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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning and e	ending		
B c	heck if	C Name of organization		D Employer identific	ation number
	Addres	Ketchikan CHARR, Inc.			
	Name change	Doing Business As		80-00	013433
F]tnitial _return ∃Termin	, ,	Room/suite	E Telephone number	225-2440
⊨	Jated ☐Amend				901,929.
\vdash	Application	City or town, state or province, country, and ZIP or loreign postal code	G Gross receipts \$ H(a) Is this a group re		
	Deugin Digu	The Steven Kantor	F Name and address of pnncipal officer: Steven Kantor		
		F Name and address of principal officer: Scevel RailCol		for subordinates' H(b) Are all subordinates in	
	-av-ava	mpt status: 501(c)(3) _X _501(c)(_6 _) ◀ (insert no.) 4947(a)(1) ol	r 527	1 ' '	list (see instructions)
	Voheit	e: ▶ ketchikancharr.com	v=-	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: AK
	irt I	Summary	L rear	oriornation. 2000 [W	Otate of legal dofficile.
1 0		Briefly describe the organization's mission or most significant activities: Alcoh	101 Δω	arenegg Edu	ration
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ATCOL	IOI AW	areness bau	
Ē	2	Check this box I if the organization discontinued its operations or disposi	ed of more	than 25% of its not as	eate
Ver	1	Number of voting members of the governing body (Part VI, line 1a)	ou or more	3	7
မ္	_	Number of independent voting members of the governing body (Part VI, line 1a)		4	7
مخ دن		Total number of individuals employed in calendar year 2013 (Part V, Jine 2a)	\	5	
Ę	l		γ	6	-
ξ		Total number of volunteers (estimate if necessary)	ر ان	7a	81,442.
A		Total difference business revenue from Fare 5000 Till 04	ιω/	7b	-19,774.
	D	Net unrelated business taxable income from Form 990 T, line 34	75/1	Prior Year	Current Year
	_	South but are and south (Boot VIII broads)		8,250.	18,075.
en e	l	Contributions and grants (Part VIII, line 1h)	\\ 	0,230.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	_ ⊢	68.	$\phantom{00000000000000000000000000000000000$
æ	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	103,948.	83,427.
	''	Other revenue (Part VIII, Column (A), lines 5, 60, 60, 90, 100, and 1.19)	├ ─	112,266.	101,580.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	- -	36,325.	57,145.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\vdash	0.	0.
	ľ	Benefits paid to or for members (Part IX, column (A), line 4)	⊢	6,000.	6,500.
Expenses	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0,000.	0,300.
Ë		Professional fundraising fees (Part IX, column (A), line 11e)	₀. ⊢	<u></u>	
꿃		Total fundraising expenses (Part IX, column (D), line 25)	" ⊢	24,021.	37,578.
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	66,346.	101,223.
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	\vdash	45,920.	357.
. 0		Revenue less expenses. Subtract line 18 from line 12	- -		
ts or		- · · · · · · · · · · · · · · · · · · ·	l Re	ginning of Current Year 130,990.	End of Year 131,178.
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	\vdash	169.	131,176.
귷	21	Total liabilities (Part X, line 26)	<u> </u>	130,821.	131,178.
		Net assets or fund balances. Subtract line 21 from line 20		130,041.	131,170.
	art II	Signature Block			. Leanuise and balist it is
		lties of perjury, I declare that I have examined this return including accompanying schedules			y knowledge and belief, it is
true	, correc	t, and complete peclaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.	
		Signature of officer		Date Date	1-14
Sig	n			Date	/
Here Steven Kantor, President Type or print name and title					
I Data					
Paid	4	Print/Type preparer's name Jay M. Johnson, CPA Preparer's signature CPA			
					46-4570451
Preparer Firm's name Jay M. Johnson, LLC Firm's EIN Use Only Firm's address 306 Main Street, Suite 315					40 401040T
USE	Only	Firm's address 306 Main Street, Suite 315		Phone no. (9	07) 220-9970
_		Ketchikan, AK 99901		Phone no. (9	
May	the II	RS discuss this return with the preparer shown above? (see instructions)			└─ Yes └─ No

om	1990 (2013) Ketchikan CHARR, Inc.	80-0013433	Page 2
Pa	rt III Statement of Program Service Accomplishments	_	
	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission:		
	Alcohol Awareness Education		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s X No
	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 expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	, ,	
4a	(Code) (Expenses \$ 51,545. including grants of \$) (Revenue	e S)
	Contributions to organizations located within the State		18
	organizations served.		
			
		• • • • • • • • • • • • • • • • • • • •	
	5 600		
4b	(Code) (Expenses \$ 5,600. including grants of \$) (Revenue Contributions to assist 3 individuals with medical, medical)
	and living expenses while seeking care and to provide 8		
	with assistance to obtain their GED.	Individual	3
	with assistance to obtain their GED.		
			
4c)
	Monthly membership meetings to discuss industry issues,	plan events	s,
	review and vote on applications for funds from other organizations	<u>janizations</u>	and
	individuals.		
	Other presume convece (Decembe in Selectific C.)		
4d	Other program services (Describe in Schedule O.)	•	
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 59,067.		
<u>4e</u>	Total program service expenses 59,067.		000
		Form	990 (2013

Form 990 (2013) Ketchikan CHARR, Inc. 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?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		Х
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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	L	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	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, VIII, 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,		i	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ļ	۱
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١		x
	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	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
128	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	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 foreign investments valued at \$100,000		ĺ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	├	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	1-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	 	 ^
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├	t	†
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,"			†
	complete Schedule G, Part III	19	x	1
20a	- Control of the cont	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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 individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		:
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			
	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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	<u> </u>		一
•	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	Х
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Par	Check if Schedule O contains a response or note to any line in this Part V						
	Charles a companie of the companies of t	_			Yes	No	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			,	
	D. I.I						
•	(gambling) winnings to prize winners?						
2a	a 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						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		За	X		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O		3b	Х		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.				
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 trans	action?	?	5b		X	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	the org	anızatıon solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		X	
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions c	or gifts			ĺ	
	were not tax deductible?			6b	-		
7	Organizations that may receive deductible contributions under section 170(c).					ļ	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices p	provided to the payor?	7a			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		u umo el	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas ieu	lulled	7c		l	
a	to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-			7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file F		399 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [ì	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tin	ne during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				,		
а	Did the organization make any taxable distributions under section 4966?			9a		<u></u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:		1			*;	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L				
11	Section 501(c)(12) organizations. Enter:	1	ı				
-	Gross income from members or shareholders	11a				l .	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			,			
	amounts due or received from them.)	11b	<u></u>	40-	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ĺ	12a		\vdash	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a			
а	Is the organization licensed to issue qualified health plans in more than one state?			198	<u> </u>	\vdash	
L.	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					ĺ	
D	organization is licensed to issue qualified health plans	13b	1			1	
С	Enter the amount of reserves on hand	13c				1	
	Did the organization receive any payments for indoor tanning services during the tax year?	55		14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O	-	14b			
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Form 990 (2013) Ketchikan CHARR, Inc. 80-0013433 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See 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	7		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	i – -	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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	•
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	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		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın 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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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 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 participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 ▶AK			
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)	availat	le	
	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, ar	id finai	ncial	
	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	tion:	•	
	Steven Kantor - 907-225-2440	•		
	PO Box 23320, Ketchikan, AK 99901			
			200	

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Ketchikan CHARR, Inc.

Part VIII 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

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.

Check this box if neither the organiza (A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average	(40	not c	Pos	tion	than	one	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	9	 8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		8	ubens		(W-2/1099-MISC)		organization and related
	below	laa t	tonal		ploy	yee yee	_			organizations
	(ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3-
(1) Steven Kantor	5.00	Ē	_							-
President		\mathbf{x}		X				6,500.	0.	0
(2) Wally Kubley	5.00									
Vice President		X		X				0.	0.	0
(3) Donna Luther	1.00							_	_	_
Secretary/Treasurer		Х	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	X		L.	<u> </u>	0.	0.	0
(4) Ann Simmons	1.00	 		ا ا		1			_	_
VP - Special Projects	1 00	X	_	X	L		<u> </u>	0.	0.	0
(5) Landon Morgan	1.00	١.,		١.,					0.	_
VP - Special Projects	1 00	Х	<u> </u>	Х	<u> </u>		 	0.		0
(6) Carrie McLaughlin	1.00	↓		.				0.	0.	٨
General Membership Rep	1 00	X	_	X	⊢	-	-	0.	0.	0
(7) Steve Turner	1.00	x		x	l			0.	0.	0
General Membership Rep		₽	├	^	├	├		- 0.	0.	<u>_</u>
	<u> </u>	1								
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332007 10-29-13

\$100,000 of compensation from the organization

Form 990 (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2013) Ketchikan CHARR, Inc.
Part VIII Statement of Revenue

			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats ts	1	а	Federated campaigns	_ 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b	6,700.				
A B		С	Fundraising events	1c					
a di		d	Related organizations	1d	11,375.				
ž.E		е	Government grants (contribut	ions) 1e					,
i S		f	All other contributions, gifts, gran	ts, and					
혈			similar amounts not included abor	ve [1f]					
50		g	Noncash contributions included in lines	1a-1f \$,
<u>8</u> 8		h	Total. Add lines 1a-1f		•	18,075.			1
					Business Code				
Program Service Revenue	2	а							
E e		b							
n S		С							ļ
Re		d							
õ		е							<u> </u>
-		f	All other program service reve	enue	L				
_	_	g	Total. Add lines 2a-2f						
	3		Investment income (including	dividends, intere	est, and	78.	78.		
			other similar amounts)			70.	70.		
	4		Income from investment of ta	x-exempt bond p	proceeds				
	5		Royalties	(i) Bool	(ii) Romanal				
	_	_	Gross rents	(i) Real	(ii) Personal				
	6	a b	Less: rental expenses		<u> </u>	:			
			Rental income or (loss)		-				İ
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	a	assets other than inventory	() occurred	(ii) Galler				
		h	Less: cost or other basis						
		~	and sales expenses						,
		c	Gain or (loss)						
			Net gain or (loss)		•				
	8		Gross income from fundraisin	g events (not					
venue			including \$	of					
өле			contributions reported on line	1c). See					
Other Rev			Part IV, line 18	a					
the		b	Less: direct expenses	b	336.				
O		C	Net income or (loss) from fund	draising events		5,284.			5,284.
	9	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19		878,156.				
		b	Less: direct expenses	b	800,013.			04 440	
			Net income or (loss) from gan	_		78,143.		81,442.	-3,299.
	10	а	Gross sales of inventory, less	returns	1				
			and allowances	а					
			Less: cost of goods sold	b					
		С	Net income or (loss) from sale				<u> </u>		_
i	-		Miscellaneous Revenu	18	Business Code				1
	11								
		þ							
	1	C	All other revenue						-
	l	d	All other revenue Total. Add lines 11a-11d	•					
	12		Total revenue. See instructions.			101,580.	78.	81,442.	1,985.
33200			TOTAL TEVENUE. OCC INSUREDIONS.	·		101,000	, , J.6	02,330	Form 990 (2013)

Form 990 (2013) Ketchikan CHAI
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21	51,545.	51,545.							
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22	5,600.	5,60 <u>0</u> .							
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	6,500.		6,500.						
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 salanes and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·					
9	Other employee benefits	_								
10	Payroll taxes									
11	Fees for services (non-employees):									
a	Management									
Ь	Legal	3,295.		3,295.						
c	Accounting	3,493.		3,233.						
d	Lobbying Professional fundraising services. See Part IV, line 17									
e	Investment management fees		• *	·						
f	Other. (If line 11g amount exceeds 10% of line 25,			.						
g	column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion	6,736.		6,736.						
13	Office expenses	2,237.		2,237.						
14	Information technology	<u>·</u> -								
15	Royalties				-					
16	Occupancy	4,328.		4,328.						
17	Travel	4,833.		4,833.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,830.	3,330.	500.						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	7.								
23	Insurance .	750.		750.						
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.)									
а	Dues and subscriptions	9,565.		9,565.						
b	Taxes and licenses	1,347.		1,347.						
C	Postage and delivery	409.		409.						
đ	Bank fees	241.		241.						
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	101,223.	60,475.	40,741.	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 following SOP 98-2 (ASC 958-720)									

1 41	ייי	Data loc Olicet			_	
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		127,339.	1	129,632.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete		_	e 170 1 1 10000000000 110 k 100
		Part II of Schedule L	į		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec			and a second second	
ţ	1	employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use		2,946.	8	1,037.
	9	Prepaid expenses and deferred charges		698.	9	509.
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a 7,255.	_	l	
	b	Less: accumulated depreciation	10b 7,255.	7.	10c	0.
	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 equ	130,990.	16	131,178.	
	17	Accounts payable and accrued expenses	169.	17		
	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	,
es	22	Loans and other payables to current and forme				
=		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	·		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
	l	Schedule D		169.	25	0.
	26	Total liabilities. Add lines 17 through 25	N	103.	26	0.
_		Organizations that follow SFAS 117 (ASC 956	**			
Ses		complete lines 27 through 29, and lines 33 ar	10 34 .		~	-
lan	27	Unrestricted net assets			27	
89	28	Temporanly restricted net assets			28	
Ę	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	SC 059) shock have NX		29	
Ę	ŀ		isc 956), check here			
Š	20	and complete lines 30 through 34.		0.	30	0.
188	30	Capital stock or trust principal, or current funds		0.	31	0.
Net Assets or Fund Balances	31 32	Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in		130,821.	32	131,178.
Š	33	Total net assets or fund balances	icome, or ourer fullus	130,821.		131,178.
	34	Total liabilities and net assets/fund balances		130,990.		131,178.
		The second secon				

Form **990** (2013)

Form	990 (2013) Ketchikan CHARR, Inc.	80 <u>-</u> 001	3433	Page	12
Pai	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			L	<u></u>
			4.04		
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		, 58	
2	Total expenses (must equal Part IX, column (A), line 25)	2	101	,22	
3	Revenue less expenses. Subtract line 2 from line 1	3			7.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	130	,82	<u>1.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod 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	131	,17	<u>8.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			L	<u></u>
	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
1					1
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	2a		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X ₀	<u>~</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				X
D	Were the organization's financial statements audited by an independent accountant?		2b	-+	<u>~</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e dasis,	1 1		1
	consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				,
_	·	o ouds	1 1		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	2c		
	review, or compilation of its financial statements and selection of an independent accountant?	adula O	20	-+	
0	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	igi e Audit	20		X
L	Act and OMB Circular A-133?	rod audit	3a	+	
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irea audit	36		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	200 (2	012
			rom s	730 (2)	U 13)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

nternal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emple	oyer identification number
	Ketchik	an CHARR, Inc.			80-0013433
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz	zation's direct and indirect politica	l campaign activities ir	Part IV.	
3	Volunteer hours				
_	4151	 			
		ganization is exempt unde			
1	•	•		> \$	
	Enter the amount of any excise tax			▶\$	
	If the organization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
-	Was a correction made?				└─ Yes └─ No
	o If "Yes," describe in Part IV. Int. I-C Complete if the org	ganization is exempt unde	r section 501/c)	except section 501/	<u> </u>
244	W W W X				<u> </u>
1	• •		•	• • • • • • • • • • • • • • • • • • • •	
2	Enter the amount of the filing organ	ilization's funds contributed to our	er organizations for se	CHOH 521	
2	exempt function activities Total exempt function expenditures	o Add lines 1 and 2. Enter here as	d on Form 1120 DOI	•	
3	line 17b	s. Add lines 1 and 2. Enter here ar	id on Form 1120FOL,	> ¢	
4		1120-POL for this year?		▶\$	Yes No
5	Did the filing organization file Form Enter the names, addresses and er) of all section 527 not	itical organizations to whic	
9	made payments. For each organiza	• •	· · · · · · · · · · · · · · · · · · ·	•	• •
	contributions received that were pr	•			· · · · · · · · · · · · · · · · · · ·
	political action committee (PAC). If	additional space is needed, provide	de information in Part I	V	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) name	(4)/ (43)	(4) =	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	-				
_	-				
		l	<u> </u>	<u> </u>	<u> </u>

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

Schedule C (Form 990 or 990-EZ) 2013 Ket	chikan (HARR, Inc.		80-0	0013433 Page 2
Part II-A Complete if the organiza	ation is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768	
(election under section	501(h)).				
A Check I if the filing organization be	longs to an aff	iliated group (and list ii	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of ex	cess lobbying	expenditures).			
B Check ▶ ☐ If the filing organization ch	ecked box A a	nd "limited control" pro	ovisions apply.		,
l imits on l	obbying Expe	nditures		(a) Filing	(b) Affiliated group
(The term "expenditures)	organization's totals	totals
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)	-		
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the a	amount from th	e following table in bot	th columns		
If the amount on line 1e, column (a) or (b) is	The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,0	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,00	00 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		3
Over \$17,000,000		3			
				*	
g Grassroots nontaxable amount (enter 25	% of line 1f)				
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c If zero or les		_			
j If there is an amount other than zero on e	either line 1h oi	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
		eraging Period Under			
			n do not have to comp		
			es 2a through 2f on pa	ige 4.)	
	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount				-	
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 Ketchikan CHARR, Inc. 80-001343 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

-		nc.		Ļ	80-0013433				
Pai	t I Organizations Maintaining Donor Advise	ed Funds or	Other Similar Funds	or Accou	unts.Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin								
		(a) Dor	or advised funds	(b) Fun	nds and other accounts				
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the	assets held in donor advise	ed funds					
	are the organization's property, subject to the organization's	=			Yes No				
6	Did the organization inform all grantees, donors, and donor	_		used only					
	for charitable purposes and not for the benefit of the donor	or donor adviso	r, or for any other purpose o	conferming					
	impermissible private benefit?			J	☐ Yes ☐ No				
Pai		rganization ansv	vered "Yes" to Form 990, Pa	art IV, line 7					
1	Purpose(s) of conservation easements held by the organizat			,					
-	Preservation of land for public use (e.g., recreation or	-	Preservation of an hist	orically imp	ortant land area				
	Protection of natural habitat	oudouno,	Preservation of a certif						
	Preservation of open space				oli dollaro				
2	Complete lines 2a through 2d if the organization held a quali	lified conservation	on contribution in the form o	of a conserv	ation easement on the last				
-	day of the tax year.), a consci v	and it date man and a date				
	day of the tax year.				Held at the End of the Tax Year				
a Total number of conservation easements									
b									
C	b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2b 2c								
4	Number of conservation easements included in (c) acquired								
u	listed in the National Register	alter o/ 17700, e	ind not on a motoric structu	2d					
3	Number of conservation easements modified, transferred, re	aleased extingi	school or terminated by the		n during the tay				
3	year	eleased, extilige	isiled, or terrilinated by the	organization	in during the tax				
4	Number of states where property subject to conservation ea	acoment is locat	nd N						
5	Does the organization have a written policy regarding the pe		_						
5	violations, and enforcement of the conservation easements		ig, inspection, nationing of		Yes No				
e	Staff and volunteer hours devoted to monitoring, inspecting		conservation easements di	inna the ves					
6	Amount of expenses incurred in monitoring, inspecting, and								
7 8	Does each conservation easement reported on line 2(d) abo				Ψ				
0		ove sausiy ule re	equirements of section 170(i i)(4)(D)(i)	Yes No				
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	tion accoments	in te rovonilo and expense	etatomont					
9	include, if applicable, the text of the footnote to the organization		•	-	·				
	-	auon s manciar	statements that describes t	ile Organiza	don's accounting for				
Pai	conservation easements. t III Organizations Maintaining Collections of	of Art. Histor	rical Treasures, or Ot	her Simi	lar Assets				
	Complete if the organization answered "Yes" to Form								
-10	If the organization elected, as permitted under SFAS 116 (A			ent and hal	ance sheet works of art				
ıa	historical treasures, or other similar assets held for public ex	• •	•						
				ice of public	service, provide, irr art xiii,				
_	the text of the footnote to its financial statements that desci If the organization elected, as permitted under SFAS 116 (A			and balance	a about works of art bustomasi				
b	• • • • • • • • • • • • • • • • • • • •	•			·				
	treasures, or other similar assets held for public exhibition, e	soucation, or res	search in furtherance of put	JIIC SELVICE,	provide the following amounts				
	relating to these items:				¢				
	(i) Revenues included in Form 990, Part VIII, line 1				ф				
_	(ii) Assets included in Form 990, Part X				\$				
2	If the organization received or held works of art, historical tre	•		gain, provid	18				
	the following amounts required to be reported under SFAS	116 (ASC 958) r	elating to these items:	_	•				
a	Revenues included in Form 990, Part VIII, line 1				*				
b	Assets included in Form 990, Part X			•	\$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued (check all that apply):	Sche	dule D (Form 990) 2013 Ketchik	an CHARR,	Inc.					80-00	13433	Page 2
check all that apply : a	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(continue	ed)
a Public exhibition d Loan or exchange programs b Scholarly research e Corter contents of the Contents of the	3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following the	at are a sig	nificant	use of its	collection i	tems
b Scholarly research e ☐ Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Drung the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to make funds a father than to be maintained as part of the organization collection?		(check all that apply):									
c	а	Public exhibition	c	, <u> </u>	Loan or exc	hange progr	rams				
c	b	Scholarly research	e	\Box	Other						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, instoncal treasures, or other similar assets to be sed to raise funds rather than to be maintained as part of the organization's collection? Ves	С	Preservation for future generations									
So Dumg the year, did the organization solicit or receive donations of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance India In	4		ollections and explai	ın how tl	hey further t	he organizat	ion's exem	pt purp	ose in Par	t XIII.	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If 'Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 te	5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	ner sımıtar i	assets			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: Complete Comp										Yes	□ No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes, * explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 E	Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered	"Yes" to F	orm 990), Part IV,	line 9, or	
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 f Ending balance 2 a Dot the organization include an amount on Form 990, Part X, line 21? b if "Yes," explain the arrangement in Part XIII. Check here if the explaination has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses (a) Current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % f Temporanly restricted endowment % f Temporanly restricted endowment % f Temporanly restricted endowment % f The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization b if "Yes" to 36(i), are the related organizations (ii) related organizations (ii) related organizations (iii) related organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X,											
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 C 1 d	1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	ssets not I	ncluded			
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Did Tire organization include an amount on Form 990, Part X, line 21? 5 Did Tire organization include an amount on Form 990, Part X, line 10. 5 Complete if the organization in School expension of the organization that are held and administered for the organization by: 6 Did Tire organization in Part XIII. 7 Did Tire organization in Part XIII. 8 Describe in Part XIII the intended uses of the organization's endowment funds. 9 Describe in Part XIII the intended uses of the organization's endowment funds. 9 Describe in Part XIII the intended uses of the organization's endowment funds. 9 Describe in Part XIII the intended uses of the organization's endowment funds. 9 Describe organization answered Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 9 Describer of property (a) Cost or other basis (investment) basis (investment) basis (other) depreciation depreciation depreciation of Equipment. 1 Describer of property (a) Cost or other basis (other) depreciation depreciation of Equipment.		on Form 990, Part X?								Yes	☐ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four	ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four		· -	·	•						Amount	
d Additions during the year Distributions during the year Ending blaiance End	С	Beginning balance						1c			
e Distributions during the year f Ending balance 2 Potter expenditures for facilities and programs 6 Contributions 7 End of year balance 8 End of year balance 9 Cotter expenditures for facilities and programs 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 End of year balance 1 Administrative expenses 1 Administrative expenses 2 End of year balance 1 Administrative expenses 2 End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 End of year balance 2 Provide the estimated organization 3 Are there endowment tunds not in the possession of the organization that are held and administered for the organization 3 Ba(1)		-						-			
f Ending balance 2a Dut the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the explanation has been provided in Part XIII.	e	• ,						<u> </u>	-		· ·
Did the organization include an amount on Form 990, Part X, line 21? If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e)	f										
Description Part XIII Check here if the explanation has been provided in Part XIII Check here if the organization answered "Yes" to Form 990, Part IV, line 10. Call Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back		_	orm 990. Part X. line	21?						Yes	No
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.		_			on has been	provided in	Part XIII				= '''
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back	_							·			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporanity restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment	<u> </u>					,			years back	(e) Four ye	ars back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	la Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_									-	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	·	``									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	•	· •									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		· ·					-				
a Board designated or quasi-endowment		·	rent year and balanc	eo (lino 1	a column ()) bold oc:				<u> </u>	
b Permanent endowment											
Temporantly restricted endowment ►		-	0/	— 70							
The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii)	· · · · · · · · · · · · · · · · · · ·	 : -									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment	C										
by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (•		•								
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	3a	·	ession of the organiz	ation tha	at are nelo a	na aaministi	erea for the	e organi	zation	<u></u>	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment											es No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements d Equipment		••									
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		• •	- 1-4-4	- 0 :	J. J. DO						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment	_									3b	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment				owment	tunas.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Book value (h) Equipment	- ai			Dort IV	/ line 11e C	aa Earm 000) Dod V III	10			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment									-d	(d) Paster	<u></u>
ta Land b Buildings c Leasehold improvements d Equipment		Description of property	1 '		1 , , ,					(u) BOOK V	aiU U
b Buildings c Leasehold improvements d Equipment		Land	2000 (1146311		Da313	(30.01)	Gebi	JOIGHON	' 	_	
c Leasehold improvements d Equipment		•					 	-			
d Equipment		•					 				
		• • • • • • • • • • • • • • • • • • • •	<u> </u>								
e Other		Other				7,255.		7,2	55.		0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))			gual Form 990. Part	X. colur	nn (B). line 1			. , 2	<u> </u>		

Schedule D (Form 990) 2013

332053 09-25-13 Schedule D (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.urs.gov/form.990 Inspection | Imployer identification number Name of the organization

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, I	ine 17. For	m 990-EZ	filers are not		
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover ising d ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amou to (or reta fundr listed in	ained by) aiser	(vi) Amount paid to (or retained by) organization		
-		Yes	No						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exen	npt from re	egistration		
									
					.				
							·		

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

Schedule G (Form 990 or 990-EZ) 2013

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col (a) through Beer Fest Wine Fest col. (c)) (event type) (event type) (total number) Revenue 2,490. 5,620. 3,130. 1 Gross receipts 2 Less: Contributions 2,490. 5,620. 3,130. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages Entertainment 288. 48. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 24,000. 878,156. 854,156. Gross revenue 683,430 15,500 698,930. 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 89,284. 101,083. 5 Other direct expenses Yes Yes 6 Volunteer labor 800,013. 7 Direct expense summary. Add lines 2 through 5 in column (d) 78,143. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: AK X Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013 Ketchikan CHARR, Inc.	80-0013433 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes X No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer chantable gaming?	Yes X No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13ь 100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name ▶ Steven M. Kantor	
Address ► PO Box 23320 - Ketchikan, AK 99901	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ▶ Steven M. Kantor	
Gaming manager compensation ▶ \$6,500.	
Description of services provided The member in charge is responsible fo	r the day to
day gaming activities, purchase of games and distribution	n of games
to vendors, as well as preparation of monthly excise tax	reports
	-
Director/officer Employee X Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make chantable distributions from the gaming proceeds to	
retain the state gaming license?	X Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	nt in the
organization's own exempt activities during the tax year 🕨 \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instru	
Explanation: Schedule G, Part III, Line 16, description of	services
provided: The member in charge is responsible for the day	to day
gaming activities, purchase of games and distribution of ga	mes to
vendors, as well as preparation of monthly excise tax repor	ts and
quarterly and annual gaming reports.	

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2013
Open to Public Inspection

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www its gov/form990.

<u>2</u> Employer identification number 80-0013433 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Ketchikan CHARR, Inc. General Information on Grants and Assistance critena used to award the grants or assistance? Name of the organization Part II Part

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	n be duplicated if additi	ional space is need	led.			
1 (a) Name and address of organization or government	(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
KTN Lions Club PO Box 8333 Ketchikan, AK 99901	92-0105512	501(c)(4)	5,000.	0.			Fourth of July festivities
Ketchikan Charr Education Fund PO Box 23320 Ketchikan, AK 99901	20-8496493	501(c)(3)	5,000.	0.			King Salmon Derby and Education Fund Donations
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or	rganizations listed in the	ne line 1 table				2.0
L							

332101 10-29-13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 0 0 1,200. 4,400. (c) Amount of cash grant 24 (b) Number of recipients Assistance in obtaining GED certificates (a) Type of grant or assistance Medical assistance 332102 10-29-13 Part III

Page 2

80-0013433

Ketchikan CHARR, Inc.

Schedule I (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No 1545-0047

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

Inspection

Name of the organization Ketchikan CHARR, Inc. **Employer identification number** 80-0013433

Form 990, Part VI, Section A, Line 3: Explanation: The Board of Directors shall have the authority to enter into professional service contracts with the president of the Such contracts may be negotiated by the board, with the association. terms of remuneration determined by a quorom of the board. As such, the board has contracted out for an individual to handle the activities

Form 990, Part VI, Section A, Line 6:

of the organization and report on these activities.

Explanation: The Organization has two classes of members: active and associate. Active members hold valid beverage dispensary, retail package store, hotel, motel or restaurant licenses in the Ketchikan Region of the State of Alaska. Associate members are those businesses that provide goods and services to active members and do not qualify to be a voting member.

Form 990, Part VI, Section A, Line 7A:

Explanation: The Board of Directors of this Association shall be elected annually by the membership with the election scheduled before the end of the calendar year. The Association's year begins January 1 and ends on December 31.

Form 990, Part VI, Section A, Line 7B:

Explanation: All actions of the Board of Directors may be appealed to

the general membership upon written notice filed with the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

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

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ See separate instructions. ► Attach to Form 990.

2013

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www us goulform 990.

Employer identification number 80-0013433Open to Public Inspection

entity

ε

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets e Total income Legal domicile (state or **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Ketchikan CHARR, Inc. Name, address, and EIN (if applicable) of disregarded entity Part Part II

(g) Section 512(b)(13) 9 N × × controlled entity? Yes Direct controlling etchikan Charr ducation Fund, Alaska Charr entity ε nc. status (if section Public charity 501(c)(3)) <u>e</u> Line 9 Exempt Code section 501(c)(3) 501(c)(6) € Legal domicile (state or foreign country) Alaska Alaska area youth for education Scholarships provided to in hospitality industry To serve Hospitality Primary activity 9 Industry 20-8496493, PO Box 23320, Ketchikan, AK Inc. Name, address, and EIN of related organization Ketchikan Charr Education Fund, 1503 W. 31st Ave., Suite 202 Anchorage, AK 99503 Alaska Charr

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

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Schedule R (Form 990) 2013

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Page 2

Schedule R (Form 990) 2013 Ketchikan CHARR, Inc.

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(e)	(2)	<u></u>	(P)	(e)		£	(B)	€	€	9	<u>-</u>	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of total income	Share of end-of-year assets	Dispropo	amount in box	SI Genera OX manag Ule partne	General or Percentage managing ownership partner?	ership
		country)		c silonis s	312-314)			Yes		DO) Ves No	9	
										- · -		
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corpo	oration or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related fear.	mplete if the	organization a	answered "Yes	" on Form 990	, Part IV, line	34 because rt ha	d one or r	nore rela	ated
(a)			(q)	(0)	ව	(e)		ε	(6)	3		
Name, address, and EIN	<u>Z</u> c	Prim	ctivity		Direct controlling	ling Type of entity		Share of total	Share of	Percentage		5001100 512(b)(13) controlled
				foreign country)				2	assets			
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332162 09-12-13				78					Sche	Schedule R (Form 990) 2013	orm 990)) 2013

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2013 Ketchikan CHARR, Inc.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Χe	Yes No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more r	elated organizations listed	ın Parts II-IV?			1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×	ı
b Gift, grant, or capital contribution to related organization(s)				₽ X	\dashv	1
c Gift, grant, or capital contribution from related organization(s)				10	×	ı
d Loans or loan guarantees to or for related organization(s)				19	×	1
e Loans or loan guarantees by related organization(s)				1 e	×	ı
				-		
f Dividends from related organization(s)				#	×	. 1
g Sale of assets to related organization(s)				19	×	ı
h Purchase of assets from related organization(s)				ŧ	×	1
i Exchange of assets with related organization(s)				- 	×	
j Lease of facilities, equipment, or other assets to related organization(s)				=	×	1
k Lease of facilities, equipment, or other assets from related organization(s)				*	×	
	ganization(s)			=	×	1 1
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			ŧ	×	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			두	×	1
o Sharing of paid employees with related organization(s)				9	×	ı
 Peimbursement paid to related organization(s) for expenses 				<u>_</u>	×	ı
q Reimbursement paid by related organization(s) for expenses				1q X	L	
				i i	;	. .
r Other transfer of cash or property to related organization(s)				=	× >	1
ا ۳				18	4	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds			ı
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		ı
(1)						1
23)						l
(5)						t
(4)						1
(9)						l
i i						I
	59		States	Schodule B (Form 000) 2013	25	١٠
32163 09-12-13)		סכונכחונ	e n (rom 55	2 26 70	2

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Schedule R (Form 990) 2013 Ketchikan CHARR, Inc.

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

000	I	i 1	I	l	I	i 1		1
(h) (i) (ii) (k) (k) Disproper Code V-UBI General or Percentage allocations? Of Schedule K-1 partner? Ownership Yes No (Form 1065) Yes No								
owr						_		. <u> </u>
(j) General or managing partner? Yes No								
31 G × 20 F K-1 F						_		
(i) e V-UE t in boi edule m 106								
Code mount of Schu (Forn								
oper- ate al								
(h) Disproportionate allocations?								
r is								
(g) Share of end-of-year assets								1
Stendend								
of Je								
(f) Share of total income								
(e) Are all partners sec 501(c)(3) orgs? Yes No								
9 20 30 4 Yes						-		
Predominant income related, unrelated, excluded from tax under section 512-514) p								
(d) mant in d, unre ed fro stron 5								
redom relate exclud								
- G - U						- · · - · ·		
(c) Legal domicile (state or foreign country)								
(c) gal domic ate or fore country)								
Leç (staı								
(b) Primary activity			1					
(b)								
Рип								
(a) Name, address, and EIN of entity of entity (b) (c) Legal domicile (related, uncalted from tax country) under section 512-514)			 	 				<u> </u>
		$ \ \ \ $						
Z Z								
(a) Name, address, and EIN of entity								
(a) address, of entity								
e, adc						$ \ \ \ $		
Nam			$ \ \ \ $		$ \ \ \ $	$ \ \ \ $		
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Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	Ketchikan CHARR, Inc.	80-0013433 Page 5
Part VII	(Form 990) 2013 Supplemental Info	ormation	
l			
	Provide additional inform	nation for responses to questions on Schedule R (see instructions).	
			
			
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