of the U.S.?.		42c	Х
		s,' enter the name of the foreign country:			
43		ion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check he enter the amount of tax exempt interest received or accrued during the tax year	► 43		N/A N/A
Plea Sign Her	ase n	Under penalties of berjury, I declare that I have examined this return, including accompanying schedules and statements frue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has	and to the best of my knowledge any knowledge.	and belief, it	is

TEEA0812L 01/19/07

Paid

Pre-

Only

BAA

parer's Use Preparer's signature

Firm's name (or yours if selfemployed), address, and ZIP + 4 RONALD O GOODRICH

Cordova, AK 99574

P.O. Box 1808

Ronald O. Goodrich Co.

Date

Check if selfemployed

Phone no. ►

Preparer's SSN or PTIN (See General Instruction X) N/A

Form 990-EZ (2006)

(907) 424-7231

► N/A

2006 Federal Statements COPPER RIVER PRINCE WILLIAM SOUND	Page 1		
MARKETING ASSOCIATION	56-2502443		
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses			
ADVERTISING \$ BANK CHARGES CONSULTING CONTRACUAL DUES FEES LICENSES OFFICE EQUIP Supplies Telephone Travel Total \$	32,783. 67. 2,000. 95. 68. 101. 235. 4,857. 1,477. 998. 1,411. 44,092.		
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets			
Prepaid expenses and deferred charges	50. 50.		
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities			
Beginning	30,000. 30,000.		
Statement 4 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts			
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. No . No		
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