Form **990-EZ**

2008

OMB No. 1545-1150

Open to Public III

partment of the Treasury internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

					7/01	, 2008, a	and end	dina	6/30			2009	
Α				year, or tax year beginning	1701					D Emplo	yer ide	ntification nun	nber
B_	n		applicable:	CORRER DIVER DRINGE	MITTITAM	COLIND				56-	250	2443	
<u> </u>	4		change use IRS	COPPER RIVER PRINCE	OM MITTITUM	SOUND					phone number		
\vdash	4	ne cha	print or	MARKETING ASSOCIATION BOX 199	ON					190	171	424-354	19
-	7	al retu	urn type.	CORDOVA, AK 99574						(30	'''	424 334	
-	≓	ninati	iroturn Instruc-	CORDOVA, AR 33374						F Grou			_
F	4		on pending								_		-
_	1		Section F01/cV	3) organizations and 4947(a)(1) (nonexempt ch	aritable trusts	-		ccounting		Ш	Cash X	Accrual
			must att	3) organizations and 4947(a)(1) r tach a completed Schedule A (Fo	orm 990 or 990	0- <i>EZ</i>)			ther (spec				
								HC	heck ► [2	Al IT THE	e orga	nization is	1990.
ı	We	Website: Www.Copperatvermataecing.org						990-PF).	Schedule B (Form 990, F).				
J			ation type (check or	nly one) — X 501(c) (6) ◀	(insert no.)	4947(a)(1) or	d its or					more than	
Κ	Ch	eck	▶ ∐ if the org	ganization is not a section 509(a) ot required, but if the organizatio	o(3) supporung	file a return, be s	sure to	file a	complete	return.	,		
_	_\$2 	5,00	O. A return is no	of required, but it the organization	Tricioses to	000 000 or more	file F	orm (990				
L	Ad	ld lir	nes 5b, 6b, and	7b, to line 9 to determine gross	receipts; if \$1	,000,000 or more	;, III C I			1	> \$	37	2,402.
<u></u>	ıns	. Perm	Dayonua	Evpenses and Changes	in Net Ass	ets or Fund I	Balan	ıces	(See the	e instru	ctior	ns for Pa	rt I.)
3.44		4 /	Cambridge diagonal di	iffe grants and similar amounts	receivea					· · · · · · ⊢	<u> </u>		
		2 1	Dragram conjice	a revenue including government :	fees and cont	racts				· · · · · L	2	36	52,916.
		2 1	Momborchin du	es and assessments							3		4,260.
		3 4	Investment inco	ome			, .			· • • • • L_	4		5,226.
	1	-	Gross amount fi	rom sale of assets other than inv	entory		5a				30		
		h	Lace: cost or ot	her hasis and sales expenses			5b						
	R	_	Cain or (loce) from	sale of assets other than inventory (Subtr	ract In 5b from In	5a) (att sch)					5c		
_ ;	R	6	Special events and a	activities (complete applicable parts of Sc	chedule G). If any	amount is from gam	ing, ched	ck here			364		
-	Ě	٠	Cross revenue	(not including \$	of co	ntributions							
į	נֵוֹ	а	reported on line	e 1)			6a						
	-	L	Loce: direct eve	nenses other than fundraising exp	penses		6b				11.15		
		_	Net income or Class	 from special events and activities (Subt 	tract line 6b from	line 6a)					6c		
		7a	Gross sales of i	inventory, less returns and allow	ances		7a						
		_	Local cost of ac	ande sold			/b						
		C	Gross profit or	(loss) from sales of inventory (Si	ubtract line 7b	from line 7a)			• • • • • • • • •	· · · · · ⊢	7c		
	-	Ω	Other revenue (desc	crihe ►						—)…⊢	8		72 402
		9	Total revenue ((add lines 1, 2, 3, 4, 5c, 6c, 7c, a	and 8)	<u> </u>					9	3	72,402.
_	_	10	Grants and sim	nilar amounts paid (attach schedu	ule)					· · · · · · _	10		
	_ \	11	Popofite paid to	o or for members							11		70,479.
	E N	12	Salariae other	compensation, and employee be	enefits					· · · · · · L	12		57,733.
	P	12	Drofoccional fe	ses and other navments to indepe	endent contra	ctors				· · · · · · L	13		
	N S	14	Occupancy, rer	nt. utilities, and maintenance					• • • • • • • •	⊢	14 15		9,560. 4,517.
	FÌ	15	Printing, public	cations, postage, and shipping							16	1	98,994.
		16	Other expenses (de	escribe - See Statement 1	<u> </u>						17		41,283.
_	\perp	17	Total expenses	s (add lines 10 through 16)	<u> </u>	<u> </u>				••••	18		31,119.
		18	Excess or (defi	ficit) for the vear (Subtract line 17	7 from line 9) .						10		JI, IIJ.
	N S	19	Net assets or f	fund balances at beginning of year	ar (from line 2	7, column (A)) (r	must a	gree v	with end-of		19	1	47,883.
į	N S E E		figure reported	i on prior vear's religing						_	20		
	' T	20	Other changes	s in net assets or fund balances (fund balances at end of year. Co	attach explan	alium,				▶	21	1	79,002.
-		<u>21</u>	Net assets or f	Sheets. If Total assets on line	OF solumn (3) are \$2 500 000	or mo	ore fi	le Form 99	0 instead			
	Pai	<u>t II</u>	Balance	(See the instructions for f	25, COIUIIII (C	5) are \$2,000,000	0 01 1110	1 (4) Beginnir	ng of yea	r	(B) End	of year
		0-	-t 	d investments	art III.					3,575.		1	79,161.
	22	Ca	sn, savings, and	s				. ${\sqsubset}$			23		
		Lai	nu anu punungs har accate (dacc	cribe - See Statement	2)		. 🗀		50.	24		50.
	24 25	Ta	iici assets (uest tal accate					. \square		3,625.		1	79,211.
, N	25	Tο	tal liabilities (de	_{escribe} ► See Statement	: 3)		·		5,742.			209.
	27	Ne	t assets or fund	i balances (line 27 of column (B)	must agree v	vith line 21)	<u></u>	<u>. </u>	14	<u>7,883.</u>	27		79,002.
•	BA/	\ Fo	r Privacy Act ar	nd Paperwork Reduction Act Not	lice, see the in	structions for Fo	orm 99	0.				Form 99	90-EZ (2008)
				•								/	

	·			E 6.	-250	2443	Page 2
<u>Főrm</u>	990-EZ (2008) COPPER RIVER PRI	NCE WILLIAM SOUND	(Can the instruction		-230	Expenses	
Part III Statement of Program Service Accomplishments (See the instructions.)						uired for 501(
What is the exception's primary event aurose? PROMOTE SALMON SALES						4) organization	ons and
Desc	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, escribe the services provided, the number of persons benefited, or other relevant information for each						optional
desci	ribe the services provided, the number of p	persons benefited, or other re	sevant inionnation for c	acri	for ot	hers.)	<u> </u>
`` <u>g</u> ı	am title. THE GRANT WAS AWARDED FOR	CTART IIR COCTS A	S PART OF OUR N	IEW			
-8	THE GRANT WAS AWARDED FOR	STAKE OF COSES.	ADTO CAMPATON E				
	PROGRAM SERVICES, WE DID						
	ADVERTISING COPPER RIVER SILVER SALMON						
	(Grants \$) If this	s amount includes foreign gra	ants, check here	>	28 a		
	DEVELOR RECTONAL SEAFOOD	BRANDS DEVELOP A	MARKETING PLAN.	SECURE			
29	DEVELOP REGIONAL SEAFOOD BRANDS, DEVELOP A MARKETING PLAN, SECURE FUNDS AND IMPLEMENT PLANS, PROMOTE QUALITY ASSURANCES, IMPROVE						
	INDUSTRY INFRASTRUCTURE			· 			
	(Grants \$) If this	s amount includes foreign gra	ants, check here	.	29 a		
	(Ciants V						
30					l '		
					ł		
					20-		
	(Grants \$) If thi	s amount includes foreign gra	ants, check here		30 a		
31	Other program services (attach schedule))			1		
	(Grants \$) If thi	s amount includes foreign gra	ants, check here		31 a		
22	Total program service expenses (add line	es 28a through 31a)		<u> </u>	32	L	
		Trustees, and Key Fm	plovees. (List each o	ne even if not co	mpen	sated. See th	e instrs.)
ra	t IV List of Officers, Directors	(b) Title and everage being	(c) Compensation (If	(d) Contributions	t to	i (e) Expense	e account
	(a) Name and address	(b) Title and average hours per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other a	llowances
	(a) Name and address	to position	,	deferred compensa	ation		
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	EA THOMAS	Tiesiache				1	
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CO	RDOVA, AK 99574						
	LL WEBBER JR	Vice President	0.		0.	ł	0.
		n				1	
	0 BOX 1230	•					
CO	RDOVA, AK 99574				_		0.
DA	NNY CARPENTER	Treasurer	0.		0.		0.
<u>.</u>	BOX 1430	0					
	RDOVA, AK 99574						
		Secretary	0.		0.		0.
	OTT_SEATON	Secretary			٠.		
PO	BOX 771	"					
KE	NAI, AK 99611						
	KE POOLE	MEMBER	0.		0.		0.
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_	MER, AK 99603			 			0.
MA	RTY BUDNICK	MEMBER	0.		0.		υ.
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		MEMBER	0.		0.		0.
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۷.			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		Х
	each activity	34		X
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T,			
35	attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
h	proxy tax requirements?	35 b		
	We there a liquidation discolution termination or substantial contraction during the year?	200		,,
	If 'Yes' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
1	Gross receipts, included on line 9, for public use of club facilities			
40 a	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A: section 4912 ► N/A:			
	Section 4911 N/A, Section 4912			
	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		
,	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Enter amount of tax on line 40c reimbursed by the organization.			
1	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 -		Х
		40 e		
41	List the states with which a copy of this return is filed None			
	7.1. (007)	121	2.4	E 0
42	a The books are in care of ► LIZ SENEAR Telephone no. ► (907)	_424	-34	
	Located at ► BOX 199 CORDOVA AK ZIP + 4 ► 99574			. – –
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	
	financial account in a foreign country (such as a bank account, securities account, or other financial accounty.	42 b		X
	If 'Yes,' enter the name of the foreign country: •			
			200	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country: •			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	N/.
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/
			Yes	No
4	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			Design 1
44	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X
ВА		orm 99	0-EZ	-

N/A

(907)

424-7231

Form 990-EZ (2008)

No

►X Yes

FIN

Phone no.

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. No Yes 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..... 46 47 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 48 49a Did the organization make any transfers to an exempt non-charitable related organization?..... 49b b If 'Yes,' was the related organization(s) a section 527 organization?.... Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (d) Contributions to employee benefit plans and (e) Expense account and (b) Title and average hours per week devoted to position (c) Compensation (a) Name and address of each employee paid more than \$100,000 deferred compensation other allowances Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (c) Compensation (b) Type of service Total number of other independent contractors receiving over \$100,000. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Signature of officer Here President THEA THOMAS Type or print name and title. Preparer's Identifying Number (See instructions) Date Check if Preparer's **Paid** N/A RONALD O GOODRICH employed signature Pre-

Ronald O. Goodrich Co

P.O. Box 1808

Cordova, AK 99574

May the IRS discuss this return with the preparer shown above? See instructions.

Firm's name (or

yours if self-employed), address, and ZIP + 4

parer's

Use

Only

BAA

2008

Federal Statements

Page 1

56-2502443

COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$ 2,721. 36.
BANK CHARGES	1,582.
CATERING. COMMUNICATIONS.	1,240.
Conferences, Conventions, and Meetings	700.
CONSULTING	14,446. 2,087.
DONATIONS	2,087. 814.
DUES GRAPHIC DESIGN	1,350.
Information Technology	2,554.
INSURANCE	2,053.
MARKETING PROF FEES	104,625. 25,613.
MARKETING SUPPLIES	5,158.
Office Expenses	5,281.
SUPPLIES	2,110.
TAGGING	9,370. 17,254.
Travel	\$ 198,994.

Statement 2 Form 990-EZ, Part II, Line 24 Other Assets

		<u>Beginni</u>	<u>ng</u>	Ending	<u> </u>
Prepaid Expenses and Deferred	ChargesTotal	\$	50. 50.	\$	50. 50.

Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities

	Be	eginning	<u> </u>	
Accounts Payable and Accrued Expenses	\$ \$	15,742. 15,742.		09. 109.

COPPER RI	Federal Exempt Organization Tax Summary (EZ) COPPER RIVER PRINCE WILLIAM SOUND MARKETING ASSOCIATION					
FORM 990-EZ REVENUE	2008	2007	Diff			
Contributions, gifts, and grants Program service revenue Membership dues and assessments Investment income		175 0 0 2,475	-175 362,916 4,260 2,751			
Total revenue	372,402	2,650	369,752			
EXPENSES Salaries and employee benefits Professional fees/pymt to contractory/rent/utilities/maintenate Printing, publications, and postage Other expenses	tors 57,733 nce 9,560 ge 4,517	24,070 0 3,300 1,707 67,374	46,409 57,733 6,260 2,810 131,620			
Total expenses		96,451	244,832			
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Net assets/fund bal. at end of year	ear 147,883	-93,801 241,684 147,883	124,920 -93,801 31,119			

...