			EXTENDED TO MAY 16,	2016							
	Ω	00	Return of Organization Exempt	From I	ncome Tax	OMB No. 1545-0047					
For	m Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue		^{ns)} 2014						
Department of the Treasury Do not enter social security numbers on this form as it may be made public.											
Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015											
				ending u	1						
Ba	Check if				D Employer identific	ation number					
	⊐Addr		ER RIVER PRINCE WILLIAM SOUND								
	chan		ETING ASSOCIATION			500440					
	_lchan	ge Doing b	usiness as	D ())		502443					
	_returr Final		and street (or P.O. box if mail is not delivered to street address) OX 199	Room/suite	E Telephone number						
	returr_ termi	n-				534,010.					
	ated Amer	ided CODT	own, state or province, country, and ZIP or foreign postal code OVA , AK 99574		G Gross receipts \$						
	_lreturr ∏Appli		nd address of principal officer: DENNIS ZADRA		H(a) Is this a group re for subordinates?						
	tion pend		AS C ABOVE		H(b) Are all subordinates in						
1 1	[av.ov	empt status:	501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1)	or 527		list. (see instructions)					
			COPPERRIVERMARKETING.ORG		H(c) Group exemption						
			X Corporation Trust Association Other ►	I Year		State of legal domicile: AK					
	art I	Summary				etato er legar dermone,					
	1		e the organization's mission or most significant activities: ${f INCR}$	EASE 1	THE VALUE OF	SALMON					
Governance		HARVEST	ED FROM THE COPPER RIVER/PRINCE W	ILLIAM	I SOUND REGIO	ON THROUGH					
rna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.					
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			9					
ۍ مې	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)			9					
es	5	Total number	of individuals employed in calendar year 2014 (Part V, line 2a)		5	5					
iviti	6	Total number	of volunteers (estimate if necessary)		0						
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated	business taxable income from Form 990-T, line 34		0.						
					Prior Year	Current Year					
ne	8		and grants (Part VIII, line 1h)		620,259.	528,674.					
Revenue	9	•	ce revenue (Part VIII, line 2g)		6,800.	1,600.					
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,501. 489.	3,049. 687.					
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		630,049. 15,650.	534,010. 23,458.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	25,450.					
	14		to or for members (Part IX, column (A), line 4)		112,340.	81,573.					
sec			undraising fees (Part IX, column (A), line 11e)		0.	01,5,5.					
Expenses			ng expenses (Part IX, column (D), line 25)	0.							
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)		289,924.	273,643.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		417,914.	378,674.					
	19		expenses. Subtract line 18 from line 12		212,135.	155,336.					
or					eginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		474,396.	636,078.					
dBs	21	Total liabilities	(Part X, line 26)		12,417.	18,763.					
Net Assets or Fund Balances			fund balances. Subtract line 21 from line 20		461,979.	617,315.					
Pa	art II										
			I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is					
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.						
		Olement.	a of officer		Data						
Sig		· ·			Date						
Her	e		IS ZADRA, TREASURER								
			אוות חמוווס מווע נונוס								

	rype of print hand and and						
	Print/Type preparer's name	FIEHAIEI S SIYIIALUIE	Date Check PTIN				
Paid	ROBERT L. REHFELD	0	3/25/16 self-employed P00104959				
Preparer	Firm's name ▶ ELGEE REHFELD ME		Firm's EIN 92-0127098				
Use Only	Firm's address 🖕 9309 GLACIER HWY						
	JUNEAU, AK 99801		Phone no. (907)789-3178				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	COPPER RIVER PRINCE WILLIAM SOUND
	MARKETING ASSOCIATION 56-2502443 Page 2 rt III Statement of Program Service Accomplishments 56-2502443 Page 2
r ai	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,
	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 X No
-	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
4	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	ENHANCING PRODUCT QUALITY THROUGH THE ICE BARGE PROGRAM WHICH PROVIDED
	ICE TO FISHERMAN ON PRINCE WILLIAM SOUND. FISHERMEN COULD STORE EXTRA
	NETS ON THE BARGE FOR \$200/NET.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	MARKETING AREA E SALMON AND DEVELOPING REGIONAL SEAFOOD BRANDS. THIS
	INCLUDED: ATTENDING TRADE SHOWS, HOLDING MEDIA EVENTS FOR CHEFS AND
	PRESS IN CORDOVA, DISTRIBUTING SAMPLES OF LOCAL SALMON THROUGHOUT THE
	US, INCREASING VISIBILITY THROUGH WEB PAGE DEVELOPMENT AND THE USE OF
	FACEBOOK, AND THE CREATION OF A PRINCE WILLIAM SOUND BRAND RECOGNITION
	PLAN.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	SUPPORT OF PROGRAMS SUGGESTED BY MEMBERS AND OF IMPORTANCE TO THE
	FLEET. THESE INCLUDED SUPPORT OF AN IN-STATE PUBLIC RELATIONS CAMPAIGN
	TO HIGHLIGHT THE IMPORTANCE OF THE COMMERICAL FLEET TO ALASKA, SUPPORT
	FOR THE CORDOVA DISTRICT FISHERMAN UNITED BUOY PROGRAM WHICH MARKS THE
	FISHING CHANNELS FOR THE FLEET EACH SPRING, AND A PILOT SONAR PROJECT
	TO DETERMINE WHETHER THERE IS A VIABLE LOCATION FOR AN ALTERNATE SONAR
	SITE ON THE COPPER RIVER FLATS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
432002	Form 990 (2014)
-02004	-

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

Form 990 (2014) MARKETING AS
Part IV Checklist of Required Schedules

56-2502443	Page 3
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			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	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	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	·		
Ū	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 temporarily restricted endowments, permanent			
	endowments, or 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, 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		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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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.	45		х
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,	16		17
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	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,"	10		
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

432003 11-07-14

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

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	990 (2014) MARKETING ASSOCIATION 56-25	02443	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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		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		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	24 a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 b		
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	25 a		
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	25 b		
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,"			
	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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a		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,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	01		x
20	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		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	55		
94	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			
2	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			
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	x	
				(2014)

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

Pa								
	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							
b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37					
	(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		v					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		x				
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x				
h.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a						
a	If "Yes," enter the name of the foreign country:							
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		x				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b		50 5c		- 23				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50						
Ud	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				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua						
D		6b						
7	Organizations that may receive deductible contributions under section 170(c).	00						
'a								
	· · · · · · · · · · · · · · · · · · ·							
	c 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							
e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 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 11a							
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						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	4.4		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

Form **990** (2014)

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

56-2502443 Page 6 Now, and for a "No" response

Form 990 (2014)	MARKETING	ASSOCIATION		56-2502
Part VI Governa	nce, Management, ar	nd Disclosure For each	"Yes" response to lines 2 through	7b below, and for a
to line 8a, 8	b, or 10b below, describe th	e circumstances, processe	s, or changes in Schedule O. See i	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	p 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 th	e dire	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	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	evenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	1	X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12	, X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe			
	in Schedule O how this was done			120	; X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
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).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment v	rith a			
	taxable entity during the year?			16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16k		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AK$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Г (Sect	ion 501(c)(3)s only) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Scl	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd fina	ncial	
	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	oks ar	d records:			
	THE ORGANIZATION - (907) 424-3459					
	PO BOX 199, CORDOVA, AK 99574					

COPPER RIVER PRINCE WILLIAM SOUND

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and	l Independe	ent Contra	ctors			

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

MARKETING ASSOCIATION

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 report-

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

reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	irecto	or/trus	stee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	er di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trust		ee	npen		(00-2/1099-00130)		organization and related
	below	dual ti	itiona		nploy	st cor	5			organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF BAILEY	2.00		_	_			-			
BOARD PRESIDENT		x		X				0.	0.	0.
(2) MIKE MICKELSON	1.00									
BOARD PRESIDENT		X		Х				0.	0.	0.
(3) BILL LINDOW	1.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(4) WILLIAM MEYER	1.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(5) THEA THOMAS	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(6) BOB SMITH	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(7) DENNIZ ZADRA	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(8) MICAH ESS	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(9) WILLIAM BAILEY	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(10) DEREK BLAKE	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(11) SHAWN GILMAN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(12) MICHAEL HAND	1.00								_	
BOARD DIRECTOR		X						0.	0.	0.
(13) SUSAN HARVEY	1.00								_	
BOARD DIRECTOR		Х						0.	0.	0.
(14) HAYLEY HOOVER	1.00								_	
BOARD DIRECTOR		X						0.	0.	0.
(15) JIM KALLANDER	1.00									_
BOARD DIRECTOR		х						0.	0.	0.
(16) PER NOLAN	1.00							_		-
BOARD DIRECTOR		Х						0.	0.	0.
(17) JEFF OLSEN	1.00									-
BOARD DIRECTOR		X						0.	0.	0.

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

56-2502443	Page 8
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Form 990 (2014) MARKETING ASSOCIATION 56-2502443 Page 8												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)(B)(C)(D)(E)Name and titleAverage hours per (list any (list anyPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from theReportable compensation from relat						(E) Reportable compensation from related organizations (W-2/1099-MISC)	a con f	(F) stimate mount other npensa from th ganiza	ation			
	organizations below line) 1 • 0 0	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				nd relat Janizat	
(18) PAUL OWECKE BOARD DIRECTOR	1.00	х						0.	0			0.
(19) RICHARD WHEELER	1.00	11						0.	0	• 		0.
BOARD DIRECTOR		х						0.	0			0.
(20) CHRISTA HOOVER	40.00											
EXECUTIVE DIRECTOR				Х				0.	0	,		0.
(21) RICHARD BLANKE	40.00											•
EXECUTIVE DIRECTOR	40.00			Х				0.	0	·		0.
(22) ELEANOR HAND INTERIM EXECUTIVE DIRECTOR	40.00			x				31,019.	0	,		0.
1b Sub-total								31,019.	0			0.
c Total from continuation sheets to Part VI								0.31,019.	0			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n										·		
compensation from the organization		000	noco	u u.		c,	10 1					0
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								•		3	-	x
4 For any individual listed on line 1a, is the su	im of reportabl	e co	ompe	ensa	atior	n and	d ot	her compensation from				
and related organizations greater than \$1505 Did any person listed on line 1a receive or a									idual for services	4		X
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ch	pers	son .		-		5		X
Section B. Independent Contractors	manager of inc	long	ndor	<u></u>	ont	reat		that received more than	¢100.000 of compos	aatian	from	
	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
(A) Name and business address NONE					(B) Description of s	ervices		C) ensatic	on			
2 Total number of independent contractors (i	ncluding but n	ot lii	nitec	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of compensation from the organi	zation 🕨				(0						

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COPPER	RIVER	PRINCE	WILLIAM	SOUND				
MARKETING ASSOCIATION								

Ра	ττ νιι						
		Check if Schedule O contains a respo	nse or note to any lin	ie 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
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	528,674.	528,674.			
<u> </u>			Business Code				
Program Service Revenue	2a b c d			1,600.	1,600.		
ogra	e						
Ţ,	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,600.			
	3 4	Investment income (including dividends, i other similar amounts) Income from investment of tax-exempt bo	nd proceeds	3,049.			3,049.
	5	Royalties					
	b	Gross rents					
		Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securit assets other than inventory					
	с	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)					
/enue		Gross income from fundraising events (no including \$ of					
Other Revenue		contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	. b				
		Net income or (loss) from fundraising ever Gross income from gaming activities. See					
	b	Part IV, line 19 Less: direct expenses	_ a _ b				
		Net income or (loss) from gaming activities	s 🕨				
		Gross sales of inventory, less returns and allowances Less: cost of goods sold					
		Net income or (loss) from sales of invento					
		Miscellaneous Revenue	Business Code		C 0 7		
		MISCELLANEOUS REFUNDS	_	687.	687.		
	b c						
		All other revenue					
		Total. Add lines 11a-11d		687.			
	12	Total revenue. See instructions.		534,010.	2,287.	0.	3,049.

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

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 23,458. 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, 32,198. 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) 36,577. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 6,630. Other employee benefits 9 Payroll taxes 6,168. 10 Fees for services (non-employees): 11 a Management 29,515. b Legal 17,850. 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 76,800. column (A) amount, list line 11g expenses on Sch 0.) 4,533. Advertising and promotion 12 22,496. Office expenses 13 21,008. 14 Information technology 15 Royalties 10,297. 16 Occupancy 42,798. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,482. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 1,727. 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/EQUIPMENT 44,137. а b С d All other expenses е 378,674. 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)

Form 990 (2014)

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COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

	990 (; rt X	2014) MARKETING ASSOCIATION Balance Sheet			2502443 Page 11
		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	180,406.	1	265,295.
	2	Savings and temporary cash investments	292,740.	2	370,295.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,200.	4	438.
	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			
ß		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	50.	9	50.
	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)	474,396.	16	636,078.
	17	Accounts payable and accrued expenses	12,417.	17	18,763.
	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	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		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		25	
	26	Total liabilities. Add lines 17 through 25	12,417.	26	18,763.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Fund Balances		complete lines 27 through 29, and lines 33 and 34.	461 000		618 015
anc	27	Unrestricted net assets	461,979.	27	617,315.
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
ц		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	461,979.	32	617,315.
_	33	Total net assets or fund balances	401,7/9.	33	

Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 617,315. 636,078. 461,979. Total net assets or fund balances 33 474,396. 34 Total liabilities and net assets/fund balances

Form **990** (2014)

COPPER	RIV	/ER	PRINCE	WILLIAM	SOUND			
MARKETING ASSOCIATION								

Part 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) 2 Total expenses (must equal Part IX, column (A), line 25) 2 378, 674 3 Revenue less expenses. Subtract line 2 from line 1 4 461, 979 5 4 6 6 7 6 8 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 617, 315 Part XII Financial Statements and Reporting Column (B) Check if Schedule O contains a response or note to any line in this Part XII
1 Total revenue (must equal Part VIII, column (A), line 12) 1 534,010 2 Total expenses (must equal Part IX, column (A), line 25) 2 378,674 3 Revenue less expenses. Subtract line 2 from line 1 3 155,336 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 461,979 5 5 6 7 6 7 7 6 7 8 7 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 617,315 10 617,315
2 Total expenses (must equal Part IX, column (A), line 25) 2 378, 674 3 Revenue less expenses. Subtract line 2 from line 1 3 155, 336 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 461, 979 5 5 6 7 6 7 6 7 7 6 7 7 8 9 0 ther 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)) 10 617, 315
2 Total expenses (must equal Part IX, column (A), line 25) 2 378, 674 3 Revenue less expenses. Subtract line 2 from line 1 3 155, 336 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 461, 979 5 5 6 7 6 7 6 7 7 6 7 7 8 9 0 ther 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)) 10 617, 315
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 4 6 5 7 6 7 6 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)) 10 617, 315
4 461,979 5 5 6 5 6 6 7 6 8 7 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)) 10 617,315 Part XII Financial Statements and Reporting
5 Net unrealized gains (losses) on investments 5 6 6 7 6 7 7 8 7 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 6 617, 315
6 6 7 7 8 7 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 Part XII Financial Statements and Reporting
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)) 10 617, 315 Part XII Financial Statements and Reporting 5 5
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)) 10 617,315 Part XII Financial Statements and Reporting 10 617,315
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)) 10 617,315 Part XII Financial Statements and Reporting 0 0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 617,315 Part XII Financial Statements and Reporting 10 617,315
column (B)) 10 617,315 Part XII Financial Statements and Reporting
Part XII Financial Statements and Reporting
Part XII Financial Statements and Reporting
Chack if School up O contains a response or note to any line in this Bart VII
Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a
separate basis, consolidated basis, or both:
Separate basis Consolidated basis Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
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:
X Separate basis Consolidated basis Both consolidated and separate basis
c 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?
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit
Act and OMB Circular A-133? 3a X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit
or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2014

Employer identification number

Name of the organization

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

56-2502443

Organization	type (check one):
--------------	-------------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(6) (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

X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

56-2502443

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	STATE OF ALASKA, DEPARTMENT OF REVENUE PO BOX 110400 JUNEAU, AK 99811-0400	\$528,674.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page 2

Name of organization

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

56-2502443

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

	3 (Form 990, 990-EZ, or 990-PF) (2014)		Page 4					
Name of org	anization		Employer identification number					
	R RIVER PRINCE WILLIAM	SOUND						
	TING ASSOCIATION		56-2502443					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	ributions to organizations described columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 o	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this informance) \$					
	Use duplicate copies of Part III if addition							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-		(e) Transfer of git	l					
			L					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
Γ	· · · · · · · · · · · · · · · · · · ·							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Torrest and the second states of the second							
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	() 1 3	(7- 0						
	·							
Г		(e) Transfer of git	t					
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from			(d) Decemention of how with in hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F		(e) Transfer of gif	 t					
			-					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
Γ								

(Forn	HEDULE D n 990) ment of the Treasury I Revenue Service	Complete if the org Part IV, line 6, 7, 8, 9, 10 Information about Schedule D (For	al Financial Statements anization answered "Yes" to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. rm 990) and its instructions is at <u>www.irs.c</u>	ov/form990	OMB No. 1545-0047 2014 Open to Public Inspection
Nam	e of the organization	on COPPER RIVER PRINC MARKETING ASSOCIAT		Emp	loyer identification number 56-2502443
Par	t I Organiza		ed Funds or Other Similar Funds of	or Accou	
		n answered "Yes" to Form 990, Part IV, lin			
		·	(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at en	nd of year			
2		f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value at	t end of year			
5	Did the organizatio	n inform all donors and donor advisors in	writing that the assets held in donor advised	d funds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes 📖 No
6	•	C	advisors in writing that grant funds can be us		
			or donor advisor, or for any other purpose co	•	
Par			ganization answered "Yes" to Form 990, Par		Yes No
1		ervation easements held by the organizat	-	tiv, ine 7.	
•		of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	cally impor	tant land area
		f natural habitat	Preservation of a certifie		
		of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of	a conserva	ation easement on the last
	day of the tax year	• •			
					Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
			ructure included in (a)		
d			after 8/17/06, and not on a historic structure		
•					
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization	i during the tax
4	year ►	 where property subject to conservation ea	sement is located		
5		tion have a written policy regarding the pe	·		
-	•		it holds?		Yes No
6			and enforcing conservation easements dur		
7	Amount of expense	es incurred in monitoring, inspecting, and	enforcing conservation easements during th	ne year 🕨 S	\$
8	Does each conserv	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h))(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part XIII, describ	be how the organization reports conservat	ion easements in its revenue and expense s	tatement, a	and balance sheet, and
		-	tion's financial statements that describes th	e organizat	ion's accounting for
Da	conservation ease		f Art, Historical Treasures, or Oth	or Simil	ar Accoto
Fai		the organization answered "Yes" to Form			ai Assels.
12			SC 958), not to report in its revenue stateme	nt and hala	ance sheet works of art
iu	•		hibition, education, or research in furtherand		
		note to its financial statements that descr			
b			SC 958), to report in its revenue statement a	nd balance	sheet works of art, historical
			ducation, or research in furtherance of publi		
	relating to these ite				
	(i) Revenue inclue	ded in Form 990, Part VIII, line 1		► \$	\$
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide	e
	-	ints required to be reported under SFAS 1			
b	Assets included in	Form 990, Part X		► \$	\$

COPPER RJ	IVER PRI	NCE WILL	JIAM SOUND
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.		C AGGOCTA			1 SOOND		56.	25	0244	3 -	0
-		G ASSOCIA		aniaal Tr							age Z
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following that	it are a sig	nificant use	of its (collectio	n item	S
	(check all that apply):		. — .								
a		c			hange progra	ams					
b											
С	c Preservation for future generations										
4	Provide a description of the organization's colle							n Part	t XIII.		
5	During the year, did the organization solicit or r								-		-
_	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	on answered '	'Yes" to F	orm 990, Pa	rt IV, li	ine 9, or		
	reported an amount on Form 990, Part 2										
1a	Is the organization an agent, trustee, custodiar								٦		٦
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	bllowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on For	m 990, Part X, line	e 21, for e	scrow or c	ustodial acco	unt liabilit	y?	∟	Yes		No
_	If "Yes," explain the arrangement in Part XIII. C								<u></u>		
Par	t V Endowment Funds. Complete if t	he organization ar						1	_		<u> </u>
	E	(a) Current year	(b) Pr	rior year	(c) Two year	rs back (c) Three years	back	(e) Fou	' years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	nt year end baland	ce (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment 🕨		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	l equal 100%.									
3a	Are there endowment funds not in the possess	sion of the organiz	ation that	t are held a	and administe	red for the	e organizatio	n			
	by:	Ū					U U			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organizations li	isted as required o	on Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the o										
	t VI Land, Buildings, and Equipme	0									
	Complete if the organization answered), Part IV,	line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or c			t or other		umulated		(d) Boo	k value	e
		basis (investr		. ,	(other)	• •	eciation		., -		
1a	Land										
	Buildings										
	Leasehold improvements							1			
	Equipment							1			
	Other							1			
	Add lines 1a through 1e. (Column (d) must equ		X colum	n (R) line i	10c)		•	+			0.

Schedule D (Form 990) 2014

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

	orm 990) 2014 MARKETING A	SSOCIATION		50	-2502443 _{Page}
	vestments - Other Securities.				
Ci	omplete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11b. See Form 990, Pa	art X, line 12.	
(a) Description	1 Of Security Or Category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or en	d-of-year market value
1) Financial d	lerivatives				
	ld equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
. ,					
(E)					
(F)					
(G)					
(H)					
	nust equal Form 990, Part X, col. (B) line 12.)				
	vestments - Program Related.				
	omplete if the organization answered "Yes"		e 11c. See Form 990, Pa	art X, line 13.	<u> </u>
	(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
()	nust equal Form 990, Part X, col. (B) line 13.)				
	other Assets.				
		to Form 000 Dart IV lin	a 11d Saa Farm 000 D	ort V line 15	
	omplete if the organization answered "Yes"	Description		art A, line 15.	(b) Book value
	(4)	Description			
(4)					
(1)					
(2)					
(2) (3)					
(2)					
(2) (3) (4) (5)					
(2) (3) (4)					
(2) (3) (4) (5)					
(2) (3) (4) (5) (6)					
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8) (9)) (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	n (b) must equal Form 990, Part X, col. (B) lin D ther Liabilities.	e 15.)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O	Other Liabilities.		e 11e or 11f. See Form §	▶ 290, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O	Other Liabilities. omplete if the organization answered "Yes"		e 11e or 11f. See Form 9 (b) Book value	▶ 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O Column Column	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O Column Column (1) Federa	Other Liabilities. omplete if the organization answered "Yes"			▶ 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O Column (1) Federa (2)	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability			▶ 290, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (<i>Column</i> Part X O Coll. (1) Federa (2) (3)	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O Column (1) Federa (2) (3) (4)	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O Column Part X O (1) Federa (2) (3) (4) (5)	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O Column Part X O Column (1) Federa (2) (3) (4) (5) (6)	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability) 990, Part X, line 25	j.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O Column Part X O (1) Federa (2) (3) (4) (5)	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability			▶ 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Part X O Part X O (4) (1) Federa (2) (3) (4) (5) (6)	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O Column Part X O Column (1) Federa (2) (3) (4) (5) (6) (7)	Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability				

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

COPPER RIVER PRINCE WILLIAM SOUND MARKETTING ASSOCTATION

Sche	dule D (Form 990) 2014	MARKETING ASSOCIATION		56-25	02443 Page 4
Pa	t XI Reconciliation of	Revenue per Audited Financial Sta	tements With Reve		
	Complete if the organiz	zation answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and othe	er support per audited financial statements			534,010.
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses)	on investments	2a		
b		facilities			
с		s			
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				534,010.
4		90, Part VIII, line 12, but not on line 1:			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
с	Add lines 4a and 4b			4c	0.
5		d 4c. (This must equal Form 990, Part I, line 12.,			534,010.
Pa	rt XII Reconciliation of	Expenses per Audited Financial St	atements With Expe	enses per Return.	
	Complete if the organized	zation answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses pe	r audited financial statements		1	378,674.
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25:			
а	Donated services and use of	facilities	2a		
b	Prior year adjustments		2b		
с	Other losses		2c		
d	Other (Describe in Part XIII.)		2d		_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				378,674.
4		90, Part IX, line 25, but not on line 1:			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
с					0.
5		nd 4c. (This must equal Form 990, Part I, line 18	3.)	5	378,674.
Pa	rt XIII Supplemental Inf	ormation.			

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

PART X, LINE 2:

THE ASSOCIATION IS ORGANIZED UNDER SECTION 501(C)(6) OF THE INTERNAL
REVENUE CODE AS A NONPROFIT, TAX EXEMPT ORGANIZATION. THE ASSOCIATION IS
NOT CLASSIFIED AS A PRIVATE FOUNDATION. THE ORGANIZATION FOLLOWS THE
PROVISIONS OF FASB ASC 740 INCOME TAXES, AND MANAGEMENT BELIEVES THAT IT
HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN. THE ORGANIZATION'S
FEDERAL INCOME TAX RETURNS (FORM 990) ARE SUBJECT TO POSSIBLE EXAMINATION
BY THE INTERNAL REVENUE SERVICE UNTIL THE EXPIRATION OF THE RELATED
STATUTE OF LIMITATIONS ON THOSE TAX RETURNS, WHICH, IN GENERAL, HAVE A
THREE-YEAR STATUTE OF LIMITATIONS.

Schedule D (Form 990) 2014	MARKETING	ASSOCIATION	56-2502443	Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Infor	mation (continued)			

21

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.							
Internal Revenue Service		Informat	ion about Schedule I	(Form 990) and its	s instructions is a	t www.irs.aov/form99	90.	Inspection
Name of the organization	on COPPER RI MARKETING		E WILLIAM S ION	SOUND		-		Employer identification number 56-2502443
Part I General In	formation on Grants a	nd Assistance						
1 Does the organiz	ation maintain records	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to a	ward the grants or assis	stance?						Yes X No
	V the organization's pro							
	d Other Assistance to at received more than \$	•			i e	anization answered ""	Yes" to Form 990, Part	IV, line 21, for any
	dress of organization ernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORDOVA DISTRICT : PO BOX 939	FISHERMEN UNITED							
CORDOVA, AK 99574		92-0035037	5	10,500.	0.			SCHOLARSHIP FUND
PRINCE WILLIAM SC PO BOX 705 CORDOVA, AK 99574		92-0129853	3	9,433.	0.			SONOR PROJECT
2 Enter total number	er of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	I	I	1	▶ 2.
	er of other organization	0	•	·····	·····		·····	
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2014)

COPPER RIVER PRINCE WILLIAM SOUND

Schedule I (Form 990) (2014)

(2014) MARKETING ASSOCIATION

56-2502443

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance

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

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/form9900 COPPER RIVER PRINCE WILLIAM SOUND Emplo MARKETING ASSOCIATION 56

Copen to Public Inspection Employer identification number 56-2502443

OMB No 1545-0047

Δ

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 11:

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2014)

 432211 08-27-14
 Schedule O (Form 990 or 990-EZ)
 Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990 EZ) (2014)	Page 2
Name of the organization COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION	Employer identification number 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 1023 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:	
BOAT CHARTERS	43,245.
MARKETING CONSULTANTS	33,555.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	76,800.