

**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)

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public Inspection

**A** For the **2009** calendar year, or tax year beginning 7/01, **2009**, and ending 6/30, **2010**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Please use IRS label or print or type. See Specific Instructions.  
**COPPER RIVER PRINCE WILLIAM SOUND  
 MARKETING ASSOCIATION  
 PO BOX 199  
 CORDOVA, AK 99574**

**D** Employer identification number  
56-2502443

**E** Telephone number  
(907) 424-3459

**F** Group Exemption Number..... ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.CopperRiverMarketing.org

**J** Tax-exempt status (check only one) —  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 327,841.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)				
REVENUE	1	Contributions, gifts, grants, and similar amounts received.....	1	740.
	2	Program service revenue including government fees and contracts.....	2	321,396.
	3	Membership dues and assessments.....	3	3,000.
	4	Investment income.....	4	2,705.
	5a	Gross amount from sale of assets other than inventory.....	5a	
	5b	Less: cost or other basis and sales expenses.....	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here..... ▶ <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1).....	6a	
	6b	Less: direct expenses other than fundraising expenses.....	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	6c		
7a	Gross sales of inventory, less returns and allowances.....	7a		
7b	Less: cost of goods sold.....	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8	Other revenue (describe ▶ _____).....	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶	9	327,841.	
EXPENSES	10	Grants and similar amounts paid (attach schedule).....	10	
	11	Benefits paid to or for members.....	11	
	12	Salaries, other compensation, and employee benefits.....	12	66,421.
	13	Professional fees and other payments to independent contractors.....	13	69,185.
	14	Occupancy, rent, utilities, and maintenance.....	14	8,873.
	15	Printing, publications, postage, and shipping.....	15	9,392.
	16	Other expenses (describe ▶ <u>See Statement 1</u> ).....	16	141,512.
17	<b>Total expenses.</b> Add lines 10 through 16..... ▶	17	295,383.	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	32,458.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	179,002.
	20	Other changes in net assets or fund balances (attach explanation).....	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20..... ▶	21	211,460.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	179,161.	202,524.
23 Land and buildings.....		
24 Other assets (describe ▶ <u>See Statement 2</u> ).....	50.	11,623.
25 <b>Total assets</b> .....	179,211.	214,147.
26 <b>Total liabilities</b> (describe ▶ <u>See Statement 3</u> ).....	209.	2,687.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....	179,002.	211,460.

	<b>Statement of Program Service Accomplishments</b> (See the instructions.)	<b>Expenses</b> <small>(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)</small>
What is the organization's primary exempt purpose? <b>PROMOTE SALMON SALES</b>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
<b>28</b>	<b>DEVELOP REGIONAL SEAFOOD BRANDS, DEVELOP A MARKETING PLAN, SECURE FUNDS AND IMPLEMENT PLANS, PROMOTE QUALITY ASSURANCES, IMPROVE INDUSTRY INFRASTRUCTURE.</b> <small>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></small>	<b>28a</b>
<b>29</b>	   <small>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></small>	<b>29a</b>
<b>30</b>	   <small>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></small>	<b>30a</b>
<b>31</b>	Other program services (attach schedule)..... <small>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></small>	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a).....	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instr.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
THEA THOMAS P O BOX 1566 CORDOVA, AK 99574	Director 0	0.	0.	0.
BILL WEBBER JR P O BOX 1230 CORDOVA, AK 99574	Vice President 0	0.	0.	0.
DANNY CARPENTER PO BOX 1430 CORDOVA, AK 99574	Director 0	0.	0.	0.
SCOTT SEATON PO BOX 771 KENAI, AK 99611	Secretary 0	0.	0.	0.
MIKE POOLE PO BOX 2186 HOMER, AK 99603	Director 0	0.	0.	0.
ERIC HARVEY PO BOX 771026 EAGLE RIVER, AK 99577	SETNET 0	0.	0.	0.
BRIAN RUTZER PO BOX 2371 CORDOVA, AK 99574	President 0	0.	0.	0.
BUCK BROWN PO BOX 199 CORDOVA, AK 99574	Treasurer 0	0.	0.	0.

**Other Information** (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35	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, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities. N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
40e	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.		X
41	List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of ▶ LIZ SENEAR Telephone no. ▶ (907) 424-3459  
 Located at ▶ BOX 199 CORDOVA AK ZIP + 4 ▶ 99574

		Yes	No
42b	b 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)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here.  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		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.		X

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.....	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<b>49a</b>	
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?.....	<b>49b</b>	

**50** Complete this table for the organization's 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.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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**f** Total number of other employees paid over \$100,000..... ▶ \_\_\_\_\_

**51** Complete this table for the organization's 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	(b) Type of service	(c) Compensation
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**d** Total number of other independent contractors each 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 Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ **ELIZABETH POOLE** Executive Director  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ **RONALD O GOODRICH** Date \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instructions) **N/A**  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Goodrich Accounting, LLC.**  
**P.O. Box 1808** EIN ▶ **N/A**  
**Cordova, AK 99574** Phone no. ▶ **(907) 424-7231**

May the IRS discuss this return with the preparer shown above? See instructions..... ▶  **Yes**  **No**

BAA

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

Advertising and Promotion.....	\$	11,262.
BANK CHARGES.....		102.
CATERING.....		850.
COMMUNICATIONS.....		1,101.
Conferences, Conventions, and Meetings.....		683.
CONSULTING.....		4,650.
DONATIONS.....		2,250.
DUES.....		650.
FEEES.....		220.
GRAPHIC DESIGN.....		400.
Information Technology.....		3,079.
Insurance.....		2,106.
MARKETING PROF FEES.....		50,124.
MARKETING SUPPLIES.....		16,922.
Office Expenses.....		7,198.
PROJECT SUPPLIES.....		1,326.
SPECIAL EVENTS.....		18,725.
Travel.....		19,864.
<b>Total</b>	<b>\$</b>	<b><u>141,512.</u></b>

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

	<u>Beginning</u>		<u>Ending</u>
Accounts Receivable.....	\$ 0.	\$	11,573.
Prepaid Expenses and Deferred Charges.....	50.		50.
<b>Total</b>	<b>\$ 50.</b>	<b>\$</b>	<b><u>11,623.</u></b>

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

	<u>Beginning</u>		<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 209.	\$	2,687.
<b>Total</b>	<b>\$ 209.</b>	<b>\$</b>	<b><u>2,687.</u></b>

**Federal Exempt Organization Tax Summary (EZ)**  
**COPPER RIVER PRINCE WILLIAM SOUND**  
**MARKETING ASSOCIATION**

	2009	2008	Diff
<b>FORM 990-EZ REVENUE</b>			
Contributions, gifts, and grants.....	740	0	740
Program service revenue.....	321,396	367,176	-45,780
Membership dues and assessments.....	3,000	0	3,000
Investment income.....	2,705	5,226	-2,521
<b>Total revenue.....</b>	<b>327,841</b>	<b>372,402</b>	<b>-44,561</b>
<b>EXPENSES</b>			
Salaries and employee benefits.....	66,421	70,479	-4,058
Professional fees/pymt to contractors....	69,185	57,733	11,452
Occupancy/rent/utilities/maintenance.....	8,873	9,560	-687
Printing, publications, and postage.....	9,392	4,517	4,875
Other expenses.....	141,512	198,994	-57,482
<b>Total expenses.....</b>	<b>295,383</b>	<b>341,283</b>	<b>-45,900</b>
<b>NET ASSETS OR FUND BALANCES</b>			
Excess or (deficit) for the year.....	32,458	31,119	1,339
Net assets/fund bal. at beg. of year.....	179,002	147,883	31,119
Net assets/fund bal. at end of year.....	211,460	179,002	32,458