Form **990** Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

2017

D _o o Chile	artment of th rnal Revenue	e Treasury Service	 Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information. 	"	Open to Public Inspection		
A	For the 2	017 calenda	r year, or tax year beginning , 2017, and ending		,		
В	Check if app	olicable	D E	mployer iden	ntification number		
	X Addres	s change K	ENAI RIVER SPORTFISHING ASSOCIATION	92-0142	2688		
				elephone nun	nber		
	Initial r	eturn S	OLDOTNA, AK 99669	907-262	2-8588		
	Final reti	urn/terminated					
	Amend	led return	G G	ross receipts	\$ 1,186,266.		
	Applica	ation pending F	Name and address of principal officer RICKY GEASE H(a) Is this a group				
			AME AS C ABOVE H(b) Are all subord If 'No.' attach	inates includ			
ī	Tax-exen		X 501(c)(3)	a list (see in	istructions) —		
J	Websit		. KRSA . COM	on number	>		
ĸ	Form of c		X Corporation Trust Association Other ► L Year of formation 1992	T	legal domicile AK		
Pá		Summary	1	1	•		
سسا			the organization's mission or most significant activities KRSA IS AN EDUCATIO	NAL AN	ND		
a	1 78		ION ORGANIZATION OF SPORT ANGLERS, CONSERVATIONISTS AN				
ž	PF	RÍMARY G	OAL IS PRESERVATION AND IMPROVEMENT OF SALMON HABITAT I	MHILE :	PROMOTING		
Governance	RE	SPONSIB:	LE SPORTFISHING ON THE KENAI RIVER AND ALASKA.				
ĕ	2 Ch		if the organization discontinued its operations or disposed of more than 25% of				
ى «×	3 Nui		ng members of the governing body (Part VI, line 1a)	3	21		
Activities &	4 Nu		pendent voting members of the governing body (Part VI, line 1b) f individuals employed in calendar year 2017 (Part V, line 2a)	5	21		
¥	6 Tot		f volunteers (estimate if necessary)	6	5 150		
Ę	7a Tot		business revenue from Part VIII, column (C), line 12	7a	33,114.		
4	1		usiness taxable income from Form 990-T, line 34	7b	0.		
			Prior Y	ear ear	Current Year		
	8 Co	ntributions a		3,868.	656,513.		
Revenue	9 Pro	gram servic	e revenue (Part VIII, line 2g)		3373331		
ver	10 Inv	estment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)	6,811.	205,098.		
æ	11 Oth	ner revenue		5,812.	317,504.		
	12 Tot	al revenue -	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 60	4,867.	1,179,115.		
	13 Gra	ants and sim	8,375.	2,150.			
	14 Bei	nefits paid to					
'n	15 Sal	laries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,173.	318,153.		
JSe.	16a Pro	ofessional fui	ndraising fees (Part IX, column (A), line 11e)				
Expenses	b Tot	al fundraisin	g expenses (Part IX, column (D), line 25) ► 60± 5€5 VED				
û	17 Oth	ner expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)	9,973.	844,022.		
	18 Tot	al expenses	Add lines 13-17 (must equal Part IX, column (A), lure 25)	9,521.	1,164,325.		
				5,346.	14,790.		
ō 8			Regunn March C		End of Year		
t Assets	20 Tot	al assets (P		3,904.	4,477,792.		
A A	21 Tot	al liabilities	(Part X, line 26)	8,548.	109,432.		
52		t assets or fu	and balances Subtract line 21 from line 20 4, 15.	5,356.	4,368,360.		
Pa	rt II	Signature			'		
Und	er penalties o	of perjury 1 decla	are that I have examinify this return, including accompanying schedules and statements, and to the best of my know Notifyr than officer) is besed on all information of which preparer has any knowledge	ledge and be	elief it is true correct and		
com	plete Declar	ation of preparer	(other than officer) is/based on all information of which preparer has any knowledge		= = = 7		
			the Wo	J. <i>- T;</i>	2018		
Sig	gn	Signature	/	• •			
He	re		GEASE EXECUTIV	E DIRE	IC		
		<u> </u>	int name and title		l o-m.		
		Print/Type prep	A/ 1/1/10 11-a-14	∐ ıf	PTIN		
Pa			LAMBE-MUSGROVE CPA MAN . Sen er	nployed	P01273106		
Pro	eparer	Firm's name	LAMBE, TUTER, WAGNER CPA'S, APC				
US	e Only	Firm's address			-0115580		
		<u> </u>	SOLDOTNA, AK 99669 Phone	no (907			
Ma	y the IRS	discuss this	return with the preparer shown above? (see instructions)		X Yes No		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/08/17

Form 990 (2017)

Form 990 (2017)	KENAI RIVER SPORTFI		92-0	142688	Page 2
	ement of Program Service	•			
	·	nse or note to any line in this Part III			X
-	ribe the organization's mission				
SEE_SCHE	DULE O				
		rogram services during the year which were	not listed on the prior		
Form 990 or	· 990-EZ?			Yes X	No
	cribe these new services on Sche				
_	-	ake significant changes in how it conducts	s, any program services?	Yes X	No
If 'Yes,' desc	cribe these changes on Schedule	· O			
Section 501	e organization's program service (c)(3) and 501(c)(4) organization e, if any, for each program service	accomplishments for each of its three larg s are required to report the amount of gra e reported	gest program services, as n ints and allocations to other	neasured by exper	nses ses,
4a (Code) (Expenses \$ 32	24,513. including grants of \$) (Revenue	\$)
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	am services (Describe in Schedul) (Davis		
(Expenses		uding grants of \$) (Revenue \$		
BAA	m service expenses	324,513. TEEA0102L 12/05/17	<u> </u>	Form 990	(2017)
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Form 990 (2017) KENAI RIVER SPORTFISHING ASSOCIATION Part IV Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь	Х	
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)^2$ If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	Х	

Form 990 (2017) KENAI RIVER SPORTFISHING ASSOCIATION

Part IV Checklist of Required Schedules (continued)

20a	. Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	Yes	No X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	· · · · · · · · · · · · · · · · · · ·	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	;		
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X	
Ł	o A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	Х	
ď	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2017)

Check if Schedule O contains a response or note to any line in this Part V									
Check it Schedule O contains a response of flote to any line in this r art v			Yes	No					
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a 40		.03						
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	į							
c Did the organization comply with backup withholding rules for reportable payments to vendors and r	enortable gaming	_							
(gambling) winnings to prize winners?		1 c	X						
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 5	 							
b If at least one is reported on line 2a, did the organization file all required federal employment	t tax returns?	2 b	Х						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	· ·			1					
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3 a	Х						
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		3 ь	X						
 4a 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)? b If 'Yes,' enter the name of the foreign country 									
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FRAR)			1					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	· · · · ·	5 a		X					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelting the tax		5 b		X					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	er transaction.	5 c							
· · · · · · · · · · · · · · · · · · ·									
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	-	6 a		X					
b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b							
7 Organizations that may receive deductible contributions under section 170(c).				1					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a	X						
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?									
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?		7 c		Х					
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			$\frac{1}{x}$					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g If the organization received a contribution of qualified intellectual property, did the organization file I as required?		7 g							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8							
9 Sponsoring organizations maintaining donor advised funds.		-	•						
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a							
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor or the sponsoring organization make a distribution to a donor or the sponsoring organization make a distribution to a donor or the sponsoring organization or the sponsoring organization or the sponsoring or the sponsoring organization or the sponsoring organization or the sponsoring organization or the sponsoring organization or the sponsoring or the sponsoring organization or the spo	son?	9 b							
10 Section 501(c)(7) organizations. Enter									
a Initiation fees and capital contributions included on Part VIII, line 12	10a	1		l					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ıİ		l					
11 Section 501(c)(12) organizations. Enter		. 1							
a Gross income from members or shareholders	11 a	,'							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	;							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a							
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	T							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.									
a is the organization licensed to issue qualified health plans in more than one state?		13a		······.					
Note. See the instructions for additional information the organization must report on Schedule	e O			ļ					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	,							
c Enter the amount of reserves on hand	13c								
14a Did the organization receive any payments for indoor tanning services during the tax year?	Sahadula O	14a							
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	ocinedule U	Form 9	990 <i>(</i>	20171					
TEEAUTUJE VOIVOITI		. 0,111	(~~ ' / /					

92-0142688 Form 990 (2017) KENAI RIVER SPORTFISHING ASSOCIATION Page 6 Part VI | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 21 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 21 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other SEE SCHEDULE O officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х SEE SCHEDULE O X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Schedule O how this was done 12c X X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O Х 15a b Other officers or key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ΑK Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website |X|Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

SOLDOTNA AK 99669 907-262-8588

RICKY GEASE, EXEC. DIR. 35093 KENAI SPUR HIGHWAY

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Form 990 (2017)	KENAL	RIVER	SPURIFISHING.	ASSULTATION

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Form 990 (2017)

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

	ck this box if neither the organization nor any rela	7	T		(C)			,			
	(A) Name and Title	(B) Average hours	thar	n one s both	(do n box,	ot che unles officer /truste	eck moss pers and a	son	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) F	RICKY GEASE	40									
Ē	XECUTIVE DIREC	7-0-	1 x						100,188.	0.	0.
(2) F	ON RAINEY	2									
	IRECTOR	7-0-] x						0.	0.	0.
(3) E	LDON MULDER	4									
	IRECTOR	0	X						0.	0.	0.
(4) D	OICK_ERKENEFF	2	}								
	IRECTOR	0	X						0.	0.	0.
(5) K	EVIN BRANSON	4									
S	EC/TREAS	0	X		Х				0.	0.	0.
(6) [AN_ERNHART	2									
	IRECTOR	0	Х						0.	0.	0.
	ERNE MARTELL	2									
	IRECTOR	0	Х	Ш					0.	0.	0.
(8) E	D FOGELS	2									
D	IRECTOR	0	Х						0.	0.	0.
_(9)_R	EUBEN HANKE	4									
	ICE CHAIR	0	X	Ш	Х				0.	0.	0.
	INDA LEARY	2]								
	IRECTOR	0	X						0.	0.	0.
(11) B	RUCE BUSTAMANTE	2]								
	IRECTOR	0	Х	Ш					0.	0.	0.
(12) K	RISTIN MELLINGER	4]								
	ICE PRESIDENT	0	X		Χ				0.	0.	0.
	ATT FAGNANI	2									
	IRECTOR		<u> </u>						0.	0.	0.
(14) B	ILL MACKAY	2									
D	IRECTOR] x	ΙÌ					0.	0.	<u> </u>

TEEA0107L 08/08/17

Part VII Section A. Officers, Directors, Tru	ustees, l	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees	(contu	nued)
•	(B)			((•							
(A) Name and title	Average hours per week	box	, unle	ess pe	erson dırect	e than is bot or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of oth	her
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099 MISC)	f org an	ipensation the lanization of t	n d
(15) BILL ECKHARDT CHAIRMAN	2	Х		х			_	0.	0.			0.
(16) ROBERT PENNEY DIRECTOR	2	X						0.	0.	-		0.
(17) RIK BUCY DIRECTOR	2	Х						0.	0.			0.
(18) ROSS BAXTER DIRECTOR	2 0	Х						0.	0.			0.
(19) DEREK LEICHLITER DIRECTOR	2	Х						0.	0.			0.
(20) JIM BRADY DIRECTOR	2	Х						0.	0.			0.
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total								100,188.	0.			0.
c Total from continuation sheets to Part VII, Section	on A						•	0.	0.			0.
d Total (add lines 1b and 1c)				_				100,188.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 1	to those I	isted	abo	ve) v	wno	recei	ved	more than \$100,00	of reportable comp	pensatio		
3 Did the organization list any former officer, direc	tor, or tru	stee,	key	/ em	ploy	/ee,	or h	nghest compensat	ed employee	3	Yes	No
 on line 1a⁷ If 'Yes,' compléte Schedule J for suc. For any individual listed on line 1a, is the sum of the organization and related organizations greate 	reportabl	e cor	mpe	nsa # '\	tion	and	othe	er compensation f	rom	-		X
such individualDid any person listed on line 1a receive or accrui		·							ındıvıdual	4		X
for services rendered to the organization? If 'Yes	s,' comple	te Sc	hed	lule	J fo	rsuc	h p	erson		5		X
Section B. Independent Contractors 1 Complete this table for your five highest compense.	sated inde	neno	dent	cor	ntrac	tors	that	t received more th	an \$100,000 of			
compensation from the organization Report compen	sation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax year			
(A) Name and business addi	ress							Description (of services	Compe	C) insatio	n
												_
								-				
2 Total number of independent contractors (including t \$100,000 of compensation from the organization		ited to	o the	ose I	listed	abo	ve)	who received more	than			
RAA	. 	TEEAC	11001	00#	00/17				Į	Form	998 (2017)

		Check if Schedule O	contains a res	oonse or note to any	y line in this Part VI	II		П
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, g		55,242. 562,751.				
intribu id Othe	g	similar amounts not included Noncash contributions included	above 1f fin lines 1a-1f \$					11 1
	h	Total. Add lines 1a-1f	•	Business Code	656,513.		. '	
Program Service Revenue		All other program service	e revenue	- Dasiness cont				
<u>a.</u>	3	Investment income (incother similar amounts)	_	•	179,517.			179,517.
	4 5	Income from investmen Royalties	t of tax-exemp	(ii) Personal				
!	b	Gross rents Less rental expenses Rental income or (loss)						
		Net rental income or (lo		▶				
		Gross amount from sales of assets other than inventory	(i) Securities 26,747	(ii) Other				
		Less cost or other basis and sales expenses Gain or (loss).	26,747	1,166. -1,166.				
		Net gain or (loss)	20, 141	. -1,100.	25,581.	25,581.		l
Other Revenue		Gross income from fund (not including \$ of contributions reported See Part IV, line 18 Less direct expenses	562,751.	a 283,186.				
Ŧ.		: Net income or (loss) fro	m fundraising		283,186.		*	
		Gross income from gam See Part IV, line 19	-	a 39,099.	203,100.			,
		Less direct expenses		b 5,985.			· · · · · · · · · · · · · · · · · · ·	
		Net income or (loss) fro		vities •	33,114.		33,114.	
		Gross sales of inventory and allowances		a				!
		Less cost of goods solo . Net income or (loss) fro		entory •				
		Miscellaneous Reveni		Business Code				
		OTHER INCOME _			1,204.	1,204.		_
	b							
	d	All other revenue		-		_	<u> </u>	
		Total. Add lines 11a-11		>	1,204.			
	12	Total revenue. See inst	ructions	•	1,179,115.	26,785.	33,114.	179,517.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,150.	2,150.	,	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	101,344.	65,874.	20,269.	15,201.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	129,234.	62,230.	38,095.	28,909.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	68,543.	39,690.	15,194.	13,659.
10	Payroll taxes	19,032.	10,525.	4,849.	3,658.
11	Fees for services (non-employees)				
ā	a Management				
ŀ	L egal				
•	: Accounting				
•	i Lobbying				
•	Professional fundraising services See Part IV, line 17	")	
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
	Advertising and promotion	29,629.	10,154.	14,725.	4,750.
	Office expenses	22,043.	4,611.	17,423.	9.
14	Information technology				
15	Royalties				
16	Occupancy	34,472.	3,635.	30,837.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,759.		7,759.	
	Insurance	12,900.	342.	12,558.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,			,
a	EVENT_COSTS	324,144.	3,669.		320,475.
	FISHING GUIDES AND RELATEDCOST	154,233.			154,233.
	PROFESSINAL FEES	89,684.	51,653.	29,466.	8,565.
	TRAVEL AND MEETING COSTS	66,583.	58,006.	3,247.	5,330.
	All other expenses	102,575.	11,974.	43,855.	46,746.
25	Total functional expenses Add lines 1 through 24e	1,164,325.	324,513.	238,277.	601,535.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Page 11

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 471 1 200. 2 Savings and temporary cash investments 94,332 220,706. 3 Pledges and grants receivable, net 4 Accounts receivable, net 15,623 30,964 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' 6 beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 8 Inventories for sale or use 44,209 9 Prepaid expenses and deferred charges 16,591 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 83,634 10b b Less accumulated depreciation 61,356 10 c 26,372 22,278 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 4,005,431 12 3,699,423. Investments - program-related See Part IV, line 11 13 13 14 1,796. 14 Intangible assets 3,393 Other assets See Part IV, line 11 15 15 4,073 485,834. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 4,193,904. 4,477,792. 17 Accounts payable and accrued expenses 19,286 17 31,932 18 Grants payable 18 Deferred revenue 19 77,500. 19 19,262 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Total liabilities. Add lines 17 through 25 38,548 109,432. Organizations that follow SFAS 117 (ASC 958), check here > X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 4,151,001 27 4,368,360 28 Temporarily restricted net assets 28 4,355 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 4,155,356 33 4,368,360. Total liabilities and net assets/fund balances. 4,193,904. 34 4,477,792. 34 Form 990 (2017) BAA

Forn	1990 (2017) KENAI RIVER SPORTFISHING ASSOCIATION 92	2-0142	2688		Pa	ige 12		
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	79,1	15.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,164,325.				
3	Revenue less expenses Subtract line 2 from line 1	3			14,7	790.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,1	55,3	356.		
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7_						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))							
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990							
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O								
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	ved on a	•					
t	Were the organization's financial statements audited by an independent accountant?		i	2 b	Χ			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			·			
	X Separate basis Consolidated basis Both consolidated and separate basis		_					
C	lf 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audiceview, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c	Х			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iudit		3 b				
BAA			F	orm	990	(2017)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number KENAI RIVER SPORTFISHING ASSOCIATION 92-0142688 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 12, check only one box) 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 (Form 990 or 990-EZ)) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33-1/3% 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 33-1/3% 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) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (described on lines 1-10 above (see instructions)) (ii) EIN (iv) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) (E)

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)

Sec	tion A. Public Support					_ _				
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	566,343.	630,876.	551,581.	503,868.	656,513.	2,909,181.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	566,343.	630,876.	551,581.	503,868.	656,513.	2,909,181.			
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)		·	•			592,564.			
6	Public support. Subtract line 5 from line 4						2,316,617.			
Sec	tion B. Total Support		····· <u>·</u>		· · · · · · · · · · · · · · · · · · ·					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	566,343.	630,876.	551,581.	503,868.	656,513.	2,909,181.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	187,899.	184,114.	207,885.	107,114.	179,517.	866,529.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,961.	3,962.	4,514.	39,010.	33,114.	82,561.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,891.	2,012.	1,466.	620.	1,204.	7,193.			
11	Total support. Add lines 7 through 10	,					3,865,464.			
12	Gross receipts from related activi	ities, etc (see ins	tructions)			12	0.			
13	First five years. If the Form 990 is organization, check this box and		's first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	-			
Sec	tion C. Computation of Pul	olic Support Pe	ercentage							
	Public support percentage for 20	•	•	e 11, column (f))		14	59.93%			
15	Public support percentage from 2	2016 Schedule A,	Part II, line 14			15	61.36 %			
16a	33-1/3% support test-2017. If the and stop here. The organization	ne organization did qualifies as a pub	I not check the bo licly supported or	ox on line 13, and ganization	f line 14 is 33-1/3	% or more, check	this box			
b	33-1/3% support test—2016. If th and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, cl	neck this box ►			
17a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts'	neets the 'facts-ai	nd-circumstances'	test, check this l	box and stop her	e. Explain in Part	VI how			
	b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
18	Private foundation. If the organiz	zation did not ched	k a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support		•				
	lar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
	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					/	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						
J	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)	-				* * *	
Sec	tion B. Total Support	,					
	dar year (or fiscal year beginning in) 🟲	(a) 2013	(b) 2014	(c) /2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		/				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)					5014.54	
	First five years. If the Form 990 organization, check this box and	stőp here		nd, third, fourth, oi	r fifth tax year as	a section 501(c)(▶ □
	tion C. Computation of Pul			12 -1 (2)			<u> </u>
	Public support percentage for 20	-		ne 13, column (f))		15	%
	Public support percentage from 2					16	%
	tion D. Computation of Inv		~ _		(0)	1	· ·
	Investment income percentage for	,	**	•	mn (t))	17	0,0
	Investment income percentage for				d line 1E	18	
	33-1/3% support tests—2017. If is not more than 33-1/3%, check	this box and sto l	p here. The organ	uzation qualifies a	is a publicly suppo	orted organization	ր ▶ ∐
	33-1/3% support tests—2016. If I line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	y supported orga	
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, cl	neck this box and	see instructions	<u> </u>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

EL	don A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	, 		<u>-</u>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			<u></u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	 4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	<u></u>	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	- · · · · · · · · · · · · · · · · · · ·	-	,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	1	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .] 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	_ 8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		<u>:</u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
b	answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a ————————————————————————————————————		

Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard

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Sch	edule A (Form 990 or 990-EZ) 2017 KENAI RIVER SPORTFISHING ASSOCI			.42688_	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov 20, 1970 (explain in it complete Sections A	Part VI) Se through E	e
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			,
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ction B – Minimum Asset Amount		(A) Prior Year	(B) Curre (optic	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	, "	no ho i kana a kana	5 ((4)	ither to a
	Average monthly value of securities	1a			
	b Average monthly cash balances	1b			
-	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors (explain in detail in Part VI)			ı	
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			*
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>	
Sec	ction C – Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u> </u>		
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5	1		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

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Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

	edule A (Form 990 or 990-EZ) 2017 KENAI RIVER SPORTFIS			12688 Page 7
	tion D – Distributions	apporting Organiza	dons (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		
2			s,	
3	Administrative expenses paid to accomplish exempt purposes of su	· · · · · · · · · · · · · · · · · · ·		
4	Amounts paid to acquire exempt-use assets	-pportou organizationio		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a	1			
b	From 2013			
	From 2014			
	From 2015			
	From 2016			
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
	i Carryover from 2012 not applied (see instructions)	P		
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c			
8	Breakdown of line 7			
a	Excess from 2013			1
b	Excess from 2014	ı		
	Excess from 2015			
d	Excess from 2016]

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e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

92-0142688

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2017		2016		2015		2014	 2013
OTHER INCOME TOTA	\$ L <u>\$</u>	1,204. 1,204.	\$ \$	620. 620.	\$ \$	1,466. 1,466.	\$ \$	2,012. 2,012.	\$ 1,891. 1,891.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Go to at www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

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

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

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

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

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

(Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of organization KENAI R	EVER SPORTFISHING ASSOCIATION	NC	92-014268	
Pai	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s		
	Provide a description of the	organization's direct and indirect political con of 'political campaign activities')			
2	Political campaign activity e	xpenditures (see instructions)		► \$	
3	Volunteer hours for political	campaign activities (see instructions)			
Pai	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	a Was a correction made?				∏Yes ∏No
t	b If 'Yes,' describe in Part IV				
Par	rt I-C Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities >\$	
2	Enter the amount of the filing function activities	organization's funds contributed to other organ	izations for section 52	7 exempt ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	►\$	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) is For each organization listed, enter the arms received that were promptly and directly delal action committee (PAC). If additional spa	nount paid from the f ivered to a separate po	ılıng organızatıon's fund olitical organization, such	s Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 20	¹⁷ KENAT RTVEI	R SPORTFISHING AS	SOCIATION	92-0142	2688	Page 2
Part II-A Complete if	the organization	on is exempt under se				
address	ng organization belor EIN, expenses, ar	ngs to an affiliated group (and id share of excess lobbying ecked box A and 'limited co	g expenditures)	ated group member's name	<u> </u>	
	Limits on Lobb	ying Expenditures	-	(a) Filing organization's totals	(b) Affilial	
		ans amounts paid or incur			g. 00p 101	
1 a Total lobbying expendit	•	, ,-	• •			
c Total lobbying expendit		legislative body (direct lobl	bying)			
d Other exempt purpose	•	and roj				
• • • •	•	nos 1s and 1d)				
e Total exempt purpose e	expenditures (add ii	nes ic and id)				
f Lobbying nontaxable ar both columns.	nount Enter the an	nount from the following tal	ble in			
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is			
Not over \$500,000		20% of the amount on line 1e				
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	s over \$500,000			
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000			
Over \$17,000,000		\$1,000,000				
g Grassroots nontaxable	amount (enter 25%	of line 1f)				
h Subtract line 1g from lii	ne 1a If zero or les	s, enter -0-				
i Subtract line 1f from lin	e 1c If zero or less	s, enter -0-				
j If there is an amount othe section 4911 tax for this		r line 1h or line 1i, did the or	ganization file Form 4720	reporting	Yes	No
(Son		4-Year Averaging Period at made a section 501(h) e elow. See the separate ins	lection do not have to			
	Lob	bying Expenditures During	4-Year Averaging Per	iod		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Tot	al
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))	1			,		
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	1)	(b)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
SEE PART IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		Х	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,885.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		26,177.
i Other activities?		Х	
j Total Add lines 1c through 1i			28,062.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	,
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	l		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III. A. Complete if the opposite tion is exempt under section 501(a)(4), section 501	(~\/E\		_ · · · ·

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2a	
	b Carryover from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

FISHERIES CONSERVATION

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number KENAI RIVER SPORTFISHING ASSOCIATION 92-0142688 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Yes impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a 2 b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2 d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, ΠoN and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Ramilla Organizations mainta	ming Cone	cuons of Art, i	TISTOTICA	i ireasures, o	Other Similar Ass	eis (co	חווווווו	e u)		
3 Using the organization's acquisition items (check all that apply)	i, accession, ar	d other records, ch	neck any of	the following that a	re a significant use of its	collection	า	-		
a Public exhibition		d 🗌	Loan or ex	change programs						
b Scholarly research	e Other									
c Preservation for future gener	c Preservation for future generations									
4 Provide a description of the organize Part XIII	zation's collection	ons and explain ho	w they furth	er the organization	's exempt purpose in					
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mair	itained as part of	the organi	zation's collection	7	Yes		No		
RartilV Escrow and Custodia	I Arrangem amount on	ents. Complet Form 990, Pa	e if the ort X, line	organization an 21.	swered 'Yes' on Fo	rm 99(), Par	t IV,		
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	or other interme	diary for co	ontributions or othe	er assets not included	Yes		No		
b If 'Yes,' explain the arrangement	ın Part XIII ar	nd complete the fo	ollowing ta	ole			_			
						Amount				
c Beginning balance					1 c					
d Additions during the year					1 d					
e Distributions during the year					1 e					
f Ending balance					1f					
2a Did the organization include an a	mount on Fori	m 990, Part X, lin	e 21, for e	scrow or custodial	account liability?	Yes		No		
b If 'Yes,' explain the arrangement	ın Part XIII C	heck here if the e	explanation	has been provide	d on Part XIII	_				
Part Va Endowment Funds. C	I									
	(a) Current	year (b) Pr	ior year	(c) Two years bac	k (d) Three years back	(e) f	our year	s back		
1 a Beginning of year balance										
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
 Other expenditures for facilities and programs 										
f Administrative expenses				ļ <u>.</u>						
g End of year balance						<u></u>				
Provide the estimated percentage	e of the curren	t year end baland	e (line 1g,	column (a)) held	as					
a Board designated or quasi-endowm	ent ►	8								
b Permanent endowment ►	%									
c Temporarily restricted endowmer	nt ►	રુ								
The percentages on lines 2a, 2b, a	nd 2c should ed	jual 100%								
3a Are there endowment funds not in the	the possession	of the organization	that are he	eld and administered	d for the	Г	Yes	No		
organization by (i) unrelated organizations						3a(i)				
(ii) related organizations						3a(ii)		 		
'	tad araanizati	and listed as roal	urad an Ca	hadula D2		3b		 		
b If 'Yes' on line 3a(ii), are the rela	-					30		<u> </u>		
4 Describe in Part XIII the intended			owment iu	ius						
Partivii Land, Buildings, and Complete if the organ			Form 99	00, Part IV, Ime	e 11a. See Form 99	0, Par	t X, Iır	ne 10.		
Description of property	((a) Cost or other to (investment)	oasis (t	o) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	lue		
1 a Land										
b Buildings	ŀ									
c Leasehold improvements	ļ			· · · · · · · · · · · · · · · · · · ·						
d Equipment	ļ			68,096.	51,038.		17	,058.		
e Other	ŀ	-	-+	15,538.	10,318.			, 220.		
Total. Add lines 1a through 1e (Colum	nn (d) must ea	ual Form 990. Pa	rt X. colun		▶			,278.		
BAA	(=)		,	(-),	Sched	ule D (Fo				
								•		

Part VII Investments – Other Securities.	L'Vaa' on Farm 000	Doubly line 11h Con Form	000 Dant V Iva - 10
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	
	(b) Book Value	(c) Method of Valuation Cost of end	
(1) Financial derivatives			
(2) Closely-held equity interests	2 401 021	DVD OF THE WARREN	
(3) Other MUTUAL FUNDS AND OTHER		END OF YEAR MARKET VALUE	
(A) CORPORATE BONDS	86,204.	END OF YEAR MARKET VALUE	
(B) MONEY MARKET	131,288.	END OF YEAR MARKET VALU	<u></u>
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
_(l)		_	
Total. (Column (b) must equal Form 990, Part X, column (B) linc 12)	3,699,423.		
Part VIII Investments – Program Related. Complete if the organization answered	'Voc' on Form 99(N/A	000 Part V June 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	
	(b) Book value	(c) Method of Valuation Cost of el	iu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, Column (B) line 13)		<u> </u>	
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990) Part IV line 11d See Form	990 Part X line 15
	scription	, , , , , , , , , , , , , , , , , , , 	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	·		
(2) ROUNDING			1.
(3) WORK IN PROCESS			485,833.
(4)	•		
(5)			
(6)			
(7)			<u> </u>
(8)			
(9)			
(10)			105 021
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15)		► 485,834.
Part X Other Liabilities.	orm 000 Port IV line 1	lo or 11f Coo Form 000 Port V line 2	τ.
Complete if the organization answered 'Yes' on F (a) Description of liability	(b) Book value		<u> </u>
(1) Federal income taxes	(b) Book value		
(2)		· And Annual Control of the Control	· · · · · · · · · · · · · · · · · · ·
(3)		• •	0 0
(4)		-	1 1 1 1 1
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			* ; *
(9)			'
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	•		
2. Liability for uncertain tax positions In Part XIII, provide the text of the fo	=	· · · · · · · · · · · · · · · · · · ·	s's liability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote I	has been provided in Part XII		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	-
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,389,273.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments 2a 198, 214.		
b Donated services and use of facilities 2 b 5,959.	1	
c Recoveries of prior year grants	1	
d Other (Describe in Part XIII) SEE PART XIII 2d 5,985.	1	
e Add lines 2a through 2d	2 e	210,158.
3 Subtract line 2e from line 1	3	1,179,115.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)	1 1	
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,179,115.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,176,269.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		<u> </u>
a Donated services and use of facilities 2a 5,959.		
b Prior year adjustments	1	
c Other losses 2c	1	
d Other (Describe in Part XIII) SEE PART XIII 2d 5,985.	1	
e Add lines 2a through 2d	2 e	11,944.
3 Subtract line 2e from line 1	3	1,164,325.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)]	
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,164,325.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	: V, addition	al information
OTHER REVERSE INCLUDED IN 175 DOT NOT INCLUDED ON FORM 550		
GAMING EXP NETTED WITH REV ON LINE 9A	\$	5,985.
TOTA	AL \$	5,985.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S		
GAMING EXP NETTED WITH REV ON LINE 9A	Ś	5,985.
TOTA	AL <u>\$</u>	5,985.

Schedule **D** (Form 990) 2017

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization KENAI RIVER SPORTFISHING ASSOCIATION 92-0142688 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Internet and email solicitations f Solicitation of government grants Phone solicitations X Special fundraising events c In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (III) Did fundraiser (or retained by) fundraiser listed in (i) Name and address of individual (iv) Gross receipts (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization column (i) Yes No 1 2 3 6 7 8 9 10 Total 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2017 KENAI RIVER SPORTFISHING ASSOCIATION 92-0142688 Part II. Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 (b) Event #2 (c) Other events (add column (a) WOMEN'S CLASSI KENAI RIVER CL through column (c)) (event type) (total number) (event type) 1 Gross receipts 461,357 327,490. 57,090 845,937. 2 Less Contributions 57,090. 348,823 156,838. 562,751. 3 Gross income (line 1 minus line 2) 112,534 170,652. 283,186. 4 Cash prizes Noncash prizes Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 283,186. Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo (c) Other gaming bingo/progressive (add column (a) bingo through column (c) Gross revenue 2,424. 36,675 39,099. 2 Cash prizes EXPENSES 3 Noncash prizes 4 Rent/facility costs Other direct expenses 4,950 5,985. 1,035 0 % X Yes Yes Yes 0 % 100% X No X No 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 5,985. 8 Net gaming income summary Subtract line 7 from line 1, column (d) 33,114. 9 Enter the state(s) in which the organization conducts gaming activities AK a is the organization licensed to conduct gaming activities in each of these states? X Yes ÌΝο b If 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If 'Yes,' explain

Schedule G (Form 990 or 990-EZ) 2017 KENAI RIVER SPORTFISHING ASSOCIATION	92-014		Page 3
11 Does the organization conduct gaming activities with nonmembers?		X Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for administer charitable gaming?	ned to	Yes	XNo
13 Indicate the percentage of gaming activity conducted in			
a The organization's facility	13a		ું
b An outside facility	13Ь	1	.00.0%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records		
Name ► KENAI RIVER SPORTFISHING			
Address > 35093 KENAI SPUR HIGHWAY, SOLDOTNA, AK 99669			
15a Does the organization have a contract with a third party from whom the organization receives gaming real bill 'Yes,' enter the amount of gaming revenue received by the organization ► \$ of gaming revenue retained by the third party ► \$ cill 'Yes,' enter name and address of the third party		Yes	XNo
Name •			
Address ►		- 	
16 Gaming manager information			
Name •	- -		
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?	n the	X Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific to the exempt organization of the exempt o			_
organization's own exempt activities during the tax year ► \$ 33,114.			, <u> </u>
Part IV Supplemental Information. Provide the explanations required by Part I, line 2 and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provinformation See instructions.	b, columns de any addi	tional	(V);
PART III, LINE 17B DISTRIBUTIONS REQUIRED UNDER STATE LAW			
ALASKA \$ 33,114. TOTAL \$ 33,114.			

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(6)

Employer identification number

92-0142688

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b Part I (b) Relationship between disqualified (d) Corrected? (c) Description of transaction 1 (a) Name of disqualified person person and organization Yes No (1)(2) (3) (4) (5)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

►s **►**\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

KENAI RIVER SPORTFISHING ASSOCIATION

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	l fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(ı) W agreei	(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No	
(1)													
(2)													
(3)													
(4)							T						
(5)													
(6)													
(7)													
(8)	,												
(9)													
(10)													
Total			•	•	▶ \$		· ·					•	

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)			1		
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

_	Complete if the	organization	answered 'Yes'	on Form 990.	Part IV.	line 28a, 28	o. or 28c.

(a) Name of interested person) Name of interested person (b) Relationship between interested person and the organization		(d) Description of transaction		aring of zation's nues?
				Yes	No
(1) DICK ERKENEFF	BOARD MEMBER	10,415.	LODGING SERVICES		Х
(2) REUBEN HANKE	BOARD MEMBER	· 11,900.	LODGING, CHARTERS, R&M		Х
(3) KELLY HANKE	SPOUSE BD MEMBER	<u> </u>			
(4)		61,332.	WAGES/ SALARY		X
(5) LAURI FAGNANI	BOARD MEMBER SPO	USE			
(6)		23,379.	MEDIA/CONSULTING		Х
(7)					
(8)			,		
(9)					
(10)					

Part:V: Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990) .

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

(c)

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the	organization	Employer identification number
KENAI	RIVER SPORTFISHING ASSOCIATION	92-0142688
Part I	Types of Property	

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) od of de contribu	etermin	
1	Art – Works of art							
2	Art - Historical treasures		. · · · · · · · · · · · · · · · · · · ·					
3	Art - Fractional interests							
4	Books and publications					-		
5	Clothing and household goods					-		
6	Cars and other vehicles					-		
7	Boats and planes					-		
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution - Other						•	
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles					,		
19	Food inventory				-			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other SEE PART II)							
26	Other • ()							
27	Other • ()							
	Other► (
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Done	luring the tax e Acknowled	year for contributions fo gement	r which the	29			
							Yes	No
30a	During the year, did the organization receive by contri	bution any pr	operty reported in Part I	, lines 1 through 28, that		1 1		ļ
	it must hold for at least three years from the date		contribution, and which	h isn't required to be us	ed	-		
	for exempt purposes for the entire holding period?)				30 a		<u>X</u>
	If 'Yes,' describe the arrangement in Part II				_	31		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							<u>X</u>
	Does the organization hire or use third parties or r noncash contributions?	elated orgar	nizations to solicit, prod	cess, or sell		32 a		Х
	If 'Yes,' describe in Part II							1
33	If the organization didn't report an amount in colur describe in Part II	mn (c) for a	type of property for wh	nich column (a) is check	ed,			

Part: II) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCH M, PART I, LINES 25-28 OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
EQUIPMENT '	Х	1	\$ 25,874.	FMV
AĪRLINE TICKETS	X	1	25,000.	FMV
WOVEN GRASS BASKET	X	1	2,500.	FMV
FISHING EXCURSION	X	1	10,000.	FMV
RAILROAD TRAIN RIDE	Х	1	10,000.	FMV
ANNUAL AIRLINE PASS	X	1	10,000.	FMV
JEWELRY	X	1	3,000.	FMV
HUNTING TRIP	X	1	11,900.	FMV
OTHER SUPPLIES			13,816.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2017

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

VOTING.

.

Inspection
Employer identification number

92-0142688

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

KENAI RIVER SPORTFISHING ASSOCIATION

KRSA IS AN EDUCATIONAL AND CONSERVATION ORGANIZATION OF SPORT ANGLERS,

CONSERVATIONISTS AND OTHERS WHOSE PRIMARY GOAL IS PRESERVATION AND IMPROVEMENT OF

SALMON HABITAT WHILE PROMOTING RESPONSIBLE SPORTFISHING ON THE KENAI RIVER AND

ALASKA.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

ONE OF THE OFFICE ADMINISTRATIVE STAFF EMPLOYED DURING THE YEAR IS THE THE SPOUSE OF BOARD MEMBER.

ONE CONSULTING FIRM THE ORGANIZATION USED DURING THE YEAR ENDING IS OWNED BY A SPOUSE OF A BOARD MEMBER.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

ANY PERSON WHO SUBSCRIBES TO THE PURPOSES AND BASIC POLICIES OF THE ENTITY MAY BECOME A MEMBER UPON PAYMENT OF DUES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE TREASURER, CHAIRMAN AND EXECUTIVE DIRECTOR BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH ITEM OF BUSINESS IS REVIEWED FOR POSSIBLE CONFLICT OF INTEREST. ANY BOARD

MEMBER THAT COULD POSSIBLY HAVE A CONFLICT OF INTEREST WITH THE VOTE ABSTAINS FROM

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAILABLE ON REQUEST AND CAN BE MAILED TO THE REQUESTER OR PICKED UP AT THE ORGANIZATION'S OFFICE.