			EXTENDED TO MAY 15, 2018	1						
	Ω	00	Return of Organization Exempt From	n Income Tax	ŀ	OMB No. 1545-0047				
For	m IJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundat	ions)	2016				
		of the Treasury	Do not enter social security numbers on this form as it m			Open to Public				
		enue Service	Information about Form 990 and its instructions is at www.			Inspection				
-				JUN 30, 201						
Bc	Check if		forganization	D Employer identi	ficatio	on number				
	□Addre		ER RIVER PRINCE WILLIAM SOUND ETING ASSOCIATION							
	_]chang]Name			56-	250	2443				
	_chang Initial		usiness as and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numb		<u> </u>				
	_returr Final		OX 199			424-3459				
	⊥returr termi ated	n –	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<i>, , , ,</i>	366,948.				
	Amer		OVA, AK 99574	H(a) Is this a group	return	-				
			nd address of principal officer: DENNIS ZADRA	for subordinate						
	pend	ing SAME	AS C ABOVE	H(b) Are all subordinates		···				
11	Tax-ex	empt status:	501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or			(see instructions)				
J /	Nebsi	ite: 🕨 WWW .	COPPERRIVERMARKETING.ORG	H(c) Group exempt						
ΚF	[:] orm o	f organization:	X Corporation Trust Association Other ▶ L	Year of formation: 2005	M Sta	te of legal domicile: AK				
Pa	art I									
ġ	1	Briefly describ	e the organization's mission or most significant activities: INCREASE	THE VALUE O	F SZ	ALMON				
anc			ED FROM THE COPPER RIVER/PRINCE WILLI							
ern	2		Check this box 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of its net asset							
Governance	3		Jumber of voting members of the governing body (Part VI, line 1a)							
<u>م</u>	4		er of independent voting members of the governing body (Part VI, line 1b)							
ties	5		al number of individuals employed in calendar year 2016 (Part V, line 2a) 5							
Activities &	6		of volunteers (estimate if necessary)		_	0.				
Ac			d business revenue from Part VIII, column (C), line 12		_	0.				
	D	Net unrelated	business taxable income from Form 990-T, line 34		<u></u>	Current Year				
	8	Contributions	and grants (Part VIII, line 1h)	565,089	<u> </u>	362,760.				
nue	9		ce revenue (Part VIII, line 2g)	0	_	0.				
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	3,629	•	3,553.				
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	575		635.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	569,293		366,948.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	121,333	•	58,617.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0	•	0.				
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	99,926	•	98,923.				
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0	•	0.				
ďx			ing expenses (Part IX, column (D), line 25)							
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	194,850		209,483.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	416,109		367,023.				
	19	Revenue less	expenses. Subtract line 18 from line 12	153,184	_	-75.				
ts ol				Beginning of Current Yea		End of Year				
Sse Bala	20	Total assets (I		856,172 85,673		835,595. 65,171.				
Net Assets or Fund Balances	21		(Part X, line 26)	770,499		770,424.				
	22 Art II	Signature	fund balances. Subtract line 21 from line 20	110,499	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		-	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of	my knr	wledge and belief it is				
			. Declaration of preparer (other than officer) is based on all information of which prep		ing kilo	moago ana bollot, it lo				
	,									
Sig	n	Signature	e of officer	Date						
5										

Here	DENNIS ZADRA, BOARD TH	REASURER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	ROBERT L. REHFELD		01/23/18 ^{if} p00104959					
Preparer	Firm's name ▶ ELGEE REHFELD ME		Firm's EIN ▶ 92-0127098					
Use Only	Firm's address 3309 GLACIER HWY	Y STE B-200						
	JUNEAU, AK 99801	-	Phone no. (907)789-3178					
May the IRS discuss this return with the preparer shown above? (see instructions)								
632001 11-1	11-16 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (201	16)				
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEN	IENT CONTINUATION					

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATIO
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	COPPER RIVER PRINCE WILLIAM SOUND	
		Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	INCREASE THE VALUE OF SALMON HARVESTED FROM THE COPPER RIVER/PRINCE	
	WILLIAM SOUND REGION THROUGH EFFECTIVE MARKETING, QUALITY ENHANCEMENT	Γ,
	RESEARCH AND COOPERATIVE PARTNERSHIPS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes 🗵	<u>No</u>
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	۸o
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	ł
	revenue, if any, for each program service reported.	
4a)
	MARKETING AREA E SALMON AND DEVELOPING REGIONAL SEAFOOD BRANDS. THIS	<u> </u>
	INCLUDED ATTENDING TRADE SHOWS, HOLDING MEDIA EVENTS FOR CHEFS AND	
	PRESS IN CORDOVA, DISTRIBUTING SAMPLES OF LOCAL SALMON THROUGHOUT THE	3
	UNITED STATES, INCREASING VISIBILITY THROUGH WEB PAGE DEVELOPMENT AND	
	THE USE OF FACEBOOK, AND THE CREATION OF A PRINCE WILLIAM SOUND BRAND	
	RECOGNITION PLAN.	
4b	(Code:) (Expenses \$ 58,006 • including grants of \$ 50,617 •) (Revenue \$))
10	SUPPORT OF PROGRAMS SUGGESTED BY MEMBERS AND OF IMPORTANCE TO THE	/
	FLEET. THESE INCLUDED AN IN-STATE PUBLIC RELATIONS CAMPAIGN TO	
	HIGHLIGHT THE IMPORTANCE OF THE COMMERCIAL FLEET TO ALASKA, SUPPORT F	OR
	THE CORDOVA DISTRICT FISHERMAN UNITED BUOY PROGRAM WHICH MARKS THE	
	FISHING CHANNELS FOR THE FLEET EACH SPRING, AND A PILOT SONAR PROJECT	<u> </u>
	TO DETERMINE WHETHER THERE IS A VIABLE LOCATION FOR AN ALTERNATE SONA	
	SITE ON THE COPPER RIVER FLATS.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
)
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 277,467.	
	Form 990	(2016)

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Form	990 (2016) MARKETING ASSOCIATION 56-250	2443	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	t 📃		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
13	complete Schedule G, Part III	19		x
			990	(2016)
		1 011		(

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	990 (2016) MARKETING ASSOCIATION 56-250	2443	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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		<u> </u>
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		└───
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
24	contributions? If "Yes," complete Schedule M	. 30		- 23
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	. 31		<u> </u>
J2	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	. 00		<u> </u>
0.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u>├</u>
~	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		l I
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	· – ·		
_	Note. All Form 990 filers are required to complete Schedule O	. 38	Х	L
			990	(2016)

Form	990 (2016) MARKETING ASSOCIATION 56-2502	443	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			0
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	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)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 990 (2016) MARKETING ASSOCIATION	56-2502443	Pag
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 throu	igh 7b below, and for a "No" re	esponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. So	ee instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip 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	ne dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	[4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		[5		Х
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ippoint	one or				
	more members of the governing body?			[7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?			[7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:				
а	The governing body?			[8a	Х	
b	Each committee with authority to act on behalf of the governing body?			[8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e 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 c	hapter	rs, affiliates,	Γ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form	? [11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?	[12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	Yes," d	escribe	Γ			
	in Schedule O how this was done			[12c	Х	
13	Did the organization have a written whistleblower policy?			[13		Х
14	Did the organization have a written document retention and destruction policy?			[14		Х
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization			[15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ſ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?			[16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s on	y) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy,	and	finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records: 🕨				
	THE ORGANIZATION - (907) 424-3459						
	PO BOX 199, CORDOVA, AK 99574						

Form 990 ((2016)	MARKETING	ASSO	CIATION			56-
Part VII	Compensation	of Officers, D	irectors,	Trustees,	Key Employees	, Highest	Compensate
	Fmplovees an	d Independent	t Contra	ctors			

imployees, 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than o box, unless person is both officer and a director/truste			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFF BAILEY	5.00								0	0
BOARD PRESIDENT		X		X				0.	0.	0.
(2) BILL LINDOW	2.00								0	0
BOARD VICE PRESIDENT		X		X				0.	0.	0.
(3) THEA THOMAS	2.00								0	_
BOARD SECRETARY		X		X			<u> </u>	0.	0.	0.
(4) DENNIS ZADRA	2.00								0	0
BOARD TREASURER	1 00	X		X				0.	0.	0.
(5) LIAM CORCORAN	1.00							0	0.	0
BOARD DIRECTOR	1.00	X						0.	0.	0.
(6) SHAWN GILMAN	1.00	v						0.	0.	0
BOARD DIRECTOR	1.00	X						0.	0.	0.
(7) TROY MATVEEV	1.00	x						0.	0.	0.
BOARD DIRECTOR (8) BLYTHE THOMAS	1.00	^						0.	0.	0.
(8) BLYTHE THOMAS BOARD DIRECTOR	1.00	x						0.	0.	0.
(9) RICH WHEELER	1.00	<u> </u>					<u> </u>	0.	0.	0.
BOARD DIRECTOR	1.00	x						0.	0.	0.
(10) JOHN DEREK WIESE	1.00							0.	0.	0.
BOARD DIRECTOR	1.00	x						0.	0.	0.
(11) CHRISTA HOOVER	40.00								0.	
EXECUTIVE DIRECTOR				x				55,000.	0.	6,000.
									•••	
		1								
		1								
		1								
		1								

COPPER	RIVER	PRINCE	WILLIAM	SOUND
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	990 (2016) MARKETING	ASSOCI	[A]	ΓIC	DN					56-25	5024	143	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours per week			not c , unle	ss pei	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	ation ated		(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga anc	oensa om the anizati I relate nizatie	e ion ed
									FF- 0.00					
с	Sub-total Total from continuation sheets to Part VII	, Section A							55,000. 0. 55,000.		0.0.0.			00.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							no re	-	,000 of reportabl	-		,0	000
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	oyee,	or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unr			dual for services		4		X
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	e J f	or si	ich j	pers	son .					5		X
1	Complete this table for your five highest cor the organization. Report compensation for t	-									ipensa	ation fi	rom	
(A) (B)						(B) Description of s		Co	(C omper		n			
								-						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nite	d to		se lis)	sted	d above) who received n	nore than				

Form	990	(2016) MARKE	TING ASS	OCIATION			56-2502	443 Page 9
Pa	rt VII	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response c	or note to any lin	e 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
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1,000.				
S, G	с	Fundraising events						
Sift ar /		Related organizations						
s, C		Government grants (contribut		361,760.				
r Si		All other contributions, gifts, gran						
the		similar amounts not included above						
i di	q	Noncash contributions included in lines						
ano	-	Total. Add lines 1a-1f			362,760.			
				Business Code				
e	2 a	L	t					
Program Service Revenue	b							
Sei	c							
am	d							
Ba	e							
Pre		All other program service reve	enue					
	a	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			3,553.			3,553.
	4	Income from investment of tax			-			
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents		(
	b							
	c							
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, .	assets other than inventory						
	b	Less: cost or other basis						
	~	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
nue	0 4	including \$	-					
eve		contributions reported on line						
r R		Part IV, line 18						
Other Revenue	b	Less: direct expenses						
Ó		Net income or (loss) from func						
		Gross income from gaming ac		F				
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	- г					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale	-	►				
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS S		900099	635.	635.		
	b							
	с							
		All other revenue						
		Total. Add lines 11a-11d			635.			
	12	Total revenue. See instructions.			366,948.	635.	0.	3,553.

Form 990 (2016) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations 58,617. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 61,473. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 28,459. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 1,283. Other employee benefits 9 7,708. Payroll taxes 10 Fees for services (non-employees): 11 a Management 620. b Legal 18,296. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 61,463. column (A) amount, list line 11g expenses on Sch 0.) 12,864. Advertising and promotion 12 24,621. Office expenses 13 14,725. 14 Information technology 15 Royalties 10,481. 16 Occupancy 29,587. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,135. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 2,477. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) SUPPLIES/EOUIPMENT 32,214. а b С d All other expenses е 367,023. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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MARKETING ASSOCIATION Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,719.		20,532.
	2	Savings and temporary cash investments	848,389.	2	811,942.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,014.	4	3,121.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
st		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	50.	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		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 34)	856,172.	16	835,595.
	17	Accounts payable and accrued expenses	85,673.	17	65,171.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	85,673.	25	65,171.
	26	Total liabilities. Add lines 17 through 25	05,075.	26	05,171.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces	07	complete lines 27 through 29, and lines 33 and 34.	770,499.	07	770,424.
lan	27	Unrestricted net assets	110,499.	27	//0,424•
Fund Balances	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets		29	
ц		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	770,499.	32	770,424.
	33	Total net assets or fund balances Total liabilities and net assets/fund balances	856,172.	33 34	835,595.
	34		000,1720	34	Form 990 (2016)

Form **990** (2016)

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Form	990 (2016) MARKETING ASSOCIATION	56-250	2443	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,948.
2	Total expenses (must equal Part IX, column (A), line 25)	2	367	,023.
3	Revenue less expenses. Subtract line 2 from line 1	3		-75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	770),499.
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 in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	770),424.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		1	
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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			
	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 in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		. 3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities										
(Form 990 or 990-EZ)		anizations Exempt From Income	-	•		2016					
		e if the organization is described									
Department of the Treasury Internal Revenue Service											
-	If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then										
		nplete Parts I-A and B. Do not com	•								
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. 											
 Section 527 organiz 	•										
-		n Form 990, Part IV, line 4, or For									
		have filed Form 5768 (election und	())	•		•					
		have NOT filed Form 5768 (election				•					
Tax) (see separate inst		n Form 990, Part IV, line 5 (Proxy	rax) (see separate ir	istructions) or Form	1990-E4	Z, Part V, line 350 (Proxy					
		tions: Complete Part III.									
Name of organization		RIVER PRINCE WILL	IAM SOUND		Employ	ver identification number					
-		NG ASSOCIATION				56-2502443					
Part I-A Compl	ete if the org	panization is exempt unde	r section 501(c) o	or is a section 5	27 orç	ganization.					
1 Provide a descripti	on of the organiz	ation's direct and indirect politica	l campaign activities ir	n Part IV.							
2 Political campaign	activity expendit	ures			▶\$_						
3 Volunteer hours for	political campai	gn activities									
		panization is exempt unde			<u> </u>						
		incurred by the organization unde									
		incurred by organization manager									
		n 4955 tax, did it file Form 4720 fo									
						Yes No					
b If "Yes," describe in Part I-C Compl		anization is exempt unde	r section 501(c).	except section	501(c)	(3).					
		d by the filing organization for sect			► \$	((-)-					
		ization's funds contributed to othe			۲ Ψ_						
			-		▶\$						
		s. Add lines 1 and 2. Enter here an			· _						
					▶\$						
						Yes No					
5 Enter the names, a	ddresses and er	nployer identification number (EIN) of all section 527 pol	itical organizations to	which	the filing organization					
	-	tion listed, enter the amount paid				-					
	•	omptly and directly delivered to a			eparate	segregated fund or a					
		additional space is needed, provid			<u> </u>						
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fi		(e) Amount of political contributions received and					
				filing organization funds. If none, ente		promptly and directly					
delivered to a separate											
						political organization. If none, enter -0					
					-+						
					-+						
				1	-+						

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

COPPER RIVER PRINCE WILLIAM SOUND A SSOCTATION

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Schedule C (Form 990 or 990-EZ) 2016	MARKE	TING A	SSOCIATION		56-2	2502443 Page 2				
Part II-A Complete if the org	anizati	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under				
section 501(h)).										
A Check 🕨 🛄 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,										
expenses, and shar	e of exce	ss lobbying	expenditures).							
B Check 🕨 🛄 if the filing organizat	ion checl	ked box A a	nd "limited control" pro	ovisions apply.						
		bying Expe neans amou	nditures Ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influ	ience put	lic opinion (grass roots lobbying)							
b Total lobbying expenditures to influ										
c Total lobbying expenditures (add lin										
d Other exempt purpose expenditure										
e Total exempt purpose expenditures										
f Lobbying nontaxable amount. Ente										
If the amount on line 1e, column (a) o			bying nontaxable am							
Not over \$500,000		20% of	the amount on line 1e							
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.						
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.						
Over \$17,000,000		\$1,000,	000.							
g Grassroots nontaxable amount (en	ter 25% c	of line 1f)								
h Subtract line 1g from line 1a. If zero	o or less,	enter -0								
i Subtract line 1f from line 1c. If zero	or less, e	enter -0								
j If there is an amount other than zer	o on eith	er line 1h or	line 1i, did the organiz	ation file Form 4720						
reporting section 4911 tax for this	/ear?				l	Yes No				
			eraging Period Under	• • •						
(Some organizations th			• •		of the five columns b	pelow.				
		•	ate instructions for li	• •						
	Lob	bying Expe	nditures During 4-Yea	ar Averaging Period						
Calendar year (or fiscal year beginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
2a Lobbying nontaxable amount										
b Lobbying ceiling amount										
(150% of line 2a, column(e))										
c Total lobbying expenditures										
d Grassroots nontaxable amount										
e Grassroots ceiling amount										
(150% of line 2d, column (e))										
						1				
f Grassroots lobbying expenditures										

Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016 MARKETING ASSOCIATION 56-250244 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.			No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5)	, or se	ection	
	501(0)(0).			Yes	No
	Ware substantially all (2007, as more) dues rescined readed with a by morehave 2		1	103	X
1	Were substantially all (90% or more) dues received nondeductible by members?			X	A
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		·	A	X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section		otion	Λ	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group	list): Part II-A	lines 1	and 2 (see	

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

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.							2016	OMB No. 1545-0047 2016 Open to Public	
Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.										
								Employer identification num $56-250244$		
Part I General In	formation on Grants a	Ind Assistance								
criteria used to a	ation maintain records ward the grants or assis IV the organization's pro	stance?] No	
Part II Grants and	d Other Assistance to	Domestic Organi	zations and Domesti	c Governments. C	complete if the org	anization answered	/es" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and ad	nat received more than dress of organization rernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
PRINCE WILLIAM SC PO BOX 705 CORDOVA, AK 99574	IENCE CENTER	92-0129853	501(C)(3)	47,217.	0.			FISH PASSAGE SONOR SUR PROJECT	\VEY	
	er of section 501(c)(3) a	•	•	ne line 1 table			•	b	1.	
3 Enter total number	er of other organization Reduction Act Notice							Schedule I (Form 990) (2	2016)	

Schedule I (Form 990) (2016)

(2016) MARKETING ASSOCIATION

56-2502443

Page 2

Part III 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 cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION GRANTS FUNDING

THROUGH A PROJECT PROPOSAL SYSTEM. PROPOSALS ARE REVIEWED BY THE DIRECTORS,

SELECTED AND VOTED ON. CONTRACTS AND TIMELINES ARE ESTABLISHED BY THE

EXECUTIVE DIRECTOR AND THE GRANTEE. ORIGINAL INVOICES ARE REQUIRED FOR

REIMBURSEMENT. GRANT FUNDS ARE AVAILABLE FOR DISBURSEMENT ON A MONTHLY

BASIS OVER THE COURSE OF THE PROPOSED PROJECT. THE PROPOSAL, THE CONTRACT

AND THE FINAL REPORT DOCUMENT THE GRANT AND PROPOSAL.

SCHEDULE O (Form 990 or 990-EZ)

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

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. COPPER RIVER PRINCE WILLIAM SOUND Emplo MARKETING ASSOCIATION 56

m990. Employer identification number

OMB No 1545-0047

56-2502443

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

EFFECTIVE MARKETING, QUALITY ENHANCEMENT, RESEARCH AND COOPERATIVE

PARTNERSHIPS.

FORM 990, PART VI, SECTION A, LINE 2:

ONE DIRECTOR IS THE DAUGHTER OF EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 6:

A PERSON MAY BECOME A VOTING MEMBER OF THE ORGANIZATION BY: HOLDING AN AREA

E PERMIT AND PAYING AN ANNUAL MEMBERSHIP LEVY OF ONE PERCENT (1%) OF ANNUAL

EX-VESSEL SEAFOOD SALES; OR PAYING A MEMBERSHIP FEE.

FORM 990, PART VI, SECTION A, LINE 7A:

VOTING MEMBERS ANNUALLY ELECT DIRECTORS TO SERVE ON THE BOARD.

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

THE FORM 990 WILL BE PRESENTED TO THE BOARD AT THE FIRST BOARD MEETING

FOLLOWING COMPLETION OF THE 990, WHICH MAY NOT BE BEFORE THE REQUIRED

FILING DATE.

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

BOARD MEMBERS AND STAFF ARE REQUESTED TO DIVULGE CONFLICTS AT BOARD

MEETINGS.

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

EXECUTIVE PERFORMANCE AND COMPENSATION IS REVIEWED BY THE BOARD ANNUALLY.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization COPPER RIVER PRINCE WILLIAM SOUND	Page 2 Employer identification number
MARKETING ASSOCIATION	56-2502443
UPON CONCLUSION OF THE REVIEW, THE BOARD DETERMINES THE R	ELEVANT SALARY.
FORM 990, PART VI, SECTION C, LINE 18:	
ORGANIZATION'S FORMS 1024 AND 990 ARE AVAILABLE TO THE PU	BLIC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE HOUSED AT THE ORGANIZATION'S OFFICE IN CORD	OVA, ALASKA AND
MADE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PUBLIC RELATIONS AND STRATEGIC PLANNING	57,899.
BOAT CHARTERS	3,564.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	61,463.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

				Entering	ersidentiliyi	ng number	
Type or print					Employer identification number (EIN) or		
	MARKETING ASSOCIATION					02443	
File by the due date for filing your return. See	te for Number, street, and room or suite no. If a P.O. box, see instructions. So				Social security number (SSN)		
instructions							
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)				
Applicat	ion	Return	Application			Return	
Is For		Code	Is For	Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 99	D-BL	02	Form 1041-A	08			
Form 47	20 (individual)	03	Form 4720 (other than individual)	09			
Form 99	D-PF	04	Form 5227	10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	0-T (trust other than above)	06	Form 8870				
 If the If this box 1 1 reform 	hone No. ► (907) 424-3459 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until . the organization named above. The extension is for the cr cr tax year beginning JUL 1, 2016 he tax year entered in line 1 is for less than 12 months, cr Change in accounting period	Group Exe and atta MAX organizatio , an	emption Number (GEN) I ch a list with the names and EINs o Y 15, 2018, to file on's return for: d ending JUN 30, 2017	f this is fo f all memb e the exen	r the whole g pers the exter npt organizat	nsion is for.	
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069.	enter the tentative tax, less any				
	nonrefundable credits. See instructions.			3a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.	
instructio	: If you are going to make an electronic funds withdrawa ons. For Privacy Act and Paperwork Reduction Act Notice,			3453-EO a		9-EO for payment 868 (Rev. 1-2017)	

Entor filor's identifying number