**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	For the	e 2022 (	calendar year, or tax year beginning , and ending			
В	Check if ap	pplicable:	C Name of organization		D Employe	er identification number
	Address cl	hange	Downeast Salmon Federation			
	Name cha	ngo	Doing business as		01-0	532938
=	ivame cha	irige	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	ne number
_	Initial retur		P.O. Box 201		207-	<u>483-4336</u>
	Final returi terminated		City or town, state or province, country, and ZIP or foreign postal code			
			Columbia Falls ME 04623		<b>G</b> Gross red	ceipts\$ 1,280,706
Щ	Amended	return	F Name and address of principal officer:			
	Application	n pending	Tora Johnson	H(a) Is this a gro	oup return for	subordinates Yes X No
			PO Box 201	H(b) Are all sub	oordinates inc	cluded? Yes No
			Columbia Falls ME 04623	If "No,	" attach a list	. See instructions
1	Tay-eyen	npt status:				
	Website:	•	www.mainesalmonrivers.org	H(a) Croup ava	mntion numb	nor.
				H(c) Group execar of formation: 1		
				ear of formation: 1	902	M State of legal domicile: ME
P	art I		ımmary			
4	1 B		escribe the organization's mission or most significant activities:			
ĕ			onserve wild Atlantic salmon and its habitat, res			<del>.</del>
nai			ery and protect other important river, scenic, re	ecreation	al and	d. 
Governance		ecol	ogical resources in eastern Maine.			
9	2 0	Check th	is box if the organization discontinued its operations or disposed of more than 2	5% of its net a	ssets.	
જ	3 N	Number	of voting members of the governing body (Part VI, line 1a)		3	13
es			of independent voting members of the governing body (Part VI, line 1b)		4	13
Activities	<sub>5 T</sub>	otal nui	mber of individuals employed in calendar year 2022 (Part V, line 2a)		5	21
듕						50
⋖			mber of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12		· · · · <del>· · · · · · · · · · · · · · · </del>	0
	/a	lot unro	lated business taxable income from Form 990-T, Part I, line 11		7a	ŏ
Revenue	l biv	vet unre	lated business taxable income from Form 990-1, Part 1, line 11	Prior Yea		Current Year
	8 (	`ontribu	tions and grants (Part VIII, line 1h)	1,900		1,047,393
			and a necessary (Deat) (III Bas On)	1,500	, , , , , ,	1,047,335
Ver	1	_	(A) II (A) II (A) II (B)	10	3,444	342
Re			ent income (Part VIII, column (A), lines 3, 4, and 7d)		1,062	
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,959	9,727	1,057,536
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)			0
	1		paid to or for members (Part IX, column (A), line 4)			0
es			other compensation, employee benefits (Part IX, column (A), lines 5–10)	746	6,298	791,878
Expenses	16a₽	Profession	onal fundraising fees (Part IX, column (A), line 11e)			0
be			draising expenses (Part IX, column (D), line 25) 132 , 437			
ω			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	409	9,929	628,322
	1		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,156	6,227	1,420,200
	I	•	less expenses. Subtract line 18 from line 12		3,500	-362,664
5 8	· · · · ·		The state of the s	Beginning of Cur		End of Year
Net Assets or Fund Balances	20 ⊤	otal ass	eets (Part X, line 16)	5,533		5,102,689
Ass 1Ba	21 ⊤		ilities (Part X, line 26)		6,166	
ĕ.Ĕ	22 N		ts or fund balances. Subtract line 21 from line 20		7,276	
	art II		gnature Block	<u> </u>	. ,	0,0.0,001
			perjury, I declare that I have examined this return, including accompanying schedules and sta	tomonto and to	the best of	f my knowledge and balisf it is
			perjury, I declare that I have examined this return, including accompanying schedules and state of the second complete. Declaration of preparer (other than officer) is based on all information of which prepare the second complete.	•		i my knowledge and belier, it is
	1	, , , , , , ,	property 2 state and 1 st property (care and 1 states) to 2 access of an information of information property		1	
٥.		Qiene#	of officer			
Się			e of officer		Date	
He	re		yne snaw / / / Executive	Directo	r	
			rint name and title			
	J	Print/Typ	e preparer's name Preparer's signature	Date	Check	if PTIN
Pai	d	Mark W	V Chellis Mark W Chellis	08/04	/23 self-en	mployed P00435439
Pre	parer	Firm's na	Educado Escal C Colle	<u> </u>	irm's EIN	01-0463272
	Only	o ne	15 Columbia St Ste 201		111	<u> </u>
	-	Eirm's a	Dommon ME 04401 COFF	_	Phone no.	207-947-4575
Mar	tha ID	Firm's ac	ss this return with the preparer shown above? See instructions	[ ]	none no.	
vid.	y une in	o uiscu	29 mile Letritti Mini nie hiehalei ellomii anove; dee iliennonie			Yes No

Pa	rt III	Statement of Programme Check if Schedule O	am Service Acc	omplishments	in this Part III	
1	Briefly de	escribe the organization's r		onse of note to any line	III tills Fait III	······
f	isher	serve wild A cy and protect ical resource	t other imp	portant river,	abitat, restore a vi scenic, recreationa	l and
	Did the e	raanization undertake any	significant program	services during the year whicl	h ware not listed on the	
2		000 000 570			n were not listed on the	Yes X No
		describe these new service				🗀 133 🛅 133
3	Did the or	rganization cease conduct	ing, or make significa	ant changes in how it conduct	ts, any program	
	services?					Yes X No
		describe these changes or		and the few scales of the flower law		
4					rgest program services, as measured by nount of grants and allocations to others	
		expenses, and revenue, if			mount of grants and anocations to others	<b>5</b> ,
		, , ,		·		
	(Code:	) (Expenses \$	965,338	including grants of\$	) (Revenue \$	)
		and its hab:			c awareness towards	
3						
		) (Expenses \$		including grants of\$	) (Revenue \$	)
N	/A					
	• • • • • • • • • •					
	•					
	(Code:	) (Expenses \$		including grants of\$	) (Revenue \$	· )
N	/A					
	•					
	•					
4d	Other pro	ogram services (Describe o	on Schedule O.)			
	(Expense		including grant	s of\$	) (Revenue \$	)
4e		gram service expenses	965.	.338		

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			۱
_	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,	_		x
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	. 5		
6	·			
	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? <i>If</i> "Yes,"			
Ū	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			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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? If "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			۱
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		X
e	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	446		v
12-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa		
D	"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	40		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		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			
	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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		X

	The state of Reguliou Schodulos (Schandsa)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	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	240		
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		Х
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			٠,,
	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,			
а	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"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		X
c	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		Х
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			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			٠
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	an IV and Dark Villiag 4	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Chock if Schoolule O contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N <sub>C</sub>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7		res	No
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	х	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinue	ed)		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	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return	s?	2b	X	
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 Scheen	dule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot	her au	thority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other final	ncial a	ccount)?	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 Finance	ial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea	r?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsacti		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 d	id 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 contril	oution	s 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 go	ods			
	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				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	fit cor	tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c	ontrac	t?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file	e Forn	n 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ınizati	on file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	by the			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:	ı				
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.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f	I	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			42-		
а				13a		
l.	<b>Note:</b> 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	1426				
_	the organization is licensed to issue qualified health plans	13b		-		
C 112	Enter the amount of reserves on hand	13c		14a		X
14a			······	14a		Λ
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem			170		
IJ				15		Х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			13		Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investor	nent ir	ncome?	16		Х
	If "Yes," complete Form 4720, Schedule O.	nent II	100mle:	"		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any	activiti	es			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

<u>Sec</u>	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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.		1 2				
b	Enter the number of voting members included on line 1a, above, who are independent	_1b_	13				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						37
_	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						37
	supervision of officers, directors, trustees, or key employees to a management company or other person?			-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		⊢	4		X V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			⊢	5		X
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				_		v
	one or more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						v
	stockholders, or persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e yea	r by the		- 1	v	
а	The governing body?			· · · · · ·	8a	X	
b	Each committee with authority to act on behalf of the governing body?			-	8b	Λ_	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						v
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the				9	ndo 1	<u> </u>
<u> </u>	tion b. Folicies (This Section b requests information about policies not required by the	mic	iiai ixe	venue		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ.	10a	162	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				IVa		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			.	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filina t	he form		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	illing t	.110 101111	'' ·	ı ıa		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	 e rise	to confli		12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	0 1100					
Ŭ	describe on Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?			· · · · · —	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisi	on?					
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?			· [·	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>ME</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 50	1(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)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	st 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	record	ls				
D	wayne Shaw PO Box 201						

Dwayne Shaw Columbia Falls

ME 04623 207-483-4336

## 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, box 6 of 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.

Check this box if neither the or	ganization nor a	any r	elate	ed or	gan	ization c	ompensated any current of	officer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or directory  Or directo					( <b>D</b> )  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)	Individual trustee or director	Institutional trustee	er e	Key employee	Former Highest compensated employee	1099-NEC)	1099-NEC)	related organizations
(1) Dwayne Shaw	40.00								
Executive Director	0.00			X			82,172	0	10,616
(2) Serena Evans							,		,
Dinastan	1.00								
Director (3) Murray Gray	0.00	X					0	0	0
(5) Marray Gray	1.00								
Director	0.00	X					0	0	0
(4) Joseph Horn	1 00								
Treasurer	1.00	X		x			o	o	0
(5) Tora Johnson									
President	1.00	x		x			0	o	0
(6)Alan Kane									
Director	1.00	x					o	0	0
(7) George Leinbaug	h								
	1.00								
Vice President	0.00	X		X			0	0	0
(8) Michael Look	1.00								
Director	0.00	X					0	0	0
(9) William Otto	0.00								
	1.00								
Secretary	0.00	X		X			0	0	0
(10) Joseph Robbins	1.00								
Director	0.00	X					0	0	0
(11)Donald Spranger	s	† <del></del>							
	1.00								
Director	0.00	X					0	0	0

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Part VII Section A. Office	rs, Directors, T	rust	ees,	Key	/ Em	ploy	/ees	, and Highest Compens	ated Employees (continu	ued)		
(A) Name and title	(B) Average hours per week	bo: off	x, unle icer a	Pos check ess pe	erson lirecto	than is both	n an tee)	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related		(F) mated ar of othe ompensa	r ation
	(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)		from the panization ed organi	n and
(12) Karen Svenso	n 1.00 0.00	x						0	0			0
(13) Stephen Wagr		X						0	0			0
(14) Gerry Zegers	1.00								_			
Director	0.00	X						0	0			0
1b Subtotal	neets to Part VII	l, Se						82,172				0,616
d Total (add lines 1b and 1c  Total number of individuals reportable compensation from	(including but no	t lim	ited	to th	iose	liste	d ab	bove) who received more to	than \$100,000 of			0,616
3 Did the organization list any employee on line 1a? If "Ye	s," complete Sch	redu	le J	for s	uch	indiv	ridua	a/			3	Yes No
For any individual listed on organization and related organization and related organization.	ganizations great	er th	ıan \$	3150 	,000	? <i>If</i>	"Yes	s," complete Schedule J fo	or such		4	x
5 Did any person listed on line for services rendered to the Section B. Independent Contract	organization? If										5	Х
Complete this table for your compensation from the organization								endar year ending with or		tax year.		(C)
J.E. Butler, LLC	nd business address				P.C	). :	Вох		otion of services		Com	pensation
Brewer	ME	: C	44				1	shoreline wor	k			170,500
2 Total number of independer	nt contractors (in	clud	ina h	uit n	ot lir	nites	l to t	those listed above) who				
received more than \$100,00								nose iisted above, wild	1			

					n E	<u>'ederation</u>	01-	-0532938		Page \$
Pa	art V			of Revenue	4 - 1		-4- 4 B t	41-1- D-4-1/111		
		Спеск	i Scr	iedule O con	itains	a response or no	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
S G										sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated cam			1a					
عَ ق	b	Membership du	ies		1b					
Ţ,	С	Fundraising eve	ents 🚊		1c					
<u> </u>	d	Related organiz	zations	s	1d					
Sin	e	Government grants (c			1e	289,423				
a tio	1	All other contributions and similar amounts r			1f	757,970				
들 돌	g	Noncash contributions	s include	ed in						
od o		lines 1a-1f								
<u>5</u> 6	h	Total. Add lines	s 1a–1	<u>lf</u>		· · · · · · · · · · · · · · · · · · ·	1,047,393			
_	_					Business Code				
Program Service Revenue	2a									
Ser	b									
a s	C									
og g	l a									
ď	f e	All other progra		vice revenue						
	l									
	3	Investment inco								
		other similar an	,	J			8,820			8,820
	4	4 Income from investment of tax-exempt bo				nd proceeds				
	5									
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a	.,		, ,				
	1	Less: rental expenses								
	1	Rental inc. or (loss)	6c							
	l	Net rental incor	ne or	(loss)						
	7a	Gross amount from		(i) Securities		(ii) Other				
		sales of assets other than inventory	7a	214,	692					
ne	b	Less: cost or other								
Revenue		basis and sales exps.	7b	223,	170					
Re	С	Gain or (loss)	7с	-8,	<b>4</b> 78					
jer	d	Net gain or (los	s)		<u> </u>		-8,478			-8,478
o t	8a	Gross income from	n fundr	aising events						
		(not including \$								
		of contributions re	•							
		1c). See Part IV, I	ine 18		8a					
		Less: direct exp			8b					
				_	even	ts				
	9a	Gross income f								
		activities. See F			9a					
	ı	Less: direct exp			9b					
	l .				tivities					
	10a	Gross sales of		•						
	١.	returns and allo			10a					
		Less: cost of go			10b	<u> </u>				
<u></u>		inet income or (	ioss) 1	irom sales of in	entor	y				
Miscellaneous Revenue	44-	342 3.3					0 001			0 001
ine Jue	11a						8,801 1,000			8,801 1,000
ella	b						1,000			1,000
isc Re	ا 0									
Σ	d						9,801			
_							1,057,536	0	0	10,143
	14	i otar revenue.	- UCC 1	กอแนบแบก5			1,00,,000	0	U	10,143

01-0532938 Form 990 (2022) **Downeast Salmon Federation** Page **10** 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) (B) Program service (C) **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses 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 ..... 82,172 32,869 32,869 16,434 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 559,221 340,430 162,725 56,066 Pension plan accruals and contributions (include 19,592 10,653 6,694 2,245 section 401(k) and 403(b) employer contributions) 80,220 Other employee benefits ..... 45,583 26,359 8,278 9 Payroll taxes ..... 50,673 16,163 28,430 6,080 10 Fees for services (nonemployees): a Management ..... 14,529 13,557 972 **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.) 2,398 12 Advertising and promotion 2,453 1,266 5,197 222 6,685 Office expenses Information technology ..... 14 Royalties 15 Occupancy 16 8,679 2,321 26,063 15,063 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,494 1,423 1,703 368 Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 52,191 45,659 6,532 Depreciation, depletion, and amortization 22 29,728 21,472 8,256 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column

	(A) altibulit, list life 24e expenses of ochequie O.) [				
а	Professional Services	291,053	272,208	17,420	1,425
b	Material and supplies	72,250	61,698	5,986	4,566
С	Dues and subscriptions	41,147	10,390	6,937	23,820
d	Taxes	22,915	22,915		
е	All other expenses	65,814	41,667	13,535	10,612
25	Total functional expenses. Add lines 1 through 24e	1,420,200	965,338	322,425	132,437

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 following SOP 98-2 (ASC 958-720)

DAA

(A) amount list line 2/e expenses on Schedule () )

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 916,696 Cash—non-interest-bearing 1,095,361 Savings and temporary cash investments ..... 2 269,612 13,019 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 ..... 4,284,470 10a **b** Less: accumulated depreciation \_\_\_\_\_ 550,277 10b 3,721,259 3,734,193 10c 447,210 Investments—publicly traded securities \_\_\_\_\_ 438,781 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 5,102,689 5,533,442 Total assets. Add lines 1 through 15 (must equal line 33) .... 36,166 Accounts payable and accrued expenses 17 31,805 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 36,166 26 31,805 26 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 4,452,038 <u>4,409,684</u> 27 1,045,238 661,200 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check her 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 30 Retained earnings, endowment, accumulated income, or other funds 31 31 5,497,276 Total net assets or fund balances 5,070,884 32 5,102,689 5,533,442 Total liabilities and net assets/fund balances .....

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Pa	irt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				536	
2	Total expenses (must equal Part IX, column (A), line 25)	2				200	
3	Revenue less expenses. Subtract line 2 from line 1	3				664	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> </u>			276	
5	Net unrealized gains (losses) on investments	5		-6	<u>3,</u>	<u>728</u>	
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	<u> </u>	<u>,07</u>	0,8	<u> 884</u>	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
			_		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.					X	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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?			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:						
	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						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u>X</u>	
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			