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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 12-01-2013, and ending 11-30-2014

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
AMERICAN FISHERIES SOCIETY ALASKA CHAPTER

Number and street (or P O box, if mail is not delivered to street address)Room/suite

PO BOX 670346

City or town, state or province, country, and ZIP or foreign postal code  
CHUGIAK, AK 995670346

**D** Employer identification number

23-7368960

**E** Telephone number

(907) 688-1400

**F** Group Exemption Number

**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: [HTTP://WWW.AFS-ALASKA.ORG](http://WWW.AFS-ALASKA.ORG)

**J** Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 

\$ 163,147

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)                  |    |                                                                                                                                                                                                                  |    |         |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|--|--|--|--|--|
| Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> |    |                                                                                                                                                                                                                  |    |         |  |  |  |  |  |
| Revenue                                                                                                                 | 1  | Contributions, gifts, grants, and similar amounts received                                                                                                                                                       | 1  | 13,804  |  |  |  |  |  |
|                                                                                                                         | 2  | Program service revenue including government fees and contracts                                                                                                                                                  | 2  | 122,143 |  |  |  |  |  |
|                                                                                                                         | 3  | Membership dues and assessments                                                                                                                                                                                  | 3  |         |  |  |  |  |  |
|                                                                                                                         | 4  | Investment income                                                                                                                                                                                                | 4  | 6,105   |  |  |  |  |  |
|                                                                                                                         | 5a | Gross amount from sale of assets other than inventory                                                                                                                                                            | 5a | 19,751  |  |  |  |  |  |
|                                                                                                                         | b  | Less cost or other basis and sales expenses                                                                                                                                                                      | 5b | 17,484  |  |  |  |  |  |
|                                                                                                                         | c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                          | 5c | 2,267   |  |  |  |  |  |
|                                                                                                                         | 6  | Gaming and fundraising events                                                                                                                                                                                    | 6d |         |  |  |  |  |  |
|                                                                                                                         | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                            | 6a |         |  |  |  |  |  |
|                                                                                                                         | b  | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |         |  |  |  |  |  |
|                                                                                                                         | c  | Less direct expenses from gaming and fundraising events                                                                                                                                                          | 6c |         |  |  |  |  |  |
| Expenses                                                                                                                | d  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               | 6d |         |  |  |  |  |  |
|                                                                                                                         | 7a | Gross sales of inventory, less returns and allowances                                                                                                                                                            | 7a | 1,344   |  |  |  |  |  |
|                                                                                                                         | b  | Less cost of goods sold                                                                                                                                                                                          | 7b | 461     |  |  |  |  |  |
|                                                                                                                         | c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                                   | 7c | 883     |  |  |  |  |  |
|                                                                                                                         | 8  | Other revenue (describe in Schedule O)                                                                                                                                                                           | 8  |         |  |  |  |  |  |
|                                                                                                                         | 9  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                           | 9  | 145,202 |  |  |  |  |  |
|                                                                                                                         | 10 | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                             | 10 | 25,823  |  |  |  |  |  |
|                                                                                                                         | 11 | Benefits paid to or for members                                                                                                                                                                                  | 11 |         |  |  |  |  |  |
|                                                                                                                         | 12 | Salaries, other compensation, and employee benefits                                                                                                                                                              | 12 |         |  |  |  |  |  |
|                                                                                                                         | 13 | Professional fees and other payments to independent contractors                                                                                                                                                  | 13 | 13,699  |  |  |  |  |  |
| Net Assets                                                                                                              | 14 | Occupancy, rent, utilities, and maintenance                                                                                                                                                                      | 14 |         |  |  |  |  |  |
|                                                                                                                         | 15 | Printing, publications, postage, and shipping                                                                                                                                                                    | 15 | 1,354   |  |  |  |  |  |
|                                                                                                                         | 16 | Other expenses (describe in Schedule O)                                                                                                                                                                          | 16 | 95,536  |  |  |  |  |  |
|                                                                                                                         | 17 | Total expenses. Add lines 10 through 16                                                                                                                                                                          | 17 | 136,412 |  |  |  |  |  |
|                                                                                                                         | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                  | 18 | 8,790   |  |  |  |  |  |
|                                                                                                                         | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)                                                                 | 19 | 202,174 |  |  |  |  |  |
|                                                                                                                         | 20 | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                             | 20 | 4,572   |  |  |  |  |  |
|                                                                                                                         | 21 | Net assets or fund balances at end of year Combine lines 18 through 20                                                                                                                                           | 21 | 215,536 |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2013)

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|                                                                                | (A) Beginning of year |    | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments                                              | 200,879               | 22 | 215,536         |
| 23 Land and buildings                                                          |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 1,295                 | 24 |                 |
| 25 Total assets                                                                | 202,174               | 25 | 215,536         |
| 26 Total liabilities (describe in Schedule O)                                  |                       | 26 |                 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 202,174               | 27 | 215,536         |

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
PROFESSIONAL SOCIETY FOR FISHERY BIOLOGISTS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

28a

29

(Grants \$ )

If this amount includes foreign grants, check here

29a

30

(Grants \$ )

If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$ )

If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

111,585

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| See Additional Data Table |                                                |                                                                            |                                                                                         |                                            |
|                           |                                                |                                                                            |                                                                                         |                                            |
|                           |                                                |                                                                            |                                                                                         |                                            |
|                           |                                                |                                                                            |                                                                                         |                                            |

Form 990-EZ (2013)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                                                                                                                              | 33  | No |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                                                                                                                                                                       | 34  | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                                                                                                             | 35a | No |
| b   | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                       | 35b |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                                                                                                                                 | 35c | No |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                                                                                                                                                                                                                                | 36  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                                                                                                                                     | 37a |    |
| b   | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                           | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                     | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                                                                                                       | 38b |    |
| 39  | Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| a   | Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                                                     | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                            | 39b |    |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955                                                                                                                                                                                                                                                                                   |     |    |
| b   | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                                                                                            | 40b | No |
| c   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                                                                                                                                   |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                                                                                                                     |     |    |
| e   | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                          | 40e | No |
| 41  | List the states with which a copy of this return is filed AK                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| 42a | The organization's books are in care of LEE ANN GARDNER Telephone no (907) 688-1400<br>Located at PO BOX 670346 CHUGIAK, AK ZIP + 4 995670346                                                                                                                                                                                                                                                                                    |     |    |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside the U S ?<br>If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                               | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                           | 43  |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                               | 44a | No |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                        | 44b | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                           | 44c | No |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                             | 44d |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                          | 45a | No |
| 45b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                                                                                                                               | 45b | No |

|    |                                                                                                                                                                                                      |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                      | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . |     | No |

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

|     |                                                                                                                                                                      |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                      | Yes | No |
| 47  | 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 . . . . . |     | No |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                       |     | No |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                  |     | No |
| 49b | If "Yes," was the related organization a section 527 organization? . . . . .                                                                                         |     |    |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NONE                                |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

f Total number of other employees paid over \$100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| NONE                                                         |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000. . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |                                                           |                      |                    |                                                 |                   |
|------------------------|-----------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|-------------------|
| Sign Here              | *****<br>Signature of officer                             |                      | 2015-03-18<br>Date |                                                 |                   |
|                        | LEE ANN GARDNER TREASURER<br>Type or print name and title |                      |                    |                                                 |                   |
| Paid Preparer Use Only | Print/Type preparer's name<br>ELAINE WILLIAMSON           | Preparer's signature | Date<br>2015-03-23 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00295408 |
|                        | Firm's name ▶ KOHLER SCHMITT & HUTCHISON PC               |                      |                    | Firm's EIN ▶ 92-0116098                         |                   |
|                        | Firm's address ▶ PO BOX 70607<br>FAIRBANKS, AK 997070607  |                      |                    | Phone no (907) 456-6676                         |                   |

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

Additional Data

Software ID:

Software Version:

EIN: 23-7368960

Name: AMERICAN FISHERIES SOCIETY ALASKA CHAPTER

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Expenses<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--------|
| <b>28</b> HOSTED ANNUAL MEETING AND ANNUAL SCIENTIFIC CONFERENCE IN WHICH SCIENTIFIC PAPERS, KEYNOTE SPEAKERS AND OTHER PRESENTATIONS WERE GIVEN<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>28a</b>                                                                                                   | 84,408 |
| <b>29</b> PROVIDED CONTINUING EDUCATION COURSES INCLUDING GENETICS AND MICROCHEMICAL ANALYSIS OF FISH OTOLITHS THE INSTUCTOR OFFERED THE COURSES AT NO CHARGE TO THE ORGANIZATION<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>29a</b>                                                                                                   |        |
| <b>30</b> NEWSLETTER AND WEB PAGE - TO KEEP MEMBERS INFORMED OF TECHNICAL WORKSHOPS, EVENTS AND MEETINGS<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>30a</b>                                                                                                   | 1,354  |
| CULTURAL DIVERSITY AWARDS - MEMBERS APPLY FOR THE TRAVEL FUNDS AWARD THE APPLICATIONS ARE ACCEPTED BY THE CULTURAL DIVERSITY COMMITTEE AND THE AWARD IS BASED ON MERIT AS PART OF THIS AWARD, THE RECIPIENTS' AMERICAN FISHERIES SOCIETY AND ALASKA CHAPTER DUES ARE ALSO PAID FOR ONE YEAR BY THE ALASKA CHAPTER OUT OF GENERAL FUNDS MOLLY AHLGREN SCHOLARSHIP AWARD - THE AWARD IS MADE BY THE MOLLY AHLGREN SCHOLARSHIP COMMITTEE CONSISTING OF ALASKA CHAPTER OF AMERICAN FISHERIES SOCIETY MEMBERS ANY UNIVERSITY OF ALASKA OR ALASKA PACIFIC UNIVERSITY STUDENT IN GOOD STANDING ATTENDING THE CAMPUSES IN ANCHORAGE, FAIRBANKS, OR JUNEAU AND ENROLLED IN FISHERIES/BIOLOGY COURSES CAN APPLY FOR THE AWARD THE ALASKA CHAPTER OF THE AMERICAN FISHERIES SOCIETY HAS A SCHOLARSHIP OVERSIGHT COMMITTEE THAT PROVIDES OVERSIGHT OF THIS SCHOLARSHIP APPLICATION/AWARD AS PART OF THIS AWARD, THE RECIPIENTS' AMERICAN FISHERIES SOCIETY AND ALASKA CHAPTER DUES ARE ALSO PAID FOR ONE YEAR BY THE ALASKA CHAPTER OUT OF GENERAL FUNDS STUDENT TRAVEL AWARDS - CANDIDATES ARE PROPOSED BY EACH OF THE ALASKA CHAPTER'S STUDENT SUBUNITS FOR STUDENT TRAVEL AWARDS (I E , CAMPUS GROUPS LOCATED AT UNIVERSITY OF ALASKA CAMPUSES IN ANCHORAGE, FAIRBANKS, AND JUNEAU) THE CANDIDATE NAMES AND TRAVEL BUDGETS ARE SUBMITTED BY EACH CAMPUS TO THE ALASKA CHAPTER'S EXECUTIVE COMMITTEE FOR APPROVAL MOST TRAVEL AWARDS ARE PROVIDED TO STUDENTS TO ATTEND THE ANNUAL ALASKA CHAPTER AFS MEETING BUT MAY ALSO INCLUDE OTHER CONFERENCES APPLICABLE TO A STUDENT'S FIELD OF STUDY WALLY NOERENBERG AWARDS - THE AWARD IS MADE BY THE WALLY NOERENBERG COMMITTEE CONSISTING OF ALASKA CHAPTER OF AMERICAN FISHERIES SOCIETY MEMBERS (ALL COMMITTEE MEMBERS, EXCEPT THE CHAIRPERSON, ARE PAST PRESIDENTS OF THE ALASKA CHAPTER) WRITTEN NOMINATIONS ARE ACCEPTED BY THE WALLY NOERENBERG COMMITTEE FROM THE GENERAL MEMBERSHIP OF THE ALASKA CHAPTER, THE COMMITTEE CAN ELECT TO SELECT ONE OR MORE AWARDEES, OR TO NOT AWARD TO ANY OF THE NOMINEES RECEIVED FOR THAT YEAR NO AWARD WAS GIVEN IN 2014 BEST STUDENT PAPER/POSTER AWARDS - CANDIDATES ARE SELECTED BY THE AWARDS SELECTION COMMITTEE THE COMMITTEE IS ASSISTED BY ALASKA CHAPTER ANNUAL MEETING ATTENDEES WHO VOLUNTEER TO ATTEND AND EVALUATE STUDENT PAPER/POSTER PRESENTATIONS AT THE ALASKA CHAPTER'S ANNUAL MEETING USING A PRESCRIBED EVALUATION FORM EVALUATION FORM RATINGS ARE TABULATED BY THE AWARDS SELECTION COMMITTEE CHAIRPERSON THESE CASH AWARDS WERE ESTABLISHED IN 2010 AND HAVE CONTINUED SINCE THEN AT EACH ANNUAL CHAPTER MEETING<br>(Grants \$ 25,823) If this amount includes foreign grants, check here . . . <input type="checkbox"/> |  |                                                                                                              | 25,823 |

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| (A) Name and address             | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|----------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| JENNIFER STAHL<br>PRESIDENT      | 6 00                                                     | 0                                          |                                                                     |                                          |
| PHIL LORING<br>PAST PRESIDE      | 1 25                                                     | 0                                          |                                                                     |                                          |
| AARON MARTIN<br>VICE PRESIDE     | 2 00                                                     | 0                                          |                                                                     |                                          |
| MARY BETH LOEWEN<br>PRESIDENT EL | 10 00                                                    | 0                                          |                                                                     |                                          |
| NICKY SZARZI<br>SECRETARY        | 2 50                                                     | 0                                          |                                                                     |                                          |
| LEE ANN GARDNER<br>TREASURER     | 10 00                                                    | 0                                          |                                                                     |                                          |

2013

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Public Charity Status and Public Support

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury

Internal Revenue Service

|                                                                       |                                              |
|-----------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>AMERICAN FISHERIES SOCIETY ALASKA CHAPTER | Employer identification number<br>23-7368960 |
|-----------------------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 5,358    | 33,757   | 16,722   | 2,974    | 13,804   | 72,615    |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 5,358    | 33,757   | 16,722   | 2,974    | 13,804   | 72,615    |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          | 72,615    |

| Section B. Total Support                                                                                                                                                           |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 Amounts from line 4                                                                                                                                                              | 5,358    | 33,757   | 16,722   | 2,974    | 13,804   | 72,615    |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                   | 10,221   | 11,673   | 9,800    | 8,768    | 6,105    | 46,567    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                               |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                  | 1,056    | 902      |          | 903      |          | 2,861     |
| 11 Total support (Add lines 7 through 10)                                                                                                                                          |          |          |          |          |          | 122,043   |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                  |          |          |          |          | 12       | 353,219   |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . |          |          |          |          |          | ▶         |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |    |          |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----|----------|
| 14                                                  | Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                  | <table><tr><td>14</td><td>59 500 %</td></tr></table> | 14 | 59 500 % |
| 14                                                  | 59 500 %                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |    |          |
| 15                                                  | Public support percentage for 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                         | <table><tr><td>15</td><td>55 900 %</td></tr></table> | 15 | 55 900 % |
| 15                                                  | 55 900 %                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |    |          |
| 16a                                                 | <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                            | <input type="checkbox"/>                             |    |          |
| b                                                   | <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                       | <input type="checkbox"/>                             |    |          |
| 17a                                                 | <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      | <input type="checkbox"/>                             |    |          |
| b                                                   | <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/>                             |    |          |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                               | <input type="checkbox"/>                             |    |          |

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

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |

Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |                                                   |
|------------------------------|---------------------------------------------------|
|                              |                                                   |
| Return Reference             | Explanation                                       |
| PART II, LINE 10             | GROSS PROFIT FROM INV SALES 2,822 OTHER INCOME 39 |

SCHEDULE O  
(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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public  
Inspection

|                                                                          |                                              |
|--------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>AMERICAN FISHERIES SOCIETY ALASKA<br>CHAPTER | Employer identification number<br>23-7368960 |
|--------------------------------------------------------------------------|----------------------------------------------|

990 Schedule O, Supplemental Information

| Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART I, LINE 10   | SELECTION COMMITTEE 6,000 0 0 SELECTION COMMITTEE 6,000 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FORM 990-EZ, PART I, LINE 16   | EXPENSES TRAVEL 1,569 MEETING EXPENSE 84,408 SUPPLIES 193 TELEPHONE 14 BANK CHARGES & CC F<br>EES 8,104 OTHER 709 DUES AND SUBSCRIPTIONS 25 WEB HOSTING/MAINTENANCE 400 PLAQUES 114 TOTA<br>L 95,536                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990-EZ, PART I, LINE 20   | UNREALIZED GAINS ON SECURITIES 4,572                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990-EZ, PART II, LINE 24  | PREPAID EXPENSES AND DEFERRED CHARGES 1,295 0 TOTAL 1,295 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FORM 990-EZ, PART III, LINE 31 | <p>CULTURAL DIVERSITY AWARDS - MEMBERS APPLY FOR THE TRAVEL FUNDS AWARD THE APPLICATIONS ARE ACCEPTED BY THE CULTURAL DIVERSITY COMMITTEE AND THE AWARD IS BASED ON MERIT AS PART OF THIS AWARD, THE RECIPIENTS' AMERICAN FISHERIES SOCIETY AND ALASKA CHAPTER DUES ARE ALSO PAID FOR ONE YEAR BY THE ALASKA CHAPTER OUT OF GENERAL FUNDS MOLLY AHLGREN SCHOLARSHIP AWARD - THE AWARD IS MADE BY THE MOLLY AHLGREN SCHOLARSHIP COMMITTEE CONSISTING OF ALASKA CHAPTER OF AMERICAN FISHERIES SOCIETY MEMBERS ANY UNIVERSITY OF ALASKA OR ALASKA PACIFIC UNIVERSITY STUDENT IN GOOD STANDING ATTENDING THE CAMPUSES IN ANCHORAGE, FAIRBANKS, OR JUNEAU AND ENROLLED IN FISHERIES/BIOLOGY COURSES CAN APPLY FOR THE AWARD THE ALASKA CHAPTER OF THE AMERICAN FISHERIES SOCIETY HAS A SCHOLARSHIP OVERSIGHT COMMITTEE THAT PROVIDES OVERSIGHT OF THIS SCHOLARSHIP APPLICATION/AWARD AS PART OF THIS AWARD, THE RECIPIENTS' AMERICAN FISHERIES SOCIETY AND ALASKA CHAPTER DUES ARE ALSO PAID FOR ONE YEAR BY THE ALASKA CHAPTER OUT OF GENERAL FUNDS STUDENT TRAVEL AWARDS - CANDIDATES ARE PROPOSED BY EACH OF THE ALASKA CHAPTER'S STUDENT SUBUNITS FOR STUDENT TRAVEL AWARDS (I.E., CAMPUS GROUPS LOCATED AT UNIVERSITY OF ALASKA CAMPUSES IN ANCHORAGE, FAIRBANKS, AND JUNEAU) THE CANDIDATE NAMES AND TRAVEL BUDGETS ARE SUBMITTED BY EACH CAMPUS TO THE ALASKA CHAPTER'S EXECUTIVE COMMITTEE FOR APPROVAL MOST TRAVEL AWARDS ARE PROVIDED TO STUDENTS TO ATTEND THE ANNUAL ALASKA CHAPTER AFS MEETING BUT MAY ALSO INCLUDE OTHER CONFERENCES APPLICABLE TO A STUDENT'S FIELD OF STUDY WALLY NOERENBERG AWARDS - THE AWARD IS MADE BY THE WALLY NOERENBERG COMMITTEE CONSISTING OF ALASKA CHAPTER OF AMERICAN FISHERIES SOCIETY MEMBERS (ALL COMMITTEE MEMBERS, EXCEPT THE CHAIRPERSON, ARE PAST PRESIDENTS OF THE ALASKA CHAPTER) WRITTEN NOMINATIONS ARE ACCEPTED BY THE WALLY NOERENBERG COMMITTEE FROM THE GENERAL MEMBERSHIP OF THE ALASKA CHAPTER, THE COMMITTEE CAN ELECT TO SELECT ONE OR MORE AWARDEES, OR TO NOT AWARD TO ANY OF THE NOMINEES RECEIVED FOR THAT YEAR NO AWARD WAS GIVEN IN 2014 BEST STUDENT PAPER/POSTER AWARDS - CANDIDATES ARE SELECTED BY THE AWARDS SELECTION COMMITTEE THE COMMITTEE IS ASSISTED BY A LASKA CHAPTER ANNUAL MEETING ATTENDEES WHO VOLUNTEER TO ATTEND AND EVALUATE STUDENT PAPER/POSTER PRESENTATIONS AT THE ALASKA CHAPTER'S ANNUAL MEETING USING A PRESCRIBED EVALUATION FORM EVALUATION FORM RATINGS ARE TABULATED BY THE AWARDS SELECTION COMMITTEE CHAIRPERSON THESE CASH AWARDS WERE ESTABLISHED IN 2010 AND HAVE CONTINUED SINCE THEN AT EACH ANNUAL CHAPTER MEETING</p> |

## TY 2013 Compensation Explanation

**Name:** AMERICAN FISHERIES SOCIETY ALASKA  
CHAPTER

**EIN:** 23-7368960

| Person Name      | Explanation |
|------------------|-------------|
| JENNIFER STAHL   |             |
| PHIL LORING      |             |
| AARON MARTIN     |             |
| MARY BETH LOEWEN |             |
| NICKY SZARZI     |             |
| LEE ANN GARDNER  |             |