Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	e 201	3 calendar year, or tax year begir	nning 07/01, 201 :	3, and en	ding	_	06/30	, 20 14	
D			C Name of organization				D Employer ide	entification	number	
B 0	heck if ap	oplicable:	REGIONAL CITIZENS ADV	ISORY COUNCIL			92-0133	3631		
	Addre		Doing Business As							
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/su	ite	E Telephone n	umber		
	Initial	return	3709 SPENARD ROAD		100		(907) 27	7-7222		
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amer return		ANCHORAGE, AK 99503				G Gross receip	ts \$	3,501	.,490.
		cation	F Name and address of principal officer:	MARK SWANSON			H(a) Is this a grou subordinates		Yes	X No
	•		3709 SPENARD ROAD #10	O ANCHORAGE, AK 99503			H(b) Are all subord		Yes	No
I	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or	527	If "No," attac	ch a list. (see ir	nstructions)	
J	Websi	te: 🕨	WWW.PWSRCAC.ORG				H(c) Group exemp	ption number	>	
K	Form	of organ	ization: X Corporation Trust	Association Other ►	L Ye	ar of format	tion: 1989 M	State of lega	al domicile	: AK
P	art I	Sur	mmary							
	1	Briefly	describe the organization's mission o	r most significant activities: SEE S	CHEDUL	E O				
Governance										
rna	,									
ŏ.	2			liscontinued its operations or dispos				1 1		20.
ص ھ	3		er of voting members of the governing					3		20.
es	4	Tatal	er of independent voting members of t	the governing body (Part VI, line 1b)				4		21.
Ξ	5	Totali	number of individuals employed in cale	endar year 2013 (Part V, line 2a)				5		45.
Activities	6	Total	number of volunteers (estimate if necess	sary)				6		
`			unrelated business revenue from Part V					7a		0
	D	Net ur	nrelated business taxable income from	Form 990-1, line 34			Prior Year	7b	Current Y	
ne	8		butions and grants (Part VIII, line 1h)				56,57			,701.
Revenue	9		am service revenue (Part VIII, line 2g)				3,303,45		3,434	
Re	10		ment income (Part VIII, column (A), line				3,01			,584.
	11		revenue (Part VIII, column (A), lines 5,				3,21			,793.
	12		revenue - add lines 8 through 11 (must				3,366,26		3,501	<u>,490.</u>
	13		s and similar amounts paid (Part IX, colu					0		
	14		its paid to or for members (Part IX, colu					0		C
es	15		es, other compensation, employee bene				1,899,05		1,958	,848.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)				0		C
×	b		fundraising expenses (Part IX, column (
_	17		expenses (Part IX, column (A), lines 11				1,541,21		1,712	•
	18		expenses. Add lines 13-17 (must equal				3,440,27		3,670	
. 10	19	Reven	ue less expenses. Subtract line 18 fron	n line 12			-74,01		-169	,492.
Net Assets or Fund Balances						Begin	ning of Current Y		End of Ye	
sset	20		assets (Part X, line 16)				3,296,62		1,377	
d As	21	Total I	liabilities (Part X, line 26)				2,158,96			,787.
			ssets or fund balances. Subtract line 21	I from line 20			1,137,65	8.	968	,166.
	rt II		gnature Block							
true	der pei e, corre	nalties c ect, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompanying scheon officer) is based on all information of wh	lules and staich prepare	tatements, a er has any ki	and to the best of nowledge.	my knowle	dge and b	elief, it is
Sig			Signature of officer				Date			
He	re		MARK SWANSON	EXECUT	'IVE DI	RECTOR	2			
			Type or print name and title							
_		Print/	Type preparer's name	Preparer's signature	Date		Check	if PTIN		
Paid	t	KEY	E GETTY , CPA		01/	09/201		ed PN	012120	0.0
	parer		name ▶BDO USA, LLP	1	1 0 ± /	->, 201	Firm's EIN ▶ 1	0		
Use	Only	-	address \triangleright 3601 C STREET, ST	'E 600 ANCHORAGE, AK 9	9503			07-278		
May	/ the I		cuss this return with the preparer show		, , , , ,		T HOHE HO. 2		Yes	No
		4.0						2\	1 1 6 2	

-	Check if Schedule O contains describe the organization's miss			
A 1 1 1 A		IOII.		
	CHMENT 1			
-				
D:-I 41				
		gnificant program services during the ye		
If "Voc "	describe these new services or	Schodulo O		ies x inc
			:4	_
		ng, or make significant changes in h		
If "Yes,"	describe these changes on Sch	nedule O.		
expense	es. Section 501(c)(3) and 501(service accomplishments for each of it (c)(4) organizations are required to reprofer each program service reported.		
		2,697,588. including grants of \$		3,443,205.
		ESPONSE-WORKS TO MINIMIZE TH		
		TRANSPORTATION THROUGH STR		
		ASURES, ADEQUATE CONTINGENCY		
		TERMINAL OPERATION AND ENVI		
MONIT	ORING-IDENTIFIES ACTU	AL AND POTENTIAL SOURCES OF	EPISODIC AND	
CHRON	IC POLLUTION AT THE VA	ALDEZ MARINE TERMINAL; PORT	OPERATIONS	
AND V	ESSEL TRAFFIC SYSTEMS:	MONITORS PORT AND TANKER O	PERATIONS.	
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(Code.) (Expenses #	including grants or \$) (iteveride φ	/
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d Other p	rogram services (Describe in Sc	· · · · · · · · · · · · · · · · · · ·	Φ \	
d Other p	ses \$ including	chedule O.) grants of \$) (Revenue 2,697,588.	\$)	

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Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ complete Schedule D, Part III 8 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 9 Χ 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 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ 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 Χ Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 Χ 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ 14 a Did the organization maintain an office, employees, or agents outside of the United States?.............. Χ 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV....... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 Χ 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Part IV Checklist of Required Schedules (continued) No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States Χ 22 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 Χ 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a..................... 24a Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ 25a **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? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III........... 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			-Ш
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za				
	etatomoria, mod for the eatendary our ending with or within the year covered by the retain.	οL	77	
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)	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
h	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
٨	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization receive any runds, directly of 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
				21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	อม		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.) Section 4047(a)(4) non-exempt charitable trusts is the ergonization filing Form 900 in liquid form 10412	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
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			
	Enter the amount of reserves on hand	4.		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		l

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Sect	ion 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 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or 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
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		Х
7a	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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	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 year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
01	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- \	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	<i>∃.)</i> Yes	No
		40.	162	X
	Did the organization have local chapters, branches, or affiliates?	10a		^
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
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 in Schedule O the process, if any, used by the organization to review this Form 990.	120	Х	
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	12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
42	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Х	
a b		15b	X	
D	Other officers or key employees of the organization	.55		
162	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		, , , -	• • • • • • • • • • • • • • • • • • • •
	X Own website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.		•	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person the person that the person who person the person that the person t	ne		

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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 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 organization no		- 35				1		, , : : : : : : : : : : : : : : : : : :	, , , , , , , , , , , , , , , , , , , ,	
(4)	(D)				C) sition			(5)	(F)	(
(A)	(B)	(do i	not c			e than c	ne	(D)	(E)	(F) Estimated
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	amount of
	week (list any					or/trust		from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)PATIENCE ANDERSEN FAULKNER	3.00									
BOARD MEMBER		Х						0	0	0
(2)AMANDA BAUER	5.00									
BOARD PRESIDENT	-	Х		Х				0	0	0
(3)ROBERT BEEDLE	3.00									-
BOARD MEMBER		Х						0	0	0
(4)AL BURCH	3.00									
BOARD MEMBER		Х						0	0	0
(5)EMIL CHRISTIANSEN	3.00									
BOARD MEMBER		Х						0	0	0
(6)PAT DUFFY	5.00									
BOARD MEMBER		X						0	0	0
_(7)JANE_EISEMANN	3.00									
BOARD MEMBER		X						0	0	0
(8)NICK GARAY	3.00									
BOARD MEMBER		X						0	0	0
(9)CATHY HART	5.00									
BOARD SECRETARY		X		Х				0	0	0
(10)JIM HERBERT	5.00									
BOARD TREASURER		X		Х				0	0	0
(11)BLAKE JOHNSON	3.00									
BOARD MEMBER		X						0	0	0
(12)ANDREA KORBE	5.00									
BOARD MEMBER		Х						0	0	0
(13)STEPHEN LEWIS	5.00									
BOARD MEMBER		X						0	0	0
(14)THANE MILLER	5.00									
BOARD VICE PRESIDENT		X		X				0	0	0

(A)

Part VII

	Name and title	Average hours per week (list any hours for	box,	unles	s pe	more	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) DOROTHY MOORE	3.00									
	BOARD MEMBER		X						0	0	0
	16) MARILYNN HEDDELL	3.00									
	BOARD MEMBER		X						0	0	0
	17) DIANE SELANOFF	3.00									
	BOARD MEMBER		X						0	0	0
	18) DAVID TOTEMOFF, SR.	3.00									
	BOARD MEMBER		X						0	0	0
	19) ROY TOTEMOFF	3.00									
	BOARD MEMBER		X						0	0	0
	20) IAN ANGAIAK	3.00									
	BOARD MEMBER		X						0	0	0
	21) LARRY EVANOFF	3.00									
	BOARD MEMBER		X						0	0	0
	22) JOHN CF JOHNSON	3.00									
	BOARD MEMBER		X						0	0	0
	23) LLOYD KOMPKOFF	3.00									
	BOARD MEMBER		X						0	0	0
	24) WALTER PARKER	3.00									
	BOARD MEMBER		X						0	0	0
(25) MARK SWANSON	40.00									
	EXECUTIVE DIRECTOR				Χ				203,811.	0	0
	1b Sub-total							\blacktriangleright	0	0	0
	c Total from continuation sheets to Part VII, Se	ction A						\blacktriangleright	811,489.	0	16,920.
	d Total (add lines 1b and 1c)							>	811,489.	0	16,920.
	2 Total number of individuals (including but not li reportable compensation from the organization		hose l		d al	bove	e) who	o re	ceived more than	\$100,000 of	
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	le J for suc	ch ind	ividu	ıal						Yes No
	4 For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$15	0,0	00?	lf.	"Yes	5,"	complete Schedu	le J for such	4 X
	5 Did any person listed on line 1a receive or a										
	for services rendered to the organization? If "Ye	s," complet	te Sch	edu	ıle J	l for	such	per	son		5 X
	Section B. Independent Contractors										
	 Complete this table for your five highest comp compensation from the organization. Report covear 										

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

(C)

(D)

(E)

(B)

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 2

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ploy	/ees	s, and	Hig	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not che unless er and	pers a dir	ion nore that son is bo rector/tru	th an	— เп с	(E) Reportal compensation related organizat	on from	am	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	org and	om the anizatio d related anization	b
26) GREGORY DIXON FINANCIAL MANAGER	40.00			Х			110,531.		0		8.4	160.
27) DONNA SCHANTZ DIRECTOR OF PROGRAMS	40.00				Х		151,403.		0		- 7 -	0
28) ROY ROBERTSON PROJECT MANAGER/DRILL MONITOR	40.00				X		122,069.		0		8,4	160.
29) ALAN SORUM PROJECT MANAGER/MARITIME OPER	40.00				Х		112,240.		0			0
30) JOSEPH BANTA PROJECT MANAGER/ENVIRONMENTAL	32.00				Х		111,435.		0			0
				_								
1b Sub-total c Total from continuation sheets to Part VII, S	ection A					>	•					
d Total (add lines 1b and 1c)	limited to t	hose	listed			ho r	eceived more than	\$100,000 c	of			
reportable compensation from the organization		3	3								Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gradicidual.	eater than	\$15	0,00	0?	If "Y	es,"	complete Schedu	le J for s	such	4	Х	
 individual Did any person listed on line 1a receive or for services rendered to the organization? If "You have been also been also	accrue co	mpen	satio	n fr	om ar	ıy ur	nrelated organization	on or indivi	dual	5	Λ	X
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A) Name and business add	dress						(B) Description of se	ervices	С	(C) ompens		_
			_									

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	ly line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	4.5	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1a	. oddratod odinipalgilo I I I I I I I I					
ع ق	b	Membership dues 1b	$\overline{}$				
fts,	С	Fundraising events 1c					
פּ ≒	d	Related organizations 1d					
ns, Sir	е	Government grants (contributions) 1e	55,701.				
er te	f	All other contributions, gifts, grants,					
혈존		and similar amounts not included above 1f					
a E	_	Noncash contributions included in lines 1a-1f: \$					
ಕ್ಷ ಬ	g h	Total. Add lines 1a-1f		FF 701			
<u>•</u>	n	Total. Add lines 1a-11		55,701.			_
n .			Business Code				
ě	2a	OIL SPILL PREVENTION	900099	3,434,412.	3,434,412.		
e E	b						
ķ	С						
Ser	d						
E							
gra	e						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f	1	3,434,412.			
	3	Investment income (including dividends, inter					
		other similar amounts)		2,584.			2,584.
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6.	Cross rents					
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	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)					
		Net gain or (loss)		0			
ne	8a	Gross income from fundraising					
eu		events (not including \$					
ě		of contributions reported on line 1c).					
2		See Part IV, line 18 a					
Other Revenu	b	Less: direct expenses b					
Ħ	С	Net income or (loss) from fundraising events		0			
9		Gross income from gaming activities.					
	Ja	See Part IV, line 19					
	١.						
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.		0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory	<u></u> ▶	0			<u> </u>
		Miscellaneous Revenue	Business Code				
	11a	RESEARCH AND OTHER	900099	8,793.	8,793.		
				3,733.	3,753.		
	b						+
	С						+
	d	All other revenue					
	е	Total. Add lines 11a-11d		8,793.			
	12	Total revenue. See instructions		3,501,490.	3,443,205.		2,584.

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

	Officer if Confedure C contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
	Benefits paid to or for members	U			
5	Compensation of current officers, directors,	331,769.	53,841.	277,928.	
•	trustees, and key employees	331,709.	33,041.	211,920.	
ь	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,443,676.	1,165,287.	278,389.	
		_,,,	_,	2,0,507.	
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
a	Other employee benefits	48,706.	23,756.	24,950.	
	Payroll taxes	134,697.	94,463.	40,234.	
	Fees for services (non-employees):	,	, -	,	
	Management	0			
	Legal	24,246.	13,832.	10,414.	
	Accounting	12,990.		12,990.	
	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	942,771.	940,075.	2,696.	
	Advertising and promotion	28,182.	28,182.	50 150	
	Office expenses	83,558.	24,379.	59,179.	
	Information technology	17,727.	2,789.	14,938.	
	Royalties	159,278.	6,137.	153,141.	
	Occupancy	290,062.	261,666.	28,396.	
	Travel	250,002.	201,000.	20,350.	
. 0	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	22,669.	22,319.	350.	
	Interest	0	,		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,630.	2,255.	7,375.	
23	Insurance	32,015.	12,973.	19,042.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
-	REPAIRS AND MAINTENANCE	37,379.	1,000.	36,379.	
	DUES AND SUBSCRIPTIONS	14,566.	14,077.	489.	
_	RECRUITMENT	14,008.	12,353.	1,655.	
	STIPENDS	11,052.	11,052.	4 0 4 0	
	All other expenses	12,001.	7,152. 2,697,588.	4,849. 973,394.	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,010,902.	۷,۵۶۱,۵۵8.	2/3,394.	
	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)	0			

Form 990 (2013) Page **11**

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X								
		·		·	(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			3,322.	1	4,539.		
	2	Savings and temporary cash investments		[3,173,362.	2	1,305,546.		
	3	Pledges and grants receivable, net		[23,800.	3	0		
	4	Accounts receivable, net			803.	4	741.		
	5	Loans and other receivables from current and	forme	r officers, directors,					
		trustees, key employees, and highest co	-						
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		0	5	0		
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)							
		and sponsoring organizations of section $501(c)(9)$ volu			_				
Ś		organizations (see instructions). Complete Part II of Sche			0		0		
Assets	7	Notes and loans receivable, net			0	7	0		
As	8	Inventories for sale or use		U 251	8	0			
	9	Prepaid expenses and deferred charges			74,351.	9	49,419.		
	10 a	Land, buildings, and equipment: cost or	40.	1.00 001					
			10a		20,985.	100	17,708.		
		Less: accumulated depreciation				10c	17,708.		
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11				12	0		
	13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11				13	0		
	14			l-	0	14	0		
	15	Intangible assets Other assets. See Part IV, line 11				15	0		
	16	Total assets. Add lines 1 through 15 (must equal			3,296,623.		1,377,953.		
	17	Accounts payable and accrued expenses			436,334.	_	409,712.		
	18	Grants payable				18	0		
	19	Deferred revenue			1,722,631.		75.		
	20	Tax-exempt bond liabilities			0	20	0		
န္	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0	21	0		
Liabilities	22	Loans and other payables to current and for							
abi		trustees, key employees, highest compen	sated	employees, and					
		disqualified persons. Complete Part II of Schedule			0	22	0		
	23	Secured mortgages and notes payable to unrelate			0	23	0		
	24	Unsecured notes and loans payable to unrelated			0	24	0		
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on lines	17-2	4). Complete Part X					
		of Schedule D				25	0		
$\overline{}$	26	Total liabilities. Add lines 17 through 25			2,158,965.	26	409,787.		
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	34.	there ▶ △ and					
auc	27	Unrestricted net assets			1,137,658.	27	968,166.		
Ba	28	Temporarily restricted net assets			0	28	0		
pu	29	Permanently restricted net assets		<u></u>	0	29	0		
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ► and					
its	30	Capital stock or trust principal, or current funds				30			
SSe	31	Paid-in or capital surplus, or land, building, or equ	ıipmeı	nt fund		31			
ã				or other funds		32			
انب	32	Retained earnings, endowment, accumulated inco	ome,	Ji Other Iulius		32			
Net Assets or	32 33	Retained earnings, endowment, accumulated incompatible Total net assets or fund balances Total liabilities and net assets/fund balances			1,137,658.	33	968,166. 1,377,953.		

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Part	XI Reconciliation of Net Assets					<u> </u>
	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			01,4	190.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,6	70,9	82.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	69,4	192.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	37,6	558.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_		
D1	33, column (B))	10		9	68,1	<u> </u>
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII					
	Check if Schedule O contains a response of note to any line in this Part XII				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				res	NO
'	If the organization changed its method of accounting from a prior year or checked "Other," e	vnlair				
	Schedule O.	xpiaii	1 111			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	niled	l or	Za		71
	reviewed on a separate basis, consolidated basis, or both:	.թ	. 0.			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:	.00 0	u			
	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 overs	siaht				
	of the audit, review, or compilation of its financial statements and selection of an independent account	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organizationEmployer identification numberREGIONAL CITIZENS ADVISORY COUNCIL92-0133631

Рa	rt I	Reason for Publ	lic Charity Statu	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions				
Γhe	orga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	section	170(b)((1)(A)(i)					
2		A school described	in section 170(b)	section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3				service organization descr		sectio	n 170(b)(1)(A)	(iii).					
4				erated in conjunction w			-			n 170(b)(1)(A	d(iii).	Enter	the
		hospital's name, cit		,		•				•	,,,,	,,		
5		•		nefit of a college or univ	ersity	owned	d or ope	erated b	ov a go	vernme	ntal u	nit des	 scribe	d in
•		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .												
7		A rederal, state, or local government of governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
•		described in sectio	-	•	.s supp	ort ne	nn a go	verillin	siitai uii	iit Oi iit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gene	rai p	JUILO
				on 170(b)(1)(A)(vi). (Com	anlota F	Oort II \								
8	37	-			•	,		0004#:h			hin	food		
9	X	=	=	es: (1) more than 331/3%									_	
		•		exempt functions - sub			-							
		• • •		ome and unrelated busi				-		n 511	tax) i	rom b	usines	sses
				ne 30, 1975. See section			-		-					
0	\vdash		-	ited exclusively to test for		-				-				
1		-	-	rated exclusively for the			-							
				upported organizations de					-				e sec	tion
		<u> </u>		pes the type of supporting	•			· —			•			
		a Type I	b Type II	c Type III-Functio	-	-			,,	I-Non-fu		•	_	
е		-	-	e organization is not con			-	-	-					
			-	other than one or more	publicl	y supp	orted o	rganiza	itions d	escribe	d in s	ection	509(a	a)(1)
		or section 509(a)(2												
f		-		en determination from th	e IRS	that it	is a Ty	ype I, 7	Гуре II,	or Type	e III s	upport	ing	
		organization, check											l	
g		Since August 17, 2	006, has the orga	nization accepted any gif	t or co	ntributi	ion from	any of	f the					
		following persons?									•			
		(i) A person who	directly or indirect	ctly controls, either alone	or tog	ether v	with per	sons d	escribe	d in (ii)	and		Yes	No
		(iii) below, the	governing body of	f the supported organizati	on?							11g(i)		
		(ii) A family memb	oer of a person de	scribed in (i) above?								11g(ii)		
		(iii) A 35% controll	led entity of a pers	son described in (i) or (ii) a	bove?							11g(iii)		
h		Provide the following	ng information abo	out the supported organiz	ation(s)).								
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization		Is the	(v) Did y	ou notify	(vi)	s the	(vii) A	mount c	of mone	etary
		organization		(described on lines 1-9 above or IRC section		zation in listed in	the orga	nization of your		zation in rganized		suppo	ort	
				(see instructions))		overning ment?	supp			U.S.?				
					Yes	No	Yes	No	Yes	No				
۸,														
A)														
D/														
B)														
C \														
C)														
D)														_
-,														
E)														
Γota	al													

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

Schedule A (Form 990 or 990-EZ) 2013

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T	T	T	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige			1	
14	Public support percentage for 2013 (li	·				14	<u>%</u>
15	Public support percentage from 2012					15	<u>%</u>
16a	331/3% support test - 2013. If the o						
	this box and stop here. The organization			_			
b	331/3% support test - 2012. If the c	-					
47.	check this box and stop here. The orga	•					
1/a	10%-facts-and-circumstances test - 2		•				
	10% or more, and if the organization					-	
	Part IV how the organization meets t			_		-	supported
b	organization	2012. If the or	ganization did r	ot check a box	k on line 13, 16	a, 16b, or 17a	•
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organizati						a publicly
18	supported organization Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	
	instructions						▶∟

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	66,802.	77,811.	116,713.	56,574.	55,701.	373,601.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	3,149,872.	3,209,885.	3,272,634.	3,303,457.	3,434,412.	16,370,260.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	3,216,674.	3,287,696.	3,389,347.	3,360,031.	3,490,113.	16,743,861.
7 a	Amounts included on lines 1, 2, and 3		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, ,	, ,	
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						0
_	line 6.)						16,743,861.
Sec	tion B. Total Support						10,,13,001.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	3,216,674.	3,287,696.	3,389,347.	3,360,031.	3,490,113.	16,743,861.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
L	Sources	2,070.	2,606.	2,970.	3,019.	2,584.	13,249.
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	2,070.	2,606.	2,970.	3,019.	2,584.	13,249.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	2,581.	1,363.		3,210.	8,793.	15,947.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,221,325.	3,291,665.	3,392,317.	3,366,260.	3,501,490.	16,773,057.
14	First five years. If the Form 990 is for	-					
	organization, check this box and stop here.						<u> ▶ </u>
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2013 (line 8,	column (f) divide	d by line 13, colum	ın (f))		15	99.83%
16	Public support percentage from 2012 Scheo					16	99.84%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2013 (lin					17	.08%
18	Investment income percentage from 2012 S	chedule A, Part I	II, line 17			18	.10%
19 a	331/3% support tests - 2013. If the organization	anization did no	t check the box	on line 14, and	line 15 is more	e than 331/3%, a	nd line
	17 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifies	as a publicly	supported organiz	ation 🕨 🗓
b	331/3% support tests - 2012. If the organ	nization did not	check a box on li	ne 14 or line 19a	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifie	s as a publicly	supported organiz	ation ►
20	Private foundation. If the organization d	lid not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see instru	ctions >

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

REGIONAL CITIZENS	ADVISORY COUNCIL	92-0133631
Organization type (check o	ne):	92-0133031
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule .)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 you one contributor. Complete Parts I and II.) or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % suppor 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) For and II.	the year, a contribution of
during the year, to	(c)(7), (8) , or (10) organization filing Form 990 or 990-EZ that received from otal contributions of more than \$1,000 for use <i>exclusively</i> for religious, charing proses, or the prevention of cruelty to children or animals. Complete Parts I,	table, scientific, literary,
during the year, on not total to more year for an exclus	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but than \$1,000. If this box is checked, enter here the total contributions that we vively religious, charitable, etc., purpose. Do not complete any of the parts unganization because it received <i>nonexclusively</i> religious, charitable, etc., contributions	hese contributions did ere received during the ess the General Rule butions of \$5,000 or
Caution. An organization th	at is not covered by the General Rule and/or the Special Rules does not file	Schedule B (Form 990

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization REGIONAL CITIZENS ADVISORY COUNCIL

Employer identification number 92-0133631

Part I	Contributors ((see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
--------	----------------	---------------------	-------------------	----------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	US FISH AND WILDLIFE SERVICE 1011 E TUDOR ROAD ANCHORAGE, AK 99503	\$35,701.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	ALASKA STATE LIBRARY 344 W 3RD AVE SUITE 125 ANCHORAGE, AK 99501	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization REGIONAL CITIZENS ADVISORY COUNCIL

Employer identification number

92-0133631

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization REGIONAL CITIZENS ADVISORY COUNCIL

Employer identification number

92-	\cap 1	つつ	621

art III	Exclusively religious, of	charitable, etc.,	, individual c	ontributions t	o section 5	01(c)(7), (8),	or (10) organiz	ations
	that total more than \$	1,000 for the y	ear. Complet	e columns (a)	through (e)) and the fol	lowing line entr	у.

Use	ributions of \$1,000 or less for the duplicate copies of Part III if addition		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	,	(e) Transfer of gift	,
	Transferee's name, address, and	ZIP + 4 Re	lationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I	(b) I di possi di giit	(5) 636 61 giit	(a) Decemption of now girtle nota
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4 Re	lationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4 Re	lationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	7IP + 4 Re	lationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Name	e of organization			Employer identi	fication number
REG	SIONAL CITIZENS ADVIS	SORY COUNCIL		92-013	33631
Pai	t I-A Complete if the o	organization is exempt under	section 501(c) or i	is a section 527 orgar	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV.	
2					
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
Por	t I-B Complete if the o	organization is exempt under s	coction 501(c)(3)		
1 ai		cise tax incurred by the organization		5 k ¢	
2		cise tax incurred by the organization m			
3		a section 4955 tax, did it file Form			
-					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	expended by the filing organization	for section 527 ex	cempt function	
	activities			▶\$	
2	Enter the amount of the filing	ng organization's funds contributed	l to other organizati	ons for section	
		es			
3		enditures. Add lines 1 and 2. En			
_					
4 5	Did the filing organization file	e Form 1120-POL for this year? and employer identification numb	or (FIN) of all coefic	on E27 political organiza	Yes No
3		s. For each organization listed, en			
		tributions received that were prom			
	as a separate segregated fur	nd or a political action committee (F	PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(2)					
(3)					
(4)					
(")					
(5)					
• •					
(6)					
		1	1	I	1

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

Schedule C (Form 990 or 990-EZ) 2013

 Schedule C (Form 990 or 990-EZ) 2013
 Page 2

	section 501(h)).	on is exempt under section 501(c)(3) and	i filed Form 5768 (elec	non under					
A		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup membe	er's				
В	Check ▶ if the filing organization checked box A and "limited control" provisions apply.								
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliat	ted				
	(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group tot	als				
1 8	Total lobbying expenditures to influence	ce public opinion (grass roots lobbying)							
ı	 Total lobbying expenditures to influence 	ce a legislative body (direct lobbying)	9,081.						
•	: Total lobbying expenditures (add lines	1a and 1b)	9,081.						
•	d Other exempt purpose expenditures		3,661,901.						
•		dd lines 1c and 1d)	3,670,982.						
f	Lobbying nontaxable amount. Enter	the amount from the following table in both							
	columns.		333,549.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e.							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.							
	Over \$17,000,000	\$1,000,000.							
9	g Grassroots nontaxable amount (enter	25% of line 1f)	83,387.						
ı	Subtract line 1g from line 1a. If zero of	less, enter -0-	0		0				
i	Subtract line 1f from line 1c. If zero or	less, enter -0-	0		0				
j	If there is an amount other than zer	o on either line 1h or line 1i, did the organiz	zation file Form 4720						
	reporting section 4911 tax for this yea	r?		Yes	No				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total					
2a	Lobbying nontaxable amount	305,191.	316,552.	322,014.	333,549.	1,277,306.					
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,915,959.					
С	Total lobbying expenditures	69,396.			9,081.	78,477.					
d	Grassroots nontaxable amount	76,298.	79,138.	80,504.	83,387.	319,327.					
е	Grassroots ceiling amount (150% of line 2d, column (e))	_				478,991.					
f	Grassroots lobbying expenditures	-			_						

Schedule C (Form 990 or 990-EZ) 2013

(election under section 501(h)).	(:	a)		(b)
each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Ar	mount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements? Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
Direct contact with legislators, their staffs, government officials, or a legislative body?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
rt III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or s	ection	
501(c)(6).				Yes
Were substantially all (90% or more) dues received nondeductible by members?			1	
Did the organization make only in house labbying expanditures of \$2,000 or loss?				
Did the organization make only in-house lobbying experiencies of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		 	3	
rt III-B Complete if the organization is exempt under section 501(c)(4), section 50	I(c)(5)	, or s	ection	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."				ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).	OR (b) Par	rt III-A, lii	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	unts	b) Par	rt III-A, lii	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	unts	b) Par	2a 2b	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	unts	b) Par	t III-A, lii 2a 2b 2c	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do	unts	b) Par	2a 2b	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	unts unts	b) Par	t III-A, lii 2a 2b 2c	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do If notices were sent and the amount on line 2c exceeds the amount on line 3, what portice excess does the organization agree to carryover to the reasonable estimate of nondeductible	unts unts	b) Par	2a 2b 2c 3	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do If notices were sent and the amount on line 2c exceeds the amount on line 3, what portice excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year?	unts unts	of eng	2a 2b 2c 3	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	unts unts	of eng	2a 2b 2c 3	ne 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do If notices were sent and the amount on line 2c exceeds the amount on line 3, what portice excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year?	unts unts	b) Par	2a 2b 2c 3 4 5	

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

חדות	CTONAL CITELIZENC ADVICODY COINCIL	02 0122621
	GIONAL CITIZENS ADVISORY COUNCIL	92-0133631
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	counts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised
-	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any of	
	conferring impermissible private benefit?	
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	000,1 0.117, 1.110 1.1
		in historically important land area
		certified historic structure
	Preservation of open space	Toortined filotorie structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	o form of a conservation
2	easement on the last day of the tax year.	e form of a conservation
	casement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of concernation accompate	
a		da
b		lb
C	······································	C .
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
•	3	
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
^	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen	nents during the year
_		during the consens
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
_	> \$	470(1)(4)(5)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections and the section of the sectio	
•	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	statements that describes the
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assats
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	olilliai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenues of art, historical treasures, or other similar assets held for public exhibition, education	tion, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descri	bes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
	works of art, historical treasures, or other similar assets held for public exhibition, educa	tion, or research in furtherance of
	public service, provide the following amounts relating to these items:	> 0
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2013 Page **2**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a Poulis exhibition	Par	rt Organizations Maintaini	ng Collec	ctions of	Art, H	istorical T	reasur	res,	or Oth	ner Simila	r Asse	ts (conti	nued)
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3			sion, and c	other red	cords, chec	k any c	of the	follow	ing that are	e a sigr	nificant us	se of its
b Scholarly research e Other Preservation for future generations Provided a description of thour generations Provided a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's scellection? Yes No PARTIN Excrew and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance G Additions during the year I to b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. B Beginning of year balance C Net investment earnings, gains, and losses G End of year balance C Net investment earnings, gains, and losses G End of year balance C Other expenses G End of year balance C Temporarily restricted endowment M Administrative expenses G End of year balance C Temporarily restricted endowment M Administrative expenses G End of year balance G Temporarily restricted endowment M Administrative expenses G End of year balance G Temporarily restricted endowment M Administrative expenses G End of year balance G Temporarily restricted endowment M Administrative expenses G End of year balance G Temporarily restricted endowment M Administrative expenses G Temporarily restricted endowment M Administrative expenses G End of year balance G Temporarily restricted endowment M Administrative expenses G Temporarily restricted endowment	а		•		а	Loan	or exch	ange	nrograi	ns			
c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?	_												
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection?			rations		C								
XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	1			collections	and av	rolain how	thoy fu	rthor	the or	ranization'e	ovomn	t nurnoco	in Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	7	-	iizations	COHECTIONS	alla ex	piairi riow	liley iui	itiloi	the or	gariizationis	exemp	t puipose	III I ait
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5		n colicit o	or rocoivo d	lonation	e of art hiet	orical tr	·oacu	roe or	othor cimila	r		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	J										_	Vos	□ No
or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? bit "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year feld Ending balance 1a Ending balance 1b If "Yes," explain the arrangement in Part XIII and complete the following table: a Did the organization include an amount on Form 990, Part X, line 21? bit If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses. d Grants or scholarships. d Grants or scholarships. d Grants or scholarships. e Temporality restricted endowment % Permanent endowment Funds. Temporality restricted endowment % Temporality restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. A ret there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations Complete if the organizations instead as required on Schedule R? Describe in Part XIII the intended uses of the organizations endowment funds. Part V Land, Buildings, and Equipment. Complete if the organizations answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cose or either basis (b) Cost or either basis (c) Cother) d Equipment 1 69,881. 152,173 17,708.	Par					<u> </u>							
a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year Distributions during the year f Ending balance 1e	rai						iizalioi i	alis	wereu	165 1011	פפ ווות	U, Fait iv	, 11116 3,
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount				,	, =								
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, truste	e, custodia	an or other	r interme	ediary for co	ontributi	ions d	or other	assets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance											Γ	Yes	No
c Beginning balance	b	If "Yes." explain the arrangement in	Part XIII a	and compl	ete the f	ollowing tak	ole:						
c Beginning balance . 1d		3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				3				Am	nount		
d Additions during the year E Distributions during the year Distributions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization include an amount on Form 990, Part X, line 217 2a Did the organization include an amount on Form 990, Part X, line 217 2b Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four	С	Beginning balance						1c					
e Distributions during the year	d												
f Ending balance	e												
Did the organization include an amount on Form 990, Part X, line 21? Yes No In Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No In Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No In Yes, explain the arrangement in Pa	f							-					
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a											Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four yea													
Contributions Contributio		·											
1a Beginning of year balance	· ai	Endownione i dildo: Com										(e) Four v	ears back
b Contributions	1a	Beginning of year balance	(-,,	,	(,	,	(-,	, ,		(-,		(-, ,	
c Net investment earnings, gains, and losses	b												
and losses	C												
d Grants or scholarships	Ŭ												
e Other expenditures for facilities and programs	Ч												
and programs	u 0												
g End of year balance	C	-											
g End of year balance	f												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		-											
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 169,881. 152,173. 17,708. e Other Other	_	-	-f 4h			/!:		- (-))	مماما مما				
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations				ent year e		ice (line 1g.	, column	ı (a))	neid as	•			
c Temporarily restricted endowment ► % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .													
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land				0/_									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iv) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings c Leasehold improvements. d Equipment 169,881. 152,173. 17,708. e Other	·		-		00%								
organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investm	20			-		ization that	are hel	ld and	d admir	victored for t	ho		
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 169,881 152,173 17,708 e Other	Ja		ille posse	5331011 01 11	ie Organ	iizalion mai	are riei	iu and	aumi	iistereu ioi ti	IC	V	N-
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 169,881. 152,173. 17,708. e Other													es No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (d) Book value (d) Equipment (d) Equ		(1)											
A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value to Leasehold improvements c Leasehold improvements d Equipment 169,881. 152,173. 17,708. e Other Other	L									• • • • • •			
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (other) (a) Equipment (b) Buildings (c) Accumulated depreciation (d) Book value (other) (D A	. , ,	•		•		-		• • • •			30	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Accumulated depreciation (h) Book value	4			Organizati	ons end	Jowine III Tu	ilus.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (h) Book value (investment) (i	Par	Complete if the organiza	i pment. tion ansv	vered "Ye	s" to Fo	orm 990. P	art IV.	line 1	11a. Se	ee Form 99	30. Par	t X. line 1	0.
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property		(a) Cost or	other basis	s (b) Cost	or other ba		(c) Acc	umulated			
b Buildings c Leasehold improvements d Equipment e Other	_	Land		(invest	tment)	(0	other)		depr	eciation	`		
c Leasehold improvements			-										
d Equipment 169,881 152,173 17,708 e Other 100,881 152,173 17,708	b	· ·	-					-					
e Other	С		-										
	d		-				169,88	RI.	1	52,173.		1'	/ <u>,</u> 708.
Takak Balak basa da Abasa da Abasa da (Dalamas (al) marak a marak 5 marak 2 marak 1 marak 1 marak 2 ma							(5) (7)						

Part VII	Investments - Other Securities.	d "Yes" to Form 990.	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(L)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		d "Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(4)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	>
Part X	Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	e
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>	

Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	4	3,501,490.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	3,301,490.
a			
b b	Net unrealized gains on investments Donated services and use of facilities 2a 2b	1	
C	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,501,490.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3,301,1301
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b	1	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,501,490.
Part		ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,670,982.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,670,982.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	_	
С	Add lines 4a and 4b	4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4c 5	3,670,982.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5 art V, li	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
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5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII	5 art V, li	ne 4; Part X, line
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SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

REGIONAL CITIZENS ADVISORY COUNCIL

Employer identification number

92-0133631

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
_							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to						
	explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line						
	1a?	2					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the						
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a						
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee X Written employment contract						
	X Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:			3.5			
a	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X			
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section E01(a)(2) and E01(a)(4) organizations must complete lines E.0.						
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
J	compensation contingent on the revenues of:						
а	·	5a		Х			
b	The organization? Any related organization?	5b		X			
D	If "Yes" to line 5a or 5b, describe in Part III.	35		21			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
·	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
	Any related organization?	6b		X			
~	If "Yes" to line 6a or 6b, describe in Part III.						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed						
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		Х			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
-	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
MARK SWANSON	(i)	203,811.	((Q	0	203,811.	0
1 EXECUTIVE DIRECTOR	(ii)	0	() (0	0	0	0
DONNA SCHANTZ	(i)	151,403.	(d	0	151,403.	0
2 DIRECTOR OF PROGRAMS	(ii)	0	((0	0	0	0
	(i)							
_3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)			ļ 				
_ 6	(ii)							
	(i)			ļ 				
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)			 			<u> </u>	
_14	(ii)							
	(i)			 			<u> </u>	
15	(ii)							
	(i)		<u> </u>	 			 	<u> </u>
16	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

REGIONAL CITIZENS ADVISORY COUNCIL

Employer identification number 92-0133631

FORM 990, PART 1, LINE 1

TO PROVIDE FOR THE OVERSIGHT, MONITORING, ASSESSMENT, AND EVALUATION OF OIL SPILL PREVENTION, SAFETY, RESPONSE PLANS, TERMINAL AND OIL TANKER OPERATIONS, AND THE ENVIRONMENTAL IMPACTS OF OIL RELATED OPERATIONS IN PRINCE WILLIAM SOUND ALASKA.

FORM 990, PART VI, SECTION A, LINE 7A:

PRINCE WILLIAM SOUND REGIONAL CITIZENS' ADVISORY COUNCIL HAS 19 MEMBER ENTITIES WITH 20 VOTING BOARD MEMBERS ESTABLISHED IN ITS BYLAWS. THE MEMBER ENTITIES INCLUDE VILLAGES, CITIES, AND GROUPS REPRESENTING ALASKA NATIVES, CONSERVATION, TOURISM, COMMERCIAL FISHING, AND AQUACULTURE. ALL MEMBER ENTITIES WERE AFFECTED IN SOME WAY BY THE 1989 EXXON VALDEZ OIL SPILL, AND ALL HAVE A SIGNIFICANT STAKE IN THE PREVENTION OF OIL POLLUTION AND PROTECTION OF MARINE RESOURCES IN THE AREA.

EACH MEMBER ENTITY DESIGNATES AN INDIVIDUAL TO SERVE AS A VOTING DIRECTOR, WITH THE EXCEPTION OF THE CITY OF VALDEZ, WHICH DESIGNATES TWO VOTING DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS INITIALLY REVIEWED BY THE FINANCE MANAGER. THE FORM IS ALSO REVIEWED AND A RECOMMENDATION FORMULATED BY THE FINANCE COMMITTEE, WHICH CONSISTS OF FOUR BOARD MEMBERS. THE FULL BOARD OF DIRECTORS IS PRESENTED WITH THE FINANCE COMMITTEE'S RECOMMENDATION AND MAY FURTHER REVIEW THE FORM BEFORE IT IS SUBMITTED TO THE IRS. THE EXECUTIVE DIRECTOR SIGNS THE FORM ON BEHALF OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C:

PRINCE WILLIAM SOUND REGIONAL CITIZENS' ADVISORY COUNCIL HAS A CONFLICT
OF INTEREST QUESTIONNAIRE THAT IS GIVEN TO ALL BOARD MEMBERS AND STAFF AT
THE BEGINNING OF THEIR TENURE AND THEN AGAIN AT THE BEGINNING OF EACH
FISCAL YEAR. THE RESPONSES TO THE QUESTIONNAIRE ARE GIVEN TO THE FINANCE
COMMITTEE MEMBERS AS PART OF THEIR REVIEW OF THE 990.

FORM 990, PART VI, SECTION B, LINE 15:

DURING 2009, PRINCE WILLIAM SOUND RCAC COMMISSIONED AN INDEPENDENT,

COMPREHENSIVE COMPENSATION AND BENEFIT STUDY COVERING ALL POSITIONS IN

PWSRCAC INCLUDING THE EXECUTIVE DIRECTOR POSITION. DETAILED JOB

DESCRIPTIONS WERE PROVIDED TO THE CONSULTANT COMPLETING THE SURVEY AND

THE CONSULTANT USED A NUMBER OF SOURCES TO DEVELOP SALARY RANGES FOR EACH

POSITION. THE CONSULTANT ALSO VALIDATED THE COST OF LIVING DIFFERENTIAL

USED BY PWSRCAC FOR STAFF LOCATED IN ITS VALDEZ OFFICE. ADDITIONALLY, THE

CONSULTANT REVIEWED EXISTING PAID LEAVE POLICIES AND DID NOT RECOMMEND

ANY CHANGES TO THEM. THE CONSULTANT FOUND THAT PWSRCAC'S CURRENT PAY

SCALES, INCLUDING THAT OF THE EXECUTIVE DIRECTOR, ARE WITHIN A RANGE HE

RECOMMENDED. THE CONSULTANT UPDATED THE COMPENSATION STUDY IN 2012. THE

FINANCE COMMITTEE AND THE FULL BOARD OF DIRECTORS REVIEW PAY SCALES AS

PART OF THE ANNUAL BUDGETING PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE THROUGH OUR WEBSITE, WWW.PWSRCAC.ORG AND UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROMOTING ENVIRONMENTALLY SAFE OPERATION OF THE ALYESKA TERMINAL IN VALDEZ AND THE OIL TANKERS THAT USE IT. THE COUNCIL PERFORMS A VARIETY OF FUNCTIONS AIMED AT REDUCING POLLUTION FROM CRUDE OIL TRANSPORTATION THROUGH PRINCE WILLIAM SOUND AND THE GULF OF ALASKA.

THE COUNCIL INCREASES PUBLIC AWARENESS OF THE VALDEZ MARINE

TERMINAL'S OIL SPILL RESPONSE, SPILL PREVENTION AND ENVIRONMENTAL

PROTECTION CAPABILITIES, AS WELL AS THE ACTUAL AND POTENTIAL

ENVIRONMENTAL IMPACTS OF TERMINAL AND TANKER OPERATIONS.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

DESCRIPTION OF SERVICES COMPENSATION

THE ALASKA FISHERIES SCIENCE CENTER
7600 SAND POINT WAY N.E., BUILDING 4
SEATTLE, WA 98115

ROBERT ALLAN, LTD.
230-1639 W 2ND AVENUE
VANCOUVER
BRITISH COLUMBIA
CANADA

Name of the organization	Employer identific	Employer identification number			
REGIONAL CITIZENS ADVISORY COUNCIL					
		<u> </u>	ATTACHMENT	3	
FORM 990, PART IX - OTHER FEES					
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
CONTRACT EXPENSE	827,214.	827,214.			
PROFESSIONAL SERVICES	115,557.	112,861.	2,696.		
TOTALS	942,771.	940,075.	2,696.		