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.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the 20	21 <u>calendar year, or tax year beginning</u> , and ending			
В	Check if applica	le: C Name of organization		D Employ	er identification number
	Address change	Downeast Salmon Federation			
\equiv	•	Doing business as		l 01-0	532938
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	
	Initial return	P.O. Box 201		207-	483-4336
	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
	terminated	Columbia Falls ME 04623		G Gross re	ceipts\$ 2,191,063
	Amended return	F Name and address of principal officer:		G GIUSS IE	Leipiss 2,131,003
	Application pen		H(a) Is this a gr	oup return for	subordinates Yes X No
	Application pen	101a bomison		•	
		PO Box 201	H(b) Are all su		
		Columbia Falls ME 04623	If "No	" attach a list	. See instructions
<u> </u>	Tax-exempt st	tus: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527			
	Website:	www.mainesalmonrivers.org	H(c) Group exe	emption numl	ner >
			rear of formation: $oldsymbol{1}$		M State of legal domicile: ME
_			rear or formation.	<u> </u>	M State of legal doffliche. 1919
Р	Part I	Summary			
٠.		/ describe the organization's mission or most significant activities:			
ည	To	conserve wild Atlantic salmon and its habitat, re	store a v	riable	sports
٦a٢	fi	shery and protect other important river, scenic, r	ecreation	nal and	d
Governance	ec	ological resources in eastern Maine.			
8		← this box ► if the organization discontinued its operations or disposed of more than ← this box ► if the organization discontinued its operations or disposed of more than ← this box ► if the organization discontinued its operations or disposed of more than ← this box ► if the organization discontinued its operations or disposed of more than ← this box ► if the organization discontinued its operations or disposed of more than ← this box ► if the organization discontinued its operations or disposed of more than ← this box ► if the organization discontinued its operations or disposed of more than ← this box ► if the organization discontinued its operations or disposed of more than ← this box ► if the organization discontinued its operations or disposed of the organization discontinued its operations. ← this box ► if the organization discontinued its operations or the organization discontinued its operations. ← this box ► if the organization discontinued its operation discontin	25% of its ne	assets	
Ö	l l	on of voting magnetic and the management bady (Dout) (Line 4a)		ا ء	13
•ŏ თ		per of voting members of the governing body (Part VI, line 1a)			13
tie	4 Numi	per of independent voting members of the governing body (Part VI, line 1b)		4	
.≥	5 Total	number of individuals employed in calendar year 2021 (Part V, line 2a)		5	19
Activities	6 Total	number of volunteers (estimate if necessary)		6	35
_	7a Total	unrelated business revenue from Part VIII, column (C), line 12		7a	0
		nrelated business taxable income from Form 990-T, Part I, line 11			0
			Prior Ye		Current Year
a)	8 Conti	ibutions and grants (Part VIII, line 1h)	1,39	3,254	1,900,221
ž	1	(5.4)(0.1)		- ,	0
Revenue	1	(2) (3) (4) (4) (5) (6) (7)	6	6,267	48,444
Re		tment income (Part VIII, column (A), lines 3, 4, and 7d)		7 607	11 062
		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 47	7,607	11,062
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,4/	2,128	1,959,727
	13 Gran	s and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)			0
Ś	15 Salar	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	65	6,697	746,298
Expenses	16aProfe	ssional fundraising fees (Part IX, column (A), line 11e)			0
Ser	h Total	fundraising expenses (Part IX, column (D), line 25) ► 125,742			
Ä	47 Otto	Tallians and Chart IV as lower (A) lines 44s 44s 44s (As)	E 6 9	2 2 4 0	400 020
	I II Othe	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1 20	3,240	409,929
	l l	expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,937	1,156,227
 0:	19 Reve	nue less expenses. Subtract line 18 from line 12		7,191	803,500
Net Assets or Fund Balances	3		Beginning of Cu		End of Year
Sset	20 Total	assets (Part X, line 16)		7,090	5,533,442
Ā	21 Total	liabilities (Part X, line 26)		<u>9,222</u>	36,166
ᆂᇛ	22 Net a	ssets or fund balances. Subtract line 21 from line 20	4,70	7,868	5,497,276
	art II	Signature Block		-	
	nder nenaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to	the hest o	f my knowledge and belief it i
	•	nd complete. Declaration of preparer (other than officer) is based on all information of which prep	•		yew.leage and belief, it i
		, , , , , , , , , , , , , , , , ,	<u> </u>	Ť	
٥.		Signature of officer		 Date	
Siç		1/6/			
He	re 📗	Dwayne Shaw A The Execu	tive Di	recto	or
_		Type or print name and title			
	Prin	Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	d Mar	k W Chellis Mark W Chellis	08/09	/22 self-er	□
Pre	naror	The state of the s	· ·		01-0463272
	e Only		F	irm's EIN	01-0403212
Jot	Ciny	15 Columbia St Ste 201			007 047 4555
		s address Bangor, ME 04401-6355	F	Phone no.	207-947-4575
Ma	y the IRS di	scuss this return with the preparer shown above? See instructions		<u> </u>	Yes No

781,273

4e Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 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			X
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	Х	
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	–	A	
0	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	· •		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt nagotiation convices? If "Vas." complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
-	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			١,,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
4-7	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	47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20a	If "Yes," complete Schedule G, Part III	20-		X
zua b	If "Va" to line 200 did the execution of the property of the end of the end of the property to this entire 200	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democro gerenment our fattiv, ocidini (r.), into 1: 11 100, complete ochodule 1, 1 atto 1 attu 1			

	The state of Regulied Contains (Contains a)		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO			
	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? If "Yes," complete Schedule J	23		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-					
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24 0					
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?						
	If "Yes," complete Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key						
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee						
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
20	persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
_	"Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l			
	conservation contributions? If "Yes," complete Schedule M	30		X			
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? <i>If "Yes,"</i>	22		x			
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		^			
33	204 7704 2 and 204 7704 22 K (Vac 2 annual to Cabadula D. Bart I	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,						
	or IV, and Part V, line 1	34		x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	x				
P	art V Statements Regarding Other IRS Filings and Tax Compliance	30	_ A	l			
	Check if Schedule O contains a response or note to any line in this Part V						
	The state of the s		Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?	1c	X				

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
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)?	4a		X			
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 (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
_	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		7.7			
	and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		v			
لہ	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X			
d	• •	7e		Х			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X			
g h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		X			
Ū	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
	a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	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 O.						
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	-					
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v			
	excess parachute payment(s) during the year?	15		X			
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
17	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.	17					
	n roo, complete i citi cocc.						

Form 990 (2021) **Downeast Salmon Federation** 01-0532938 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 13 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 13 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 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? X 10a **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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official X 15a

organization's exempt status with respect to such arrangements? Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶None

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Other officers or key employees of the organization

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.

X Own website X Another's website X Upon request Other (explain on Schedule O)

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?

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

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records >

Dwayne Shaw Columbia Falls PO Box 201

207-483-4336

ME 04623

15b

16a

X

orm 990 (2021)	Downeast	Salmon	Federation
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01-0532938

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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

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

rganization nor a	any r	elate	ed or	gan	ization c	ompensated any current of	officer, director, or trustee	<u>.</u>
(B) Average hours per week (list any hours for	box	ox, unless person is both an fficer and a director/trustee)			is both an r/trustee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and
related organizations below dotted line)	idual trustee ector	utional trustee	er	employee	er est compensated byee	1099-NEC)	1099-NEC)	related organizations
40.00								
			x			77,075	o	3,559
						,		,
							_	_
0.00	X					0	0	0
1 00								
	\mathbf{x}					0	o	0
	$ \mathbf{x} $					0	o	0
1.00	$ \mathbf{x} $		X			o	o	0
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0.00	X		X			0	0	0
1 00								
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1.00								
0.00	X		X			0	0	0
1 00								
	$ \mathbf{x} $					0	0	o
3.33	† <u> </u>							
1.00								
0.00	X		X			0	0	0
1 00								
	$ \mathbf{x} $					0	0	0
	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 X 1.00 0.00 X X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 X 1.00 0.00 X X 1.00 0.00 X X 1.00 0.00 X X X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X 1.00 0.00 X 1.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.000	Company Comp

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Part VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	Em	ploy	/ees	, and Highest Compens	ated Employees (continu	ued)			
(A) Name and title	(B) Average hours per week	erage box, unless person is both officer and a director/truste					n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from the ganization ed organiz	and	
(12) Donald Spran	gers 1.00 0.00	x						0	0				0
(13) Stephen Wagn		x						0	0				0
(14) Gerry Zegers		^						0	<u> </u>				<u></u>
Director	1.00	x						0	0				0
c Total from continuation sh		, Se					>	77,075 77,075				3,55 3,55	
d Total (add lines 1b and 1c) Total number of individuals (reportable compensation from	including but no	t lim	ited	to th	ose	liste	d ab		than \$100,000 of		3	5,33	<u>9</u>
3 Did the organization list any	formor officer of	diroc	tor t	truct	ا مم	·0\/ ·	mn	lovoo, or highest compone	satod	Г	Y	es No	0
employee on line 1a? <i>If "Yes</i> For any individual listed on li organization and related organization	s," complete Sch ne 1a, is the sui	edu n of	le J i repo	for so	<i>uch</i> le c	<i>indiv</i> omp	<i>ridua</i> ensa	alation and other compensa	tion from the		3	X	
individual5 Did any person listed on line											4	X	
for services rendered to the of Section B. Independent Contract		"Ye	S, " C	ompi	ete	Sche	edul	e J for such person			5	X	<u>-</u>
1 Complete this table for your	five highest com									4			
compensation from the organ	nization. Report (A) d business address	con	ıpen	sauc	on to	r the	cai		(B) tion of services	tax year.		(C) Densation	
Name and	d business address							резспр	tion of services		Comp	Jensauon	
										-			_
2 Total number of independent									0	\dashv			

<u>For</u>	m 990 (2021) Downeast Salmon	ı Federation	01	-0532938		Page \$
	Statement of Revenue Check if Schedule O conta	ains a response or no	ote to any line ir (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	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f		1,900,221			
Program Service (C Revenue	2a b c d e f All other program service revenue g Total. Add lines 2a–2f	Business Code				
	3 Investment income (including dividend	s, interest, and				

-	2a									
اه	b									
킳	С									
Kevenue	d									
~	e									
		All other progra		vice revenue						
		Total. Add lines					>			
+		Investment inco								
	3							8,566		8,566
-	4	other similar am	to atm	ont of toy over				0,500		0,300
					•	•				
	5	Royalties		(i) Real	· · · · · · · · · · · ·		ersonal			
	_			(I) Real		(11) PE	ersonal			
		Gross rents	6a							
		Less: rental expenses								
		Rental inc. or (loss)	6c							
	d	Net rental incon Gross amount from	ne or							
	1 a	sales of assets			(i) Securities		Other			
		other than inventory	7a	271,	214					
<u> </u>	b	Less: cost or other								
:		basis and sales exps.	7b	231,						
2	С	Gain or (loss)	7с	39,	878					
:	d	Net gain or (los:	s)		<u> </u>			39,878	39,878	
;	8a	Gross income fron	n fundı	aising events						
		(not including \$								
		of contributions rep								
		1c). See Part IV, li	ne 18		8a					
	b	Less: direct exp	ense	S	8b					
		Net income or (events	· · · · · · · · · · · · · · · · · · ·	▶			
		Gross income fr	•	-						
		activities. See F			9a					
	b	Less: direct exp			9b					
		Net income or (tivities		▶			
		Gross sales of i								
	···	returns and allo		•	10a					
	h	Less: cost of go	nde e	old	10b					
		Net income or (
\dagger		1401 IIICOIIIC OI (I	1033)	irom saics of im	cinory		Business Code			
اه	112	Miscellane	0115			}		11,312		11,312
Ĭ	11a b c	Rent	.vus					1,000		1,000
Š	D	Togg on an						-1,250		-1,250
IJ	C	Loss on ea	seille	:11 CS				1,230		1,230

	CI	net income or (loss) from sales of inventory				
SI			Business Code			
6 e o r	11a	Miscellaneous		11,312		11,312
lan ent	b	Rent		1,000		1,000
Scel	С	Loss on easements		-1,250		-1,250
Mis	d A	All other revenue				
_				44 000		

39,878

d All other revenue 11,062 1,959,727 e Total. Add lines 11a-11d 12 Total revenue. See instructions

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0

Other Revenue

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 response or note to any line in this Part IX (A) Total expenses (B) Program service (C) **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 77,075 30,247 31,413 15,415 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 563,265 77,179 354,485 131,601 Pension plan accruals and contributions (include 5,487 19,218 10,953 2,778 section 401(k) and 403(b) employer contributions) 34,154 25,838 Other employee benefits 6,163 2,153 9 Payroll taxes 52,586 31,895 13,011 7,680 10 Fees for services (nonemployees): a Management 34,304 34,244 60 **b** Legal c Accounting **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion $1,\overline{295}$ 170 1,125 473 6,762 1,925 9,160 Office expenses 13 Information technology 14 Royalties Occupancy 16 22,402 20,3511,895 156 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 891 891 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 53,079 46,843 6,236 Depreciation, depletion, and amortization 22 24,798 18,957 5,841 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 86,433 78,633 7,800 Professional Services 3,589 Material and supplies 63,034 59,445 Dues and subscriptions 42,399 17,856 7,197 17,346 19,238 19,238 30,754 Taxes d 52,896 21,092 1,050 e All other expenses <u>781,273</u> 249,212 1,156,227 125,742 25 Total functional expenses. Add lines 1 through 24e 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

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,095,361 796,099 Cash—non-interest-bearing Savings and temporary cash investments 240,411 269,612 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 4,219,345 10a **b** Less: accumulated depreciation _____ [10b 498,086 3,504,931 3,721,259 10c Investments—publicly traded securities _____ 215,649 447,210 11 11 12 Investments—other securities. See Part IV, line 11 _____ 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 4,757,090 5,533,442 **Total assets.** Add lines 1 through 15 (must equal line 33) 49,222 36,1<u>66</u> Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 49,222 36,166 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here |X| Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 4,006,170 **4,452,038** 27 701,698 1,045,238 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 4,707,868 Total net assets or fund balances 5,497,276 32 4,757,090 5,533,442 Total liabilities and net assets/fund balances

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				727
2	Total expenses (must equal Part IX, column (A), line 25)	2	1			<u> 227</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>500</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	<u>,70</u>	7,	868
5	Net unrealized gains (losses) on investments	5		-1	4,	092
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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	5	, 49	7,:	276
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	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?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		····			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>.</u> .		3b		