EXTENDED TO NOVEMBER 15, 2016

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.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

A For the	2015 calendar year, or tax year beginning and er	-	v/form990.	Inspection
B Check if	C Name of organization			
applicable	Traine or organization	D	Employer identi	fication number
Address	DOWNEAST SALMON FEDERATION	1		
Name change	Doing business as		01 0	\F20020
Initial	Number of the Corp. Co. T. Co.			532938
Final return/	PO BOX 201	oom/suite E	Telephone number	
termin- ated	City or town, state or province, country, and ZIP or foreign postal code			1) 483-4336
Amende	COLUMBIA FALLS, ME 04623		Gross receipts \$	674,622
Application	F Name and address of principal officer DON SDP ANCED C	—— Fi(a) Is this a group r	
pending	HCR 69 BOX 16, EAST MACHIAS, ME 04630	LI/L	for subordinate	1000000
Tax-exer	npt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527	Are all subordinates i	
J Website	WWW.MAINESALMONRIVERS.ORG		Group exemption	list. (see instructions)
Form of o.	rganization: X Corporation Trust Association Other	1 Year of for	nation: 1982	n number N State of legal domicile; M
Part I S	Summary	1	madell, 2502 F	n oute of legal domicile, 21
9 1 Bi	nefly describe the organization's mission or most significant activities: TO CON	SERVE A	ND PROTE	ርጥ ልጥተ.ልእየጥተር
Activities & Governance 2 Significant 2 Sign	ALMON, ITS HABITAT AND TO ENGAGE IN SUCH	ACTIVIT	TIES AS W	TI.I. FIRTHER
E 2 C	neck this box 🕨 📖 if the organization discontinued its operations or disposed	of more than	25% of its net as	eote 1 OKTHEK
3 NI	umber of voting members of the governing body (Part VI, line 1a)			1
4 No	mber of independent voting members of the governing body (Part VI, line 1b)		4	1.
g 5 To	ital number of individuals employed in calendar year 2015 (Part V, line 2a)		5	1.
6 To	tal number of volunteers (estimate if necessary)			70
	tal unrelated business revenue from Part VIII, column (C), line 12			0
b Ne	t unrelated business taxable income from Form 990-T, line 34		7b	0
		Pi	lor Year	Current Year
	ntributions and grants (Part VIII, line 1h)		731,599.	647,821
9 Pro	ogram service revenue (Part VIII, line 2g)	2.53	4,246.	15 641
10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		64.	59.
11 Ott	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,0210	-2,086.	142
12 Tot	al revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		733,823.	663,663.
13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)	Car e	0.	0.
14 Bei	nefits paid to or for members (Part IX, column (A), (ine 4)	120	0.	0.
15 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		254,915.	337,222.
h Tot	fessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
15 Sal 16a Pro b Tot 17 Oth	al fundraising expenses (Part IX, column (D), line 25) 57,086.	_		
18 Tota	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	==	295,337.	218,034.
19 Rev	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		550,252.	555,256.
13 Nev	enue less expenses. Subtract line 18 from line 12		183,571.	108,407.
20 Tota	al assets (Part X, line 16)	Beginning	of Current Year	End of Year
	al liabilities (Part X, line 26)	4,	11,943.	3,082,993.
22 Net	assets or fund balances. Subtract line 21 from line 20	- 3 -	20,323.	9 444
rt II S	gnature Block	4,8	391,620.	3,073,549.
er penalties	of perjury, I declare that I have examined this return, including accompanying schedules and			
correct, and	d complete. Declaration of preparer (other than officer) is based on all information of which pr	statements, and	i to the best of my k	nowledge and belief, it is
	, a constant of milet pr	eparer has any	Kiluwiedge,	
, /	Signature of officer y George Lienbaugh a		Date	}
e 📐	DON-SPRANISMOS, PRESIDENT (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- Fà	Jaly wort	J
	Type or print name and title	X XX	"wung	
	VType preparer's name Preparer's signature	Date	Childs	PTIN
	CKI J VINCENT	08/23	/16 self-employed	P00158538
	s name HAVERLOCK, ESTEY & CURRAN LLC	100/20		01-0271013
Only Firm	s address 8 COMMERCE COURT		THIN GENT	
	HAMPDEN, ME 04444-1538		Phone no 207-	945-5695
the IRS dis	scuss this return with the preparer shown above? (see instructions)			X Yes No
11 12-16-15	LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form COO (South

	1)	

Fo	m 990 (2015) DOWNEAST SALMON FEDERATION 01-0532938 Page
٠	Complishments
_	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
·	
	TO CONSERVE AND PROTECT ATLANTIC SALMON, ITS HABITAT AND TO ENGAGE IN
	SUCH ACTIVITIES AS WILL FURTHER THE PURPOSE OF CONSERVING IMPORTANT
	RIVER AND/OR SCENIC RESOURCES IN EASTERN MAINE.
2	Did the organization undertake any size if
_	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	- First 1 and 200 dt 200-171
3	If "Yes," describe these new services on Schedule O. Pid the organization access and the control of the organization access and the organizat
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N.
4	· · · · · · · · · · · · · · · · · · ·
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the account of the second of the seco
4a	
762	
	TO COMPERVE AND PROPERTY ANTI-CONTRACTOR CONTRACTOR CON
	SUCH ACTIVITIES AS WILL FURTHER THE PURPOSE OF CONSERVING IMPORTANT
	RIVER AND/OR SCENIC RESOURCES IN EASTERN MAINE.
b	(Code:) (Expenses \$ Institute a second seco
) (Expenses \$including grants of \$) (Revenue \$
	/
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(c	ode:) (Expenses \$ Institute to A
	including grants of \$) (Revenue \$)
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<u></u>	
	her program services (Describe in Schedule O.)
_	perses \$ Including grants of \$) (Revenue \$
Tot	tal program service expenses > 296,722.

Pai	t IV Checklist of Required Schedules			r
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			12
	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		X
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		X
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	_X_	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			12
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			17
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		A
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	امما		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
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	ادمدا		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	A
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		A
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		A
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
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	446		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4 .		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		11
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	 ''		111
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		X
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
	complete Schedule G, Part III	19	000	(001E)

Form 990 (2015) DOWNEAST SALMON FE Part IV Checklist of Required Schedules (continued)

_	Oa Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attack a convert in	ſ	20a	Yes
2	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 1 Did the organization report more than \$5,000 of greats as attached.		20ь	
	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	2000		$\overline{}$
2	1.2 the organization report more than \$5,000 of grants or other aggistance to a second		21	
22	Y WING E. W. 103, COMDIEM SCHAMINE LOSA III		_	- 1
23	bid the organization answer "Yes" to Part VII. Section A line 3. 4 and 4.		22	
0.4	Schedule J Schedule J			
29	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		23	_
	Schedule K. If "No", go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an engage and account of the process of the process of tax-exempt bonds beyond a temporary period exception?		4a	
	any tax-exempt bonds?	2	4b	-
05	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		4c	
258	(C)(T), and 30 I(C)(29) Organizations Did the organization	2	#d	_
D.	and organization aware that it engaged in an excess benefit transporting the	2	5a	<u>- X</u>
	Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25	<u>- </u>	<u> </u>
27	complete Schedule L, Part II			
41	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	! -	X
28	of any of these persons? If "Yes," complete Schedule I. Part III.			
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and party to a business transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and party of the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and party of the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and the second transaction with one of the following parties (see Schedule L, Part IV A current or former officers directly and the second transaction with or former officers directly and the second transaction with or former officers directly and the second transaction with or former officers directly and the second transaction with the second transaction	27		X
ь	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	284	.	X
	The state of a content of former of the content of the state of the st	281	-	$\frac{1}{X}$
		1	+-	
		280	.1	X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Did the organization liquidate torpinate services.	30		х
,	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		1	
32	Did the organization sell, exchange, dispose of, or transfer more than 2500 at the	31		X
33 [Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	X
	Vas the organization related to any tax-exempt or taxable entity? If "Yes " complete School to B. D. All W.	33		x
	All the second control of the second control			`
15a ()		34		X
- "	7.63 to line 33a, did the organization receive any payment from or one and in	35a		X
				ĺ
If	"Yes," complete Schedule R, Part V, line 2	35b		
7 Di	id the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
	The state of the s			
	The second complete of leading O and Drovide explanations in Calabrian	37		<u>X</u>
N/	ote. All Form 990 filers are required to complete Schedule O			

91111			4-4			^ lioneo
B	Statements	Demondina	Mhar IDS	: Eilinge ang	ISY	Compliance
Part VI	Statements	Regarding	Vulei ind	riiiiga anu		40111b1101114

	<u> </u>	heck if Schedule O contains a response or note to any line in this Part V		CO	reguest.		Щ
						Yes	No
12	Enter the	number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
_	Entor the	number of Forms W.2G included in line 1a. Enter -0- if not applicable	1b	LU			
c	Did the c	organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming	:	_V	
	(gamblin	a) winnings to prize winners?			10	X	
2a	Enter the	e number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4.0			
	filed for t	the calendar year ending with or within the year covered by this return	2a	13			
ь	If at leas	t one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	100
	Note, If t	the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	aran managaran m			v
За	Did the o	organization have unrelated business gross income of \$1,000 or more during the year?			<u>3a</u>		X
ь	if "Yes "	has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any ti	me during the calendar year, did the organization have an interest in, or a signature or other a	autno	rity over, a			х
	financial	account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	<u>4a</u>	-	
b	If "Vos "	enter the pame of the foreign country:					
	See inst	ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).	_		Х
5a	Was the	organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	-	X
b	Did any	taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction'	***************************************	5b	├	
	If "Yes."	to line 5a or 5b, did the organization file Form 8886-T?		and the state of t	5c	<u> </u>	
6a	Does the	e organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			Х
	any conf	tributions that were not tax deductible as charitable contributions?		Chicago Constant Chicago Chicago	6a		1
b	If "Yes,"	did the organization include with every solicitation an express statement that such contribut	ions (or gifts			
	were no	t tax deductible?			6b		-
7	Organiz	ations that may receive deductible contributions under section 170(c).		ided to the newer?	7	i	x
а	Did the or	rganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	provided to the payor:	7a 7b	├	-
b	If "Yes,"	did the organization notify the donor of the value of the goods or services provided?	010001		7.0	 	-
C	Did the	organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quirea	7c		Х
		orm 8282?			٠,٠	+	76
đ	If "Yes,"	indicate the number of Forms 8282 filed during the year	7d		7e		X
е	Did the	organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	:011lra	CLY	7 1	1	X
f	Did the	organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ractr	800 as required?	79		11
9	If the or	ganization received a contribution of qualified intellectual property, did the organization file F	otion	file a Form 1098-C?	7h	1 —	
h	If the or	ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	auon Lhv ti	ne a r onn 1000 C.	<u> </u>	T	
8	Sponso	ring organizations maintaining donor advised funds. Did a donor advised fund maintained	ı Dy G	iç.	8		
	sponsor	ing organization have excess business holdings at any time during the year?					T
9	Sponso	ring organizations maintaining donor advised funds.			9a		
а	Did the	sponsoring organization make any taxable distributions under section 4966?	30000		9b		
b		sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10		501(c)(7) organizations. Enter:	10a		}		
a	Initiation	n fees and capital contributions included on Part VIII, line 12 eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1	
b		sceipts, included on Form 990, Part VIII, line 12, for public use of olds learning 1501(c)(12) organizations. Enter:			1		
11		ncome from members or shareholders	11 <u>a</u>		1	1	
a	Cross	ncome from other sources (Do not net amounts due or paid to other sources against				1	
D		s due or received from them.)	11b]		
10-	amount	a 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1?	12a	↓	1
12a	I Secuoi	enter the amount of tax-exempt interest received or accrued during the year	12b			1	
12	Section	501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	 	-
13	le the A	rganization licensed to issue qualified health plans in more than one state?			13a	1	-
2	Mota S	see the instructions for additional information the organization must report on Schedule O.					(4)
1	Fnter#	ne amount of reserves the organization is required to maintain by the states in which the]		1
	Ornania Pulculi	ation is licensed to issue qualified health plans	13b		1		
	- Enter th	ne amount of reserves on hand	130	<u> </u>	-	-	177
144	a Did the	organization receive any payments for indoor tanning services during the tax year?			14a		X
,	n If "Yes	has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		146		1/004
	- <u>11 (C3)</u>				For	m 99 0	J (2015

Form 990 (2015)

DOWNEAST SALMON FEDERATION

O1-0532938 Page

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.

		<u> </u>	<u> Ļ.</u>
The contract differences in Young Hones among members of the contract of the c			
The contract differences in Young Hones among members of the contract of the c		Y.	es I
5 15 15 15 15 15 15 15 15 15 15 15 15 15	.5		_
body delegated broad authority to an executive committee or similar committee and the governing	\neg	-	
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 1b 1			- 1
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	5		
officer, director, trustee, or key employee?	7	-	
3 Did the organization delegate control over management duties such as it	2		28
of officers, directors, or trustees, or key employees to a management company or other person?		\top	\neg
The state of the s	3	⊥.	א
	4		X
	_ 5	I^-	X
/a Did the organization have members, stockholders, or other persons who had the	6	Τ	X
		\top	1
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Za	1	X
persons other than the governing body?	Γ^{-}	T-	
8 Did the organization contemporaneously document the meetings hald a way.	7b		X
a The governing body? b Each committee with authority to act on behalf of the governing body?			+-
b Each committee with authority to act on behalf of the governing body?	8a	X	1
9 Is there any officer, director, trustee, or key employed listed in D. A.M.	8b	X	
organization's mailing address? If "Yes," provide the names and addresses in Schedule O		$\overline{}$	_
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	ļ	X
, about policies not required by the Internal Revenue Code.)			
10a Did the organization have local chapters, branches, or affiliates?		Yes	No
If res, aid the organization have written policies and procedure	10a		X
and branches to ensure their operations are consistent with the organization's exempt purposes?			
5 Samuel of Provided a Complete Conv of this Form 000 to -the same	10b		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		X
The state of the s			
The state of the s	12a	X	
	12b	X	
	- 1	ļ	
	12c	X	
Did the organization have a written document retention and destruction.	13		Х
and the process for determining compensation of the following persons in the	14	X	
		- 1	
		- 1	
2 Stroit Officers of key employees of the organization	15a		<u>X</u>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	5b		X
and the organization invest in, contribute assets to or participate in a leight wants	- 1		
		- 1	
	6a		<u>X</u>
]	
ection C. Disclosure	6b		_
List the states with which a copy of this Form 990 is required to be filed NONE			
Cection of 04 requires an organization to make its Forms 1032 (or 100.4 %			
for public inspection. Indicate how you made these available. Check all that apply.	lable		
Own website Another's website			
Describe in Schedule O whether (and if so, how) the organization mode it			
statements available to the public during the tax year.	ancial		
State the name address, and talonham			
The state of the person who present the person the pers			
State the name, address, and telephone number of the person who possesses the organization's books and records: DWAYNE SHAW - 207-483-4336 PO BOX 201, COLUMBIA FALLS, ME 04623			

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11	_		_,				·	FAUE (

DOWNEAST SALMON FEDERATION Form 990 (2015)

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organiz. (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Кеу етріпуве	Highest compensaled employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) GEORGE LEINBAUGH	2.00				Г				0.	0.	
VICE PRESIDENT		X	L	X	L.	$oldsymbol{oldsymbol{oldsymbol{eta}}}$		0.			
(2) JOE ROBBINS	1.00								0.	0.	
DIRECTOR		X	ļ	L	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		_	0.	<u></u>	0,	
(3) DON SPRANGERS	2.00		Ì	l				0.	0.	0.	
PRESIDENT	4 00	X	ļ	X	<u> </u>	├ -	 	<u> </u>			
(4) ALAN KANE	1.00				1			0.	0.	0.	
DIRECTOR		Х	┡	ļ	⊢		<u> </u>	<u> </u>			
(5) SHEILA TATANGELO	1.00	,,		1		1		0.	0.	0.	
DIRECTOR		Х	├	H	├	⊢					
(6) RAY CARBONE	2.00	x					l	٥.	0.	0	
DIRECTOR	2.00	₽		⊢	╀	┢	╁				
(7) WILLIAM OTTO	2.00	x		x	l	1		0.	0.	0	
SECRETARY	1.00	<u> </u>	╁┈	A	╁─	╁	┢				
(8) MIKE LOOK	1.00	x			1		1	0.	0.	0	
DIRECTOR	2.00	 	┰	 -	\vdash	┿	 				
(9) TOM HITCHINS	2.00	x		x	ı			0.	0.	0	
TREASURER (10) GREG GILKA	1.00		\vdash	 	十	\vdash	-	<u> </u>			
DIRECTOR		x	1	1		1		0.	0.	0	
(11) GERRY ZEGERS	1.00	 	T	t-	\top	✝	Τ-				
DIRECTOR		x				1		0.	0.	0	
(12) AL EGGLESTON	1.00	Т	 	Γ	Τ	Τ	П				
DIRECTOR		x	١.		_			0.	0.	0	
(13) MORRIS LAMBDIN	1.00	Τ	Т	П	Т	П			1		
DIRECTOR		X	<u>l</u> .		<u>L</u> .	\perp	┖	0.	0.	0	
(14) DR. PHIL HERMANN	1.00	\prod	1	Ī	1				0.	0	
DIRECTOR		\mathbf{x}	_	\perp	1_	┸	┺	0.	<u> </u>		
(15) DWAYNE SHAW	40.00	1				1		64 010	. 0.	0	
EXECUTIVE DIRECTOR		\vdash	╀	X	+	+-	+-	64,918.	 	,	
		1		L			L	<u> </u>			
		1									

	Section A. Officers, Directors, (A) Name and title	(B) Average hours per week (list any	(do box, offic	P not che unless	(C) Osition ock more person a direct	n e than	none othan	(D) Reportable compensation from	(E) Reportable compensation from relate	ion	Estir amo	(F) nated unt of
		hours for related organizations below line)	Individual frustee of director	Institutional trustes	Kêy employes	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mil		compe	ensati n the izatio elater
-				_	-							
				<u> </u>								
			_	+	-		+					
			+	+	+		+			+		
				-		1	1					
			+	-	H	-	+					_
b Sub-tota			- 1									
c Total fro	m continuation sheets to Part	VII, Section A						64,918.		0.		
c Total fro d Total (ad Total nun	A ROOM BELL CHARLES AND A ROOM BELL CONTRACTOR OF THE ROOM		se lis	ted a	bove)		F	0.	000 of reportable	0.		0
c Total fro d Total (ad Total nun compens	m continuation sheets to Part Id lines 1b and 1c) nber of individuals (including but ation from the organization rganization list any former office	t not limited to tho				who	rece	0. 64,918. elved more than \$100,0		0.	Yes	O O
Total frod Total (ad Total nun compens Did the oil line 1a? If For any in and relate	m continuation sheets to Part Id lines 1b and 1c) Inber of individuals (including but interest individuals (including but interest individuals (including but interest individuals (including but interest individual listed on line 1a, is the sector organizations greater than \$19	t not limited to tho er, director, or trust such individual sum of reportable 50,000? If "Yes," o	tee, k	ey en	nploye	who	or rece	0. 64,918. eived more than \$100,0 hest compensated em	ployee on e organization	0.		No.
Total frod Total (ad Total nuncompens Did the ordine 1a? If For any in and relate Did any prendered ction B. Ind	In continuation sheets to Part Id lines 1b and 1c) In the organization In the organization In the organization Identification In the organization In the organization? If "Yes," corependent Contractors	er, director, or trust such individual sum of reportable 50,000? If "Yes," or accrue compensa	components	ey ensa lete S from	tion a ched any u	who ee, o	or hig	0. 64,918. eived more than \$100.0 hest compensated empensation from the such individual organization or individu	ployee on e organization ual for services	3		No.
Total frod Total (ad Total nuncompens) Did the order of the total nuncompens Did the order of the total nuncompens Did any prendered ction B. Ind	m continuation sheets to Part Id lines 1b and 1c) mber of individuals (including but atton from the organization regarization ist any former office "Yes," complete Schedule J for advidual listed on line 1a, is the set organizations greater than \$15 erson listed on line 1a receive or to the organization? If "Yes," corependent Contractors this table for your five highest creation. Report compensation for	er, director, or trust such individual sum of reportable 50,000? If "Yes," or accrue compensa implete Schedule J	compound of the compound of th	ey en pensa lete S from such p	tion a ched any u	who	orece rhig	0. 64,918. eived more than \$100.00 hest compensated employed more than such individual organization or individual	ployee on e organization ual for services	3		No.
Total frod Total (ad Total nuncompens) Did the order of the total nuncompens Did the order of the total nuncompens Did any prendered ction B. Ind	m continuation sheets to Part Id lines 1b and 1c) The rot individuals (including but sation from the organization repart and including but sation from the organization repart and its any former office for "Yes," complete Schedule J for adividual listed on line 1a, is the sad organizations greater than \$15 erson listed on line 1a receive or to the organization? If "Yes," corependent Contractors this table for your five highest contractors	er, director, or trust such individual sum of reportable 50,000? If "Yes," or accrue compensa implete Schedule J compensated indep	compound of the compound of th	ey ensa lete S from such p	tion a ched any u	who	orece rhig	0. 64,918. eived more than \$100.00 hest compensated employed more than such individual organization or individual	ployee on e organization ual for services 00,000 of compa	3 4 5		No X
Total frod Total (ad Total nuncompens) Did the order of the total nuncompens Did the order of the total nuncompens Did any prendered ction B. Ind	m continuation sheets to Part Id lines 1b and 1c) mber of individuals (including but attended in the organization in the organization in the organization in the organization in the state of the organization in the organization in the organization in the organization in the organization? If "Yes," correspondent Contractors this table for your five highest contraction. Report compensation for (A)	er, director, or trust such individual sum of reportable 50,000? If "Yes," or accrue compensa implete Schedule J compensated indep	componention of the component of the com	ey ensa lete S from such p	tion a ched any u	who	orece rhig	0. 64,918. eived more than \$100.00 hest compensated employed individual organization or individual received more than \$1 e organization's tax year (B)	ployee on e organization ual for services 00,000 of compa	3 4 5	from (C)	No.
Total frod Total (ad Total nuncompens) Did the order of the total nuncompens Did the order of the total nuncompens Did any prendered ction B. Ind	m continuation sheets to Part Id lines 1b and 1c) mber of individuals (including but attended in the organization in the organization in the organization in the organization in the state of the organization in the organization in the organization in the organization in the organization? If "Yes," correspondent Contractors this table for your five highest contraction. Report compensation for (A)	er, director, or trust such individual sum of reportable 50,000? If "Yes," or accrue compensa implete Schedule J compensated indep	componention of the component of the com	ey ensa lete S from such p	tion a ched any u	who	orece rhig	0. 64,918. eived more than \$100.00 hest compensated employed individual organization or individual received more than \$1 e organization's tax year (B)	ployee on e organization ual for services 00,000 of compa	3 4 5	from (C)	No X
Total frod Total (ad Total nuncompens Did the order of the form of the total nuncompens Did the order of the total nuncompens Did any prendered ction B. Ind	m continuation sheets to Part Id lines 1b and 1c) mber of individuals (including but attended in the organization in the organization in the organization in the organization in the state of the organization in the organization in the organization in the organization in the organization? If "Yes," correspondent Contractors this table for your five highest contraction. Report compensation for (A)	er, director, or trust such individual sum of reportable 50,000? If "Yes," or accrue compensa implete Schedule J compensated indep	componention of the component of the com	ey ensa lete S from such p	tion a ched any u	who	orece rhig	0. 64,918. eived more than \$100.00 hest compensated employed individual organization or individual received more than \$1 e organization's tax year (B)	ployee on e organization ual for services 00,000 of compa	3 4 5	from (C)	No X

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Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Revenue excluded from tax under Related or Total revenue exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns 1a 14,775. 1b **b** Membership dues 10 c Fundraising events d Related organizations 1d e Government grants (contributions) te f All other contributions, gifts, grants, and 633,046 similar amounts not included above 11 Noncash contributions included in lines 1a-1f: \$ 647,821 h Total. Add lines 1a-1f **Business Code** 15,641 2 a OTHER 541900 15,641 Program Service Revenue f All other program service revenue 15,641 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 59. 59 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See 10,851 Part IV, line 18 10,959 b Less: direct expenses -108-108. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 250 and allowances 0. b Less: cost of goods sold ь 250 250. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a 11d 663,663. 15,891. 0. Total revenue. See instructions. 12

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete

_	ction 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons o not include amounts reported on lines 6b,	se or note to any line in	this Part IX (B)	(C) T	(D)
_7	b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
•	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	and the desired desired to define the			V	M
,	individuals. See Part IV, line 22				
3	and all all all all all all all all all al			5	
	organizations, foreign governments, and foreign		1		
	individuals. See Part IV, lines 15 and 16			I FE-900100 =	1.00
5	= streng para to of for fricingers				
0	- The state of the	64 010			-
6	trustees, and key employees	64,918.	22,721.	25,967.	16,230
0	i and the state of		İ		
	persons (as defined under section 4958(f)(1)) and			ŀ	
7	persons described in section 4958(c)(3)(B)	0.44 4.50			
	Other salaries and wages	241,179.	136,910.	69,553.	34,716
8	Pension plan accruals and contributions (include	F 050			
9	Section 401(k) and 403(b) employer contributions)	5,850.	2,933.	2,297.	620
_	Other employee benefits				
10	Payroll taxes	25,275.	13,181.	7,887.	4,207
11	Fees for services (non-employees):				
2	THE RESIDENCE OF THE PROPERTY OF THE PARTY O				
ŧ	The second secon	1,325.	1,325.		
•		1,200.		1,200.	
C	THE PROPERTY AND ADDRESS OF THE PARTY OF THE	·			
e	3		At .		
f					
9	3	4 05-			<u> </u>
_	column (A) amount, list line 11g expenses on Sch O.)	4,957. 1,242.	607.	4,350. 1,242.	
2	Advertising and promotion			1,242.	
3	Office expenses	14,453.	781.	13,672.	
4	Information technology				
5	Royalties				
ŝ	Occupancy	18,164.	11,669.	6,495.	
7	Travel	16,885.	226.	16,659.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,098.	59.	1,039.	
)	Interest				
	Payments to affiliates				
<u>:</u>	Depreciation, depletion, and amortization	32,495.	27,621.	4,874.	
	Other expenses Hamira expenses	20,899.	4,017.	15,569.	1,313.
	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 0	
	OTHER	89,211.	69,597.	19,614.	
Ь	CONTRACT LABOR	4,329.	,-,-,-	4,329.	
C	DUES & FEES	3,706.	50.	3,656.	
d	EQUIPMENT	3,544.	2,772.	772.	
9	All other expenses	4,526.	2,253.	2,273.	
	Total functional expenses, Add lines 1 through 24e	555,256.	296,722.	201,448.	57 000
	Joint costs. Complete this line only if the organization		430,144	401,440.	57,086.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		Balance Sheet	***	line in this Dort Y			
		Check if Schedule O contains a response or no	ne to any	ine in this Part A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			560,236.	1	518,127
	2		 	2			
	3	Pledges and grants receivable, net Accounts receivable, net				3	
	4					4	205,145
	5					-	
	~	trustees, key employees, and highest compens					
	ļ	Part II of Schedule L	ateu em	hoyees. Complete		5	
	ء ا	Loans and other receivables from other disqual				"	
	6						
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing				×	
		employers and sponsoring organizations of sec	•			اما	
	_	employees' beneficiary organizations (see instr)				7	
	7	Notes and loans receivable, net					
•	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or other		2 460 267			
		basis. Complete Part VI of Schedule D	10a	2,409,30/	0 045 771		2 256 716
	b				2,245,771.		2,256,716
	11	Investments - publicly traded securities			105,936.	11	103,005
	12	Investments - other securities. See Part IV, line				12	
-	13	Investments - program-related. See Part IV, line				13	
1	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must equ	al line 34	7.7	2,911,943.	16	3,082,993
	17	Accounts payable and accrued expenses	0.0000000000000000000000000000000000000	6 00 80 0100100100000001		17	3,171
	18	Grants payable		manuscunga commercia		18	
İ	19	Deferred revenue Tax-exempt bond liabilities				19	
١	20				······	20	
ļ	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			II.		
		key employees, highest compensated employee	es, and di	isqualified persons.			
		Complete Part II of Schedule L				22	
'	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
1		parties, and other liabilities not included on lines					
-1		Schedule D			20,323.	25	6,273
	26	Total liabilities. Add lines 17 through 25			20,323.	26	9,444
T		Organizations that follow SFAS 117 (ASC 958), check	here X and			
		complete lines 27 through 29, and lines 33 an			= ** x /=	.0.	
	27	Unrestricted net assets		1,893,282.	27	1,956,420	
	28			178,219.	28	297,010	
	29			820,119.	29	820,119	
		Organizations that do not follow SFAS 117 (A		2 Mg// 2		151	
1		and complete lines 30 through 34.	- 8				
1	30	Capital stock or trust principal, or current funds		30			
Į	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund				31	
		Retained earnings, endowment, accumulated income, or other funds				32	
	33				2,891,620.	33	3,073,549.
	34				2,911,943.	34	3,082,993
	34	Total liabilities and net assets/fund balances			-,,	<u> </u>	Form 990 (2015

Fo	m 990 (2015) DOWNEAST SALMON FEDERATION	01 0	532938		
L	art XI Reconciliation of Net Assets	01-0	332938	Pa	age 12
_	Check if Schedule O contains a response or note to any line in this Part XI				(G)
			<u> </u>		X
1	Total expenses (must equal Part VIII, column (A), line 12)	1 1	66	3 6	
2	The shortest (must equal Fart IX, Column (A), line 25)			3,0 5 3	63.
3	The same of the sa	3			56.
4	Net assets or fund balances at beginning of year (must equal Part X. line 33, column (A))			07.	
5	Net unrealized gains (losses) on investments	4	2,89	T ' P	20.
6	Donated services and use of facilities	5	<u> </u>		
7	Investment expenses	6			
8	Phor period adjustments	7			
9	Other changes in net assets or fund balances (explain in Schedule O)	8		· -	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9		5,5	22.
_	COIGHRI (B))		3,073		
Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				
	and any and any track the second			inni:	X.
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked *Other # and the control of the organization changed its method of accounting from a prior year or checked *Other # and the control of the organization changed its method of accounting from a prior year or checked *Other # and the control of the control				
2a	1100 bits of garlication 5 final icial statements compiled or reviewed by an independent accounts to			- 1	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate hasis, consolidated basis, or better		2a	$-\downarrow$	<u> </u>
	separate basis, consolidated basis, or both:	on a		i	
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent account and separate pasis				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b		<u>X</u>
	consolidated basis, or both:	basis,		- [
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			- 1	
	or complication of its lindificial statements and selection of an independent accounts an			- 1	
	if the organization changed either its oversight process or selection process during the territory	Commence of the Commence of th	2c		
За	or a redefail award, was the organization required to undergo an audit or audits as set forthis to be	dule O.			
	The City City City City City City City City				
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		3a	_	<u>X</u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit			
	To distribution and a state of the state of		3h	- 1	

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