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Form

Department of the Treastry Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013 Open to Public Inspection

OMB No 1545-0047

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.

ck if applicable dress change	alendar year, or tax year beginning , and ending C Name of organization , and ending			D Emplo	yer identification number
lress change					yer raemancation number
-	Alaska Salmon Initiative				
ne change	Doing Business As The Salmon Project			46-	-0763486
•	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Teleph	one number
al return	323 Carolyn Street, Ste 200			90.	7-942-1198
minated	City or town, state or province, country, and ZIP or foreign postal code				
ended return	Kodiak AK 99615			G Gross rec	eipts \$ 1,346,64!
olication pending	F Name and address of principal officer				ubordinates? Yes X N
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Erin Harrington		H(a) is this a gr	oup return for s	ubordinates? Yes X N
	323 Carolyn Street, Ste 200		H(b) Are all sub	ordinates inclu	ded? Yes N
	Kodiak AK 99615		If "No,	" attach a list	(see instructions)
c-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or	527			
bsite. 🕨 W	ww.salmonproject.org		H(c) Group exe	mption number	· <b>)</b>
m of organization	X Corporation Trust Association Other ▶	L	Year of formation 2	012	M State of legal domicile A
ti Su	mmary				
1 Briefly des	scribe the organization's mission or most significant activities				
See 8	Schedule O				
		No. of Street,			
2 Check this	box > if the organization discontinued its operations or disposed of	mộte thận 25%	of its net asset	ş.	
3 Number o	f voting members of the governing body (Part VI, line 1a)	ILCC.		3	5
4 Number o	findependent voting members of the governing body (Part VI, line 1b)	4	5		
5 Total num	ber of individuals employed in calendar year 2013 (Part V, line 2a)	5	0		
6 Total num	ber of volunteers (estimate if necessary)	6	0		
	7a				
<b>b</b> Net unrela	ted business taxable income from Form 990-T, line 34	0005		7b	
			Prior Yea	ar	Current Year
					1,336,974
-					
			<del>-</del>		435
	· ·				9,236
					1,346,645
					<u></u>
14 Benefits p	aid to or for members (Part IX, column (A), line 4)	ļ			
15 Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5–10)	ļ			
					0
<b>b</b> Total fund	raising expenses (Part IX, column (D), line 25) ▶				
17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,346,210		
18 Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)			1,346,210	
9 Revenue I	ess expenses. Subtract line 18 from line 12				435
		Beginning of Cur		End of Year	
			<del></del>		1,822,186
			<u> </u>		1,821,751
		<u></u>	<del>.</del> .	0	435
	ended return lication pending  lication pending	City or town, state or provinces, country, and ZIP or foreign postal code  Kodiak  AK 99615  F Name and address of principal officer  Erin Harrington  323 Carolyn Street, Ste 200  Kodiak  AK 99615  AK 99615  Solician Solician  Kodiak  AK 99615  Solician  Kodiak  AK 99615  Kodiak  Kodiah  Kodiak  Kodiak  Kodiak  Kodiak  Kodiak  Kodiak  Kodiak  Kodian  Kodiak  Kodi	Indeed relum Indeed Indeed Relum Indeed I	City or town, state or province, country, and ZIP or foreign postal code    RodLiak   AK 99615	meted moder elum Kodiak AK 99615  Fine and address of promopal officer Erin Harrington 323 Carolyn Street, Ste 200 Kodiak AK 99615  Fine and address of promopal officer Erin Harrington 323 Carolyn Street, Ste 200 Kodiak AK 99615  Fine and address of promopal officer Erin Harrington 323 Carolyn Street, Ste 200 Kodiak Fine AK 99615  Mile Is this a group return for s Mile Is the a group retu

true, correct, and complete, Declaration fficer) is based on all information of which preparer has any knowledge Sign Here Type or prnt name and title Pnnt/Type preparer's name Paid Rodney J. Hutchings, CPA Rodfiey J. Hu Preparer Sramek-Hightower, CPAs **Use Only** 2525 C Street, Suite 99503 Anchorage, AK

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (20)	(3) Alaska Salmor	Initiative	46-0763486	Page 2
Part III		n Service Accomplishments		v
,		ontains a response or note to an	y line in this Part III	X
-	escribe the organization's missichedule O	on:		
Dec D	chedule O			
			<u> </u>	
	-	ificant program services during the year v	which were not listed on the	
-	rm 990 or 990-EZ?			lacksquare Yes $lacksquare$ No
	describe these new services of		duoto any program	
3 Did the services	_	or make significant changes in how it con	ducis, any program	Yes X No
	describe these changes on Sci	nedule O		
	<del>-</del>	rvice accomplishments for each of its three	e largest program services, as me	asured by
expense	es Section 501(c)(3) and 501(c)	(4) organizations are required to report the	e amount of grants and allocations	s to others,
the total	expenses, and revenue, if any,	for each program service reported		
		1 226 074		1 236 074
4a (Code	) (Expenses \$	1,336,974 including grants of all and discover the	role of salmon in	(Revenue \$ 1,336,974)
	capes.	and discover the	TOTE OF SETMON IN	. Our lives and
	- F			
4b (Code	) (Expenses \$	including grants of	· \$	(Revenue \$
(	, ( <u></u>		, ,	,
			<del></del>	
4c (Code	) (Expenses \$	including grants of	\$ )(	(Revenue \$
Ad Othors	Ogram conucco (Docesto in Co	hadula ()		<u> </u>
40 Other pro Expense	ogram services (Describe in Sc es \$	including grants of \$	) (Revenue \$	}
	gram service expenses ▶	1,336,974	7,3,	

# Form 990 (2013) Alaska Salmon Initiative 46-0763486 Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			7.5
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ا ـ		x
6	Part III	5		
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>"</del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- <u>'</u> -		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	١		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	المما		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{\mathbf{x}}{\mathbf{x}}$
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's separate or consolidated linaricial 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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120	<del> </del>	
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	_
	foreign investments valued at \$100,000 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	_15	-	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			42
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
10	Part IX, column (A), lines 6 and 11e <sup>2</sup> If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	1	x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	19	- 1	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{\overline{x}}{x}$
b		20b		

	350 (2015) 1220124 542201 2112024 5425			age
P	art IV Checklist of Required Schedules (continued)		V	Na
21	Did the organization report more than \$5,000 of grants or other assistance to any demostic organization or		Yes	No
۷,	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	22		X
23	on Part iX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	- 22	_	22
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	23		x
240	employees? If "Yes," complete Schedule J	23_		22
24a	<b>0 0</b> 1 1			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	,	24c		
d	to defease any tax-exempt bonds?	24d		
	,,,,,,	240		
25a		25a		X
<b>.</b>	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
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?	محد ا		x
20	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		x
27	disqualified persons? If so, complete Schedule L, Part II	26		22
21	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 of any of these persons? If "Yes," complete Schedule L, Part III	27	1	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ľ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Parts II, III,		- 1	
	or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity 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-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		<u> </u>
lR .	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11h and	1 1	- 1	

19? Note. All Form 990 filers are required to complete Schedule O

DAA

P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del> -	T.,	<u> </u>
	<u>-</u>	_	Yes	No
1a		<del></del>	]	ļ
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<del></del>		
2-	reportable gaming (gambling) winnings to prize winners?	<u>1c</u>	<del> </del>	-
za	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 0		1	İ
ь	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	$\vdash$	-
3a		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<del>                                     </del>	<del></del>
4a	and the second of the second o		┼─┤	$\vdash$
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country	70	<del>                                     </del>	<del></del>
•	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	·	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	<b>-</b>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<del>                                     </del>	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b>  </b>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del>  </del>	<del></del>
8	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	98-C? 7h	┝─┤	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	i	
9	Sponsoring organizations maintaining donor advised funds.	· · · ·	<del>                                     </del>	
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	- <del></del>	<u> </u>	
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			j
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b></b>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			لـــــــــــــــــــــــــــــــــــــ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del></del>	<del></del> -
L	Note. See the instructions for additional information the organization must report on Schedule O.			Ì
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  13b  13c	<del></del>	. 1	}
c I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA			m 990	(2013)

Form	n 990 (2013) Alaska Salmon Initiative 46-0763486		_ P	age 6							
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f	or a "N	lo"								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	instruc	tions.								
	Check if Schedule O contains a response or note to any line in this Part VI			_X_							
Sec	ction 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 5	4									
	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 O										
Ь	Enter the number of voting members included in line 1a, above, who are independent	_									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			L							
	any other officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint										
	one or more members of the governing body?	7a		X							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
a	The governing body?	8a	X								
ь	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 reached at										
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)									
		<u>,</u>	Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a		11a	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								
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
-	describe in Schedule O how this was done	12c	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 approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Í	.							
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)	100									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
_	with a taxable entity during the year?	16a		X							
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			$\neg$							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1								
	organization's exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed None										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)										
	available for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and										
	financial statements available to the public during the tax year										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the										
	organization ▶ Carney Consulting Group 800 E. Dimond Blvd., Ste 3-310										
<u>An</u>		<b>-56</b>	<u>1-00</u>	<u> 260</u>							

Form 990 (2013)	Alaska	Salmon	Initiative
**************************************	ALGONG	Sarmon	THT CTG CT A G

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

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

(A) Name and Titte	(B) Average hours per week (list any hours for	bo	x, unl ficer a	Pos check ess pe ind a c	erson i Irecto	than o s both r/truste	an ie)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21666 MIGG)	organization and related organizations	
(1)Bruce Wallace		1									
	5.00								_	_	
President	0.00	X	<u> </u>	X	ļ			0	0	0	
(2) John Sisk	0.00										
Min Dunni dan k	0.00				ĺ			ام	0	^	
Vice President (3) Bob Waldrop	0.00	X		X	_	$\vdash$		0	0	0	
(3) BOD WAIGIOP	4.00										
Treasurer	0.00	x		x				o	0	0	
(4) Scott Miller	0.00	╀┻		<u> </u>	<del>                                     </del>	$\vdash$					
(4) SCOLC MILLEL	2.00										
Secretary	0.00	x		x	ļ			o	0	0	
(5) Courtney Carothe		1		^							
(a) cour one y care one	2.00										
Director	0.00	X		ŀ				ol	0	0	
(6)										· · · · · · · · · · · · · · · · · ·	
(7)											
(8)											
(9)								-			
(10)							-				
(11)											
DAA										5 <b>990</b> (2012)	

Pa	art VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mple	yees	s, ar	nd Highest Compensated	Employees (continued)	
	(A) , Name and title	(B) Average hours per week (list any hours for	bi or	ox, uni fficer a	Po check less po and a	erson directo	than o	an 96)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)			)								
(13)	23333										
(14)				<u> </u>					<u> </u>		
(15)				-							
(16)			-					_			
(17)											
(18)											
(19)			ì		ľ	, . <u> </u>		-			
	Sub-total	ato to Boot VIII S						<b>&gt;</b>			
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, 5	ecuc	эл ж				<b>&gt;</b>			
2	Total number of individuals (increportable compensation from t			to th	ose	liste	abo	ve)	who received more than \$10	00,000 in	Yes   No
3	Did the organization list any for employee on line 1a? If "Yes," o	complete Schedu	ile J	for s	uch 1	ndıvı	dual	·			3 X
4 5	For any individual listed on line organization and related organi- individual Did any person listed on line 1a	zations greater th	nan \$	150,	,000	? If "	Yes,"	con	nplete Schedule J for such		4 X
	for services rendered to the org	anization? If "Ye									5 X
Secti 1	complete this table for your five	highest comper	sate	d inc	lepe	nden	t con	trac	tors that received more than	\$100,000 of	
	compensation from the organiz	(A) business address	npen	satio	n to	the	caler	ndar		ne organization's tax year (B) uon of services	(C) Compensation
					_						
2	Total number of independent correceived more than \$100,000 of							se I	listed above) who	0	
DAA											Form <b>990</b> (2013)

	art V		<b>nent of Reve</b> at f Schedule (		ains a	response c	or note to any line i	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
at st	1a	Federated car	npaigns	1a						]
ira our	b	b Membership dues 1b								
AS, C	С	c Fundraising events 1c					i			
ar Figure	d	Related organ	izations	1d						}
S,E	е	Government grants	(contributions)	1e	1,	336,974				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts		1f						
	g	Noncash contributio	ns included in lines 1a-		·					
	h	Total. Add line	es_1a-1f			<b>.</b>	1,336,974			
Program Service Revenue						Busn. Code				
eve	2a									
ē	b									
₹.	C					<u> </u>				
፠	d					ļ				
ם	e							<del></del>		<del></del>
δ	f	All other progr	am service rever	iue		L			<del> </del>	L
<u> </u>	_ g									r
	3		ome (including d	ividend	s, interes	t,				
		and other simil	•			▶	435	435	<del></del>	
	4		rvestment of tax-	exempt	bond pro	oceeds 🕨	<del></del>			
	5	Royalties	<del></del>							
			(ı) Real		(iı) F	Personal				
	6a	Gross rents								
	b	Less rental exps	·							
	С	Rental inc or (loss)	<u> </u>							
	d	Net rental inco	me or (loss)							
	7a	Gross amount from sales of assets	(i) Securities		(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps			<del></del> _					
	С	Gain or (loss)								
	d	Net gain or (los	ss)	_				<del></del>	<del></del>	<del></del>
9	8a	Gross income fro	om fundraising even	ts						
nu		(not including \$								
Şe.		of contributions r	eported on line 1c).							
F		See Part IV, line	18	a						
Other Revenue		Less direct ex		b						 
٦	С	Net income or	(loss) from fundr	aısing <u>e</u>	vents					
	9a	Gross income fro	m gaming activities							
l		See Part IV, line	19	a						
		Less direct ex	=	b∟			<del></del>			
	C	Net income or	(loss) from gamı	ng activi	ties					
	10a	Gross sales of	inventory, less				ì			
		returns and allo	owances	a						
	b	Less cost of g	oods sold	ь	_				<del></del>	
	С		(loss) from sales	of invei	ntory					<u></u>
Ĺ		Miso	cellaneous Revenue	_		Busn. Code				
	11a	Indirect	Cost Allocati	on			9,236			9,236
	b									
ł	С									·· <del></del>
	d	All other revenue				<u> </u>	<del></del>			
J	е	Total. Add line				▶	9,236			
	12	Total revenue	. See instructions	}		▶ }	1,346,645	435	0	9,236

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a resp	<del>,</del>			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				1
	the U.S See Part IV, line 22				·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		}		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	ļ			
10	Payroll taxes				<del></del>
11	Fees for services (non-employees)				
а	• •				<del></del>
b	<b>v</b>	561	561		
C	Accounting				
d					
9	,				
f	Investment management fees				
g		106 720	106 730		
	(A) amount, list line 11g expenses on Schedule O)	186,730	186,730	<del></del>	<del></del>
12	Advertising and promotion	589,616	589,616	1 406	
13	Office expenses	1,496	124,134	1,496	
14	Information technology	124,134	124,134		
15	Royalties	7,339		7,339	
16 17	Occupancy Travel	33,595	33,595	1,339	
18	Payments of travel or entertainment expenses	33,393			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	78,339	78,339	<del></del>	
20	Interest	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10,333		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	401		401	
24	Other expenses Itemize expenses not covered				
	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 O)	L			
а	Research	312,396	312,396		
b	Indirect Cost Allocation	9,236	9,236		
C	Program Supplies	2,367	2,367		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,346,210	1,336,974	9,236	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	an A	Check if Schedule O contains a response or note t	o any line in this Part Y	· <del> </del>	···	
		Criticis in Concounte O Constains a response of flore t	o ony mie in uno i ditA	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	156,756
	2	Savings and temporary cash investments			2	1,665,430
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office	cers, directors,			
	ļ	trustees, key employees, and highest compensated empl				
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	•			
		sponsoring organizations of section 501(c)(9) voluntary e				
Ŋ	1	organizations (see instructions) Complete Part II of Sche		6		
Assets	7	Notes and loans receivable, net			7	
Ą	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or				
		other basis. Complete Part VI of Schedule D	10a			
	ь	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)	)	(		1,822,186
	17	Accounts payable and accrued expenses	<del></del>		17	136,645
	18	Grants payable		<del></del>	18	
	19	Deferred revenue			19	1,685,106
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
s	22	Loans and other payables to current and former officers,				
Liabilities		trustees, key employees, highest compensated employee				
abi		disqualified persons Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third par			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			26	1,821,751
		Organizations that follow SFAS 117 (ASC 958), check	t here ▶ X and		T	
es		complete lines 27 through 29, and lines 33 and 34.				
or Fund Balances	27	Unrestricted net assets			27	435
Bal	28	Temporarily restricted net assets		28		
p	29	Permanently restricted net assets			29	·
Ē		Organizations that do not follow SFAS 117 (ASC 958)	, check here ▶ and			
S O		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment f	fund		31	
Net	32	Retained earnings, endowment, accumulated income, or o	other funds	<u>-</u> -	32	
_	33	Total net assets or fund balances	Í	0	+	435
	34	Total liabilities and net assets/fund balances		0	34	1,822,186

Forn	1990 (2013) Alaska Salmon Initiative	<u>46-0763486</u>			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this	Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		346,	
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,3	<u>846,</u>	210
3	Revenue less expenses Subtract line 2 from line 1		3			<u>435</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A	N))	4			
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Par	t X, line				
	33, column (B))		10			435
Pa	rt XII Financial Statements and Reporting	· <del></del>				
	Check if Schedule O contains a response or note to any line in this	Part XII				
					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 pnor year or checked "Other	er," explain ın				
	Schedule O					[]
2a	Were the organization's financial statements compiled or reviewed by an independent a	accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	re compiled or				
	reviewed on a separate basis, consolidated basis, or both.			ľ		
	Separate basis Consolidated basis Both consolidated and separ	rate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b		X
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.				} ;	
	Separate basis Consolidated basis Both consolidated and separ	rate basis				<u></u> j
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	ibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an indepe	endent accountant?		2c		
	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 aud	lits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did	d not undergo the		.		
	required audit or audits, explain why in Schedule O and describe any steps taken to und	dergo such audits		3b		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Alaska Salmon Initiative

46-0763486 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

i he	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box.)								
1		A church, co	nvention of churches, or asso	ciation of churches described in	section '	170(b)(1)(	A)(i).							
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E )										
3		A hospital or	cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical res	search organization operated	in conjunction with a hospital de	scribed in	section	170(b)(1	)(A)(iii).	Enter t	he hosp	oital's na	ame,		
		city, and state	e											
5		An organizati	on operated for the benefit of	a college or university owned or	r operated	by a gov	emment	al unit de	escribed	l in				
		section 170	(b)(1)(A)(iv). (Complete Part	II )										
6		A federal, sta	ite, or local government or go	vernmental unit described in sec	ction 170	(b)(1)(A)(	v).							
7	П	An organizati	on that normally receives a s	ubstantial part of its support from	n a govern	mental u	nit or from	n the ge	neral pu	ublic				
	_	-	section 170(b)(1)(A)(vi). (Co	, ,,	_									
8				70(b)(1)(A)(vi). (Complete Part II	1.)									
9	X			more than 33 1/3% of its support		ntributions	s. memb	ership fe	es, and	laross				
-	لت	_	•	ot functions—subject to certain e										
		· ·	· ·	d unrelated business taxable inco										
			-	, 1975 See section 509(a)(2). (			· · · · · · · · · · · · · · · · · · ·	OIII DUOI						
10		•	•	xclusively to test for public safety		•	a)(4)							
11	H	-	- · ·	xclusively for the benefit of, to pe				carry ou	it the					
• •	ш	_	•	d organizations described in sec				-		tion				
			, , , , , ,	e type of supporting organization										
		a Type		c Type III–Functiona			d			n-frincti	ionally i	integrate	ed .	
е				nization is not controlled directly			or more							
	_			than one or more publicly suppo										
		or section 50	<del>-</del>	, сорр						\-/\·/				
f			· · · ·	mination from the IRS that it is a	Type I, Ty	vpe II. or 1	rvpe III s	upportin	a					
•			check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3					
g				on accepted any gift or contributi	on from a	nv of the								
9		following per	_	on accepted any give of commuter		.,								
				ntrols, either alone or together wi	th nerson	s describe	ed in (u) :	and				1	Yes	No
			w, the governing body of the s		an person	0 00001.00	(, (	2110				11g(i)		-
		• •	member of a person describe	•								11g(ii)		_
			ontrolled entity of a person de									11g(iii)		
h			ollowing information about the	** **								<u>. • • • • • • • • • • • • • • • • • • •</u>		<u> </u>
	Name	of supported	(II) EIN	(III) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi)	ls the	(vII)	Amount o	f monetr	BIV
**,		anization	(, 2	(described on lines 1-9	1 ' '	sted in your	the organ	nization in	organizat	tion in col		suppo		,
				above or IRC section	governing	document?		of your cort?		zed in the S?				
				(see Instructions))	Yes	No	Yes	No	Yes	No				
(A)														
					Ì									
(B)														
					_									
(C)					ļ									
(D)														
(E)										<del>                                     </del>				
( <b>-</b> )														
								-						
<u>Total</u>					<u> </u>				. 4					

Pa	_	_	2
ra	О	e	_

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2012 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (e) 2013 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2012 Schedule A, Part II, line 14 33 1/3% support test-2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						<u> </u>
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					1,336,974	1,336,974
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					435	435
3	Gross receipts from activities that are not an unrelated trade or business under section 513					9,236	9,236
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					1,346,645	1,346,645
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					. '	1,346,645
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6					1,346,645	1,346,645
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)					1,346,645	1,346,645
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year a	s a section 501(c)		
	organization, check this box and stop here						<b>&gt;</b>
Sec	tion C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2013 (line 8,	column (f) divided	by line 13, column	<b>(f)</b> )		15	100.00%
16	Public support percentage from 2012 Sche					16	%
<u>Sec</u>	tion D. Computation of Investme			·		<del></del>	
17	Investment income percentage for 2013 (lin			column (f))		17	%_
18	Investment income percentage from 2012 S					<u> </u>	%
19a	33 1/3% support tests—2013. If the organ						<b>▶</b>   <b>X</b>
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2012. If the organ	•	_	-	=		
	line 18 is not more than 33 1/3%, check this	box and stop her	re. The organization	n qualifies as a publ	icly supported orga	ınızation	▶ 🛄
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	nd see instructions		<b>b</b>

Schedule A (Form 990 or 990-EZ) 2013 Alaska Salmon Initiative 46-0763486 Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

#### 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.

2013

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Alaska Salmon Initiative

Employer Identification number 46-0763486

Form 990 - Organization's Mission

The Salmon Project is about Alaskans and our deep, personal relationships with wild salmon. It's about our connections to salmon, as a food, as a source of pride, as a way of life, and as the focus of a lot of fun. The Project is an experiment, exploring what happens when you talk about the positive, connective values of salmon, rather than the places where it divides us.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Board of Directors review a draft of the Form 990 prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board reports verbally whether there are conflicts of interest during periodic board meetings.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part IX, Line 11g - Other Fees for Services
Description

	Prog	ram Service	Mgt &	General	Fundra	aising
Contract S	taff					
	\$	160,344	\$	0	\$	0
Financial (	Consul	ting				
	\$	9,677	\$	0	\$	0

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Alaska Salmon Initiative

Page 2

Employer identification number
46-0763486

Planning & Strategy

\$ 16,709 \$ 0 \$ 0

208900 Alaska Salmon Initiative 46-0763486

FYE: 12/31/2013

## **Federal Statements**

5/16/2014 11:19 AM

## Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	 Total Expenses	 Program Service	Managem Gener		und aising
Contract Staff Financial Consulting Planning & Strategy	\$ 160,344 9,677 16,709	\$ 160,344 9,677 16,709	\$		\$ <del></del>
Total	\$ 186,730	\$ 186,730	\$	0	\$ 0

208900	Alaska	Salmon	Initiative
16-0763	486		

## **Federal Statements**

5/16/2014 11:19 AM

FYE: 12/31/2013

	Schedu	ıle A,	Part III,	Line 1	(e)
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	Description	Amount
Grant Revenue		\$ 1,336,974
Total		\$ 1,336,974

## Schedule A, Part III, Line 2(e)

Description	Aı	Amount		
Taxable Interest on Savings and Temporary Cash Investments	\$	435		
Total	\$	435		

## Schedule A, Part III, Line 3(e)

Description		t
Indirect Cost Allocation	\$ 9,	236
Total	\$9,	236