

FOR TAX YEAR 2020

NOOKSACK SALMON ENHANCEMENT ASSOC

NORTH STAR TAX & ACCOUNTING LLC

2120 BICKFORD AVE

SNOHOMISH, WA 98290

(425) 379-8085

NORTH STAR TAX & ACCOUNTING LLC

2120 BICKFORD AVE
SNOHOMISH, WA 98290

Phone: (425)379-8085 | Fax: (425)332-7106

October 22, 2021

Nooksack Salmon Enhancement Assoc
3057 East Bakerview Rd
Bellingham, WA 98226

Nooksack Salmon Enhancement Assoc:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for Nooksack Salmon Enhancement Assoc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (425)379-8085.

Sincerely,

Mike Tausen
NORTH STAR TAX & ACCOUNTING LLC

Return of Organization Exempt From Income Tax

2020

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: NOOKSACK SALMON ENHANCEMENT ASSOC. D Employer identification number: 94-3140165. E Telephone number: (360) 715-0283. G Gross receipts: \$ 1,487,407. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. I Tax-exempt status: 501(c)(3). J Website: WWW.N-SEA.ORG. K Form of organization: Corporation. L Year of formation: 1991. M State of legal domicile: WA.

Part I Summary

Table with 4 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: REBECCA LAWSON, Date: [blank]. Type or print name and title: REBECCA LAWSON, TREASURER.

Paid Preparer Use Only: Print/Type preparer's name: Mike Tausen, Preparer's signature: Mike Tausen, Date: 10-25-2021, Check self-employed: No, PTIN: P01202341. Firm's name: NORTH STAR TAX & ACCOUNTING LLC, Firm's EIN: [blank], Firm's address: 2120 BICKFORD AVE, SNOHOMISH WA 98290, Phone no.: 425-379-8085.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [checked] No []

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

COMMUNITY BASED NONPROFIT ORGANIZATION STRIVES TO RECOVER SALMON BY ENGAGING OUR COMMUNITY IN RESTORATION, EDUCATION, AND STEWARDSHIP.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 877,015 including grants of \$) (Revenue \$)

HABITAT RESTORATION: NSEA'S SALMON RECOVERY FOCUSED HABITAT RESTORATION PROJECTS HAVE A STRONG FOUNDATION IN SCIENTIFIC METHODOLOGY AND ARE PLANNED AND IMPLEMENTED WITH MANY PUBLIC, PRIVATE, TRIBAL, AND BUSINESS PARTNERS. NSEA PROJECT STAFF LED 32 NEW RESTORATION PROJECTS IN 2020 INCLUDING IN-STREAM WORK, LARGE WOODY DEBRIS (LWD) PLACEMENT, FISH PASSAGE BARRIER REMOVAL, AND LIVESTOCK EXCLUSION. HABITAT RESTORATION PROJECTS ARE ACCOMPLISHED BY NSEA STAFF, WASHINGTON CONSERVATION CORPS CREW, CONTRACTORS, AND VOLUNTEERS. IN 2020, NSEA PLANTED 9,600 FEET OF STREAMBANK WITH 13,466 NATIVE TREES AND SHRUBS AND INSTALLED 211 LWD STRUCTURES. EIGHT FISH PASSAGE BARRIERS WERE REMOVED, IMPROVING ACCESS TO 12.5 MILES OF SALMON HABITAT. ADDITIONALLY, 118 PREVIOUS RESTORATION PROJECTS, SPANNING 178,845 FEET, WERE MONITORED AND MAINTAINED.

4b (Code:) (Expenses \$ 375,539 including grants of \$) (Revenue \$)

EDUCATION: DURING 2020, NSEA'S EDUCATION PROGRAMMING WAS REDUCED. STAFF FOCUSED ON DEVELOPING AND SHARING ONLINE RESOURCES. PROGRAM STAFF TRAINED 22 INTERNS WHO IN TURN, VOLUNTEERED 1,374 HOURS OF THEIR TIME TO SUPPORT RESTORATION, EDUCATION, AND STEWARDSHIP PROGRAMS. THE STUDENTS FOR SALMON, FOURTH GRADE, SALMON-CENTRIC EDUCATION PROGRAM TAUGHT 279 STUDENTS ABOUT SALMON, SALMON HABITAT AND STEWARDSHIP IN PERSON, AND MANY MORE UTILIZED ONLINE MATERIALS. PARTICIPATING TEACHERS OF THE STUDENTS FOR SALMON PROGRAM RECEIVE A FULL CURRICULUM THAT NSEA DESIGNED TO MEET THE NEXT GENERATION SCIENCE STANDARDS AND CLASSES RECEIVE TWO CLASSROOM PRESENTATIONS AND ONE FULL DAY FIELD TRIP AT NO COST TO THE SCHOOL. STUDENTS FOR SALMON PARTICIPANTS REMOVED OVER 760 POUNDS OF INVASIVE VEGETATION FROM LOCAL STREAM BANKS TO IMPROVE STREAM HABITAT. IN 2020, NSEA'S RIVER STEWARDS' EDUCATION PROGRAM TAUGHT 824 PEOPLE ABOUT SALMON IN THE NOOKSACK RIVER.

4c (Code:) (Expenses \$ 75,970 including grants of \$) (Revenue \$)

STEWARDSHIP: NSEA IS A COMMUNITY-BASED ORGANIZATION AND STRIVES TO ENGAGE COMMUNITY MEMBERS IN SALMON RECOVERY. VOLUNTEERS SUPPORT MANY DIFFERENT PROGRAMS THROUGHOUT THE YEAR AND HELP A SMALL CORE STAFF ACCOMPLISH FAR MORE THAN WOULD OTHERWISE BE POSSIBLE. AMERICORPS MEMBERS THROUGH WASHINGTON SERVICE CORPS AND A WASHINGTON CONSERVATION CORPS IMPLEMENTED PROJECTS, LED PROGRAMS, AND WORKED THROUGHOUT THE YEAR TO SUPPORT HABITAT RESTORATION AND STEWARDSHIP ACTIVITIES. NSEA'S STREAM STEWARDS PROGRAM ENGAGED 767 COMMUNITY VOLUNTEERS WHO DONATED 2,148 HOURS AT 15 COMMUNITY WORK PARTIES. VOLUNTEERS PREPARED SITES, REMOVED INVASIVE VEGETATION, AND PLANTED NATIVE TREES ALONG LOCAL CREEKS TO HELP IMPROVE SALMON HABITAT. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,328,524

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding IRS filings and tax compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included in line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body... X; 8b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form... X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990...; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts... X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy... X; 14 Did the organization have a written document retention and destruction policy... X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official... X; 15b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year... X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Washington
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION (360) 715-0283, 3057 E BAKERVIEW RD, BELLINGHAM, WA 98226

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN STOCKMAN DIRECTOR	1.00	X						0	0	0
(2) MICHELLE SMITH DIRECTOR	1.00	X						0	0	0
(3) PHELPS MCILVAINE DIRECTOR	1.00	X						0	0	0
(4) KEITH CARPENTER DIRECTOR	1.00	X						0	0	0
(5) PETER DIERX DIRECTOR	1.00	X						0	0	0
(6) CAROLYN DAVIS DIRECTOR	1.00	X						0	0	0
(7) DEANNA BROWN DIRECTOR	1.00	X						0	0	0
(8) CHRISTY BELL DIRECTOR	1.00	X						0	0	0
(9) DORIE BELISLE DIRECTOR	1.00	X						0	0	0
(10) REBECCA LAWSON CURRENT TREASURER	1.00	X		X				0	0	0
(11) SHOSHANA PAIGE PRESIDENT	1.00	X		X				0	0	0
(12) ASA KELLY PAST TREASURER	1.00	X		X				0	0	0
(13) ANALIESE BURNS VICE PRESIDENT	1.00	X		X				0	0	0
(14) ROSE ANNE FEATHERSTON SECRETARY	1.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 13,640				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e 975,809				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 434,049				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f ▶		1,423,498			
Program Service Revenue	2a Business Code					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		57,689		57,689	
	4 Income from investment of tax-exempt bond proceeds . . . ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ 13,640 of contributions reported on line 1c). See Part IV, line 18					
		8b Less: direct expenses				
		c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19					
9b Less: direct expenses						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances		986				
	10b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory ▶		986	986		
Miscellaneous Revenue	11a OTHER INCOME					
	b	900099	5,234		5,234	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		5,234			
12 Total revenue. See instructions ▶		1,487,407	986	0	62,923	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	93,601	52,132	37,839	3,630
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	436,317	332,444	102,739	1,134
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	12,795	10,492	2,047	256
9 Other employee benefits	36,622	30,030	5,860	732
10 Payroll taxes	55,786	41,270	13,918	598
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,000	10,080	1,320	600
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees	8,228		8,228	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12 Advertising and promotion				
13 Office expenses	6,660	1,888	4,750	22
14 Information technology	21,989	10,634	11,355	
15 Royalties				
16 Occupancy	25,400	34,543	(11,114)	1,971
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	859	1,489	(630)	
20 Interest	2,500		2,500	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,667	8,465	28,202	
23 Insurance	32,165	20,826	10,084	1,255
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM	728,008	716,199	10,646	1,163
b VEHICLE	31,186	11,760	19,426	
c NURSERY EXPENSE	26,253	26,253		
d TELECOMMUNICATION	14,119	4,804	9,315	
e All other expenses	26,380	15,215	7,115	4,050
25 Total functional expenses. Add lines 1 through 24e . .	1,607,535	1,328,524	263,600	15,411
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	71,398	1	173,228	
	2 Savings and temporary cash investments	2,534,945	2	2,671,013	
	3 Pledges and grants receivable, net	159,477	3	273,356	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	11,000	8	11,000	
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,384,839			
	b Less: accumulated depreciation	10b 276,647	1,141,317	10c	1,108,192
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	162,203	15	177,134	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,080,340	16	4,413,923		
Liabilities	17 Accounts payable and accrued expenses	76,677	17	125,293	
	18 Grants payable		18		
	19 Deferred revenue	89,116	19	260,884	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	100	25	96,498	
	26 Total liabilities. Add lines 17 through 25	165,893	26	482,675	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	1,141,387	27	1,123,459	
	28 Net assets with donor restrictions	2,773,060	28	2,807,789	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	3,914,447	32	3,931,248		
33 Total liabilities and net assets/fund balances	4,080,340	33	4,413,923		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,487,407
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,607,535
3	Revenue less expenses. Subtract line 2 from line 1	3	(120,128)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,914,447
5	Net unrealized gains (losses) on investments	5	136,929
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,931,248

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NOOKSACK SALMON ENHANCEMENT ASSOC

94-3140165

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.

Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (94.14%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (93.81%); 16a 33 1/3% support test - 2020 (checked); 17a 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2020

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

NOOKSACK SALMON ENHANCEMENT ASSOC

94-3140165

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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 donor 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,482,364	1,379,314	1,259,314	1,204,449	1,103,264
b Contributions	350	103,050	120,000	54,865	101,185
c Net investment earnings, gains, and losses	106,791	226,454	(82,803)	164,511	116,431
d Grants or scholarships					
e Other expenditures for facilities and programs	92,402	220,881	(82,803)	159,136	109,558
f Administrative expenses		5,573		5,375	6,873
g End of year balance	1,497,103	1,482,364	1,379,314	1,259,314	1,204,449

- 2 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 100.00 %
 - c Term endowment _____ %
- The percentages on 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		122,253		122,253
b Buildings		1,099,929	132,682	967,247
c Leasehold improvements				
d Equipment		162,657	143,965	18,692
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,108,192

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN ASSETS HELD	177,134
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	177,134

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SBA PPP LOAN	96,498	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	96,498	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <small>(event type)</small>	(b) Event #2 <small>(event type)</small>	(c) Other events <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

NOOKSACK SALMON ENHANCEMENT ASSOC

Employer identification number

94-3140165

01. Form 990 governing body review (Part VI, line 11)

A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE
FILING OF THE RETURN.

02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD AND STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM WHEN BECOMING A BOARD
MEMBER OR WHEN HIRED. THIS POLICY IS SIGNED ANNUALLY, OR MORE OFTEN IF NEEDED.

03. CEO, executive director, top management comp (Part VI, line 15a)

HIRING COMMITTEE REVIEWS SALARY COMPARISON FOR ALL POSITIONS THAT ARE BEING FILLED.
SALARIES ARE SET BASED ON BUDGET, SALARY COMPARISONS FOR SIMILAR POSITIONS AT OTHER RFECS
AND SIMILAR ORGANIZATIONS IN THE REGION, AND THEN ARE FINALIZED BASED ON THE INDIVIDUAL'S
QUALIFICATIONS AND EXPERIENCE. THIS PROCESS WAS USED IN THE HIRING ALL STAFF.

04. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST TO THE BOARD OF DIRECTORS.

05. Part III, response or note to any other line in Part III

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT
STEWARDSHIP (CONTINUED FROM PAGE 3): THROUGHOUT RESTORATION, EDUCATION, AND STEWARDSHIP
PROGRAMMING, 787 VOLUNTEERS (INCLUDING AMERICORPS PROGRAM MEMBERS THROUGH WASHINGTON
SERVICE CORPS & WASHINGTON CONSERVATION CORPS) DONATED A TOTAL OF 22,222 HOURS OF
VOLUNTEER TIME TO NSEA IN 2020. MANY OF THOSE HOURS CAN BE USED AS IN-KIND MATCH TO MEET
GRANT FUNDING REQUIREMENTS. THE DOLLAR VALUE OF THE VOLUNTEER HOURS DONATED IN 2020 IS

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return: NOOKSACK SALMON ENHANCEMENT ASSO; Business or activity to which this form relates: FORM 990 - 1; Identifying number: 94-3140165

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for election details and 13 rows for listed property. Includes columns for description, cost, and elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation. Total value of 36,576.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2020.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year through 25-year property and residential/nonresidential real property.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 4 rows for alternative depreciation system class life: 12-year, 30-year, and 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for summary: Listed property, Total, and Portion of the basis attributable to section 263A costs. Total value of 36,667.

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

For your records only

2020

PAGE 1

Name(s) as shown on return

Social security number/EIN

NOOKSACK SALMON ENHANCEMENT ASSOC

94-3140165

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
26	INFOCUS LP540 LCD PRO	03092005	1,313		100.00			1,313	3		0	1,313		1,313	
27	GEOLINE TOTAL SYSTE	06032005	8,051		100.00			8,051	3		0	8,051		8,051	
28	KUBOTA RTV	06112007	14,197		100.00			14,197	5		0	14,197		14,197	
29	DELL PROJECTOR	04132009	1,192		100.00			1,192	3		0	1,192		1,192	
30	PRIOR ASSET	12312010	4,284		100.00			4,284	5		0	1,952	857	2,809	
31	2012 18' TRACTOR	06252012	3,499		100.00			3,499	5		0	3,499		3,499	
32	COPIER	05212015	3,550		100.00			3,550	5	SL HY	20	3,254	296	3,550	296
33	DESKS	03022018	1,618		100.00			1,618	7	SL MQ	14.286	1,618		1,618	
34	DESKS	03222018	937		100.00			937	7	SL MQ	14.286	937		937	
35	RIDING MOWER	10242018	2,446		100.00			2,446	7	SL MQ	14.286	2,446		2,446	
36	NISSAN LEAF	06142002	16,326		100.00			16,326	5		0	16,326		16,326	
37	1999 CHEVY VAN	06112007	22,320		100.00			22,320	5		0	22,320		22,320	
38	TOYOTA TACOMA PU	01122010	20,262		100.00			20,262	5		0	20,262		20,262	
39	DODGE RAM WHITE TRUCK	06142012	24,413		100.00			24,413	7		0	24,413		24,413	
40	KUBOTA TRACTOR TL42	03142016	12,421		100.00			12,421	5	SL HY	20	10,275	2,146	12,421	2,146
41	VEHICLE	02192019	18,000		100.00			18,000	5	SL HY	20	3,000	3,600	6,600	3,600
42	LOAD TRAIL 2020 6X12	12132019	7,829		100.00			7,829	5	SL HY	20	130	1,566	1,696	1,566
Totals			162,658					162,658				135,185	8,465	143,650	7,608

Land Amount
Net Depreciable Cost 162,658

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

8,465

ST ADJ:

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Management & General

For your records only

2020

PAGE 1

Name(s) as shown on return

Social security number/EIN

NOOKSACK SALMON ENHANCEMENT ASSOC

94-3140165

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	LAND	07032015	122,253	122,253	100.00			0	0		0				
2	GARAGE DOOR	10042013	3,046		100.00			3,046	39	SL	MM 2.564	391	78	469	78
3	DESIGN & PERMITS	10152014	1,805		100.00			1,805	39	SL	MM 2.564	231	46	277	46
4	PROPERTY IMPROVEMENT	12092014	3,848		100.00			3,848	39	SL	MM 2.564	493	99	592	99
5	SHOP IMPROVEMENT	12312014	9,083		100.00			9,083	39	SL	MM 2.564	1,165	233	1,398	233
6	DESIGN & PERMIT	01012015	4,270		100.00			4,270	39	SL	MM 2.564	547	109	656	109
7	BUILDING IMPROVEMENT	07012015	65,476		100.00			65,476	39	SL	MM 2.564	7,555	1,679	9,234	1,679
8	INKIND ARCHITECT FE	07012015	9,540		100.00			9,540	39	SL	MM 2.564	1,101	245	1,346	245
9	MEETING RM IMPROVEM	07012015	337		100.00			337	39	SL	MM 2.564	39	9	48	9
10	MAIN SITE IMPROVEM	07012015	47,427		100.00			47,427	39	SL	MM 2.564	5,472	1,216	6,688	1,216
11	NATIVE PLANT GARDEN I	07012015	2,516		100.00			2,516	39	SL	MM 2.564	290	64	354	65
12	NURSERY IMPROVEMENT	07012015	7,364		100.00			7,364	39	SL	MM 2.564	850	189	1,039	189
13	OFFICES IMPROVEMENT	07012015	47,602		100.00			47,602	39	SL	MM 2.564	5,493	1,220	6,713	1,221
14	POTTING SHED IMPROV	07012015	9,386		100.00			9,386	39	SL	MM 2.564	1,083	241	1,324	241
15	PROGRAM SHOP IMPROV	07012015	12,369		100.00			12,369	39	SL	MM 2.564	1,269	317	1,586	317
16	BUILDING	07032015	357,075		100.00			357,075	39	SL	MM 2.564	41,201	9,156	50,357	9,156
17	L IMPROVEMENT	07312015	31,507		100.00			31,507	39	SL	MM 2.564	3,568	808	4,376	808
18	CAPITAL IMPROVEMENTS	12312016	232,018		100.00			232,018	39	SL	MM 2.564	17,848	5,949	23,797	5,949
19	BUILDING IMPROVEMENT	12312016	127,698		100.00			127,698	39	SL	MM 2.564	9,805	3,274	13,079	3,274
20	BLDG IMPROVEMENT	12312017	116,740		100.00			116,740	39	SL	MM 2.564	6,111	2,993	9,104	2,993
21	SHOP INSULATION	02142018	4,022		100.00			4,022	39	SL	MM 2.564	193	103	296	103
22	SECURITY LOCKS	08252018	1,621		100.00			1,621	39	SL	MM 2.564	57	42	99	42
23	PLUMBING	08302018	443		100.00			443	39	SL	MM 2.564	16	11	27	11
24	METAL FOR MURAL	06272019	1,192		100.00			1,192	39	SL	MM 2.564	17	30	47	31
25	BRIDGE/WALKWAY	12152020	3,543		100.00			3,543	39	SL	MM .107		91	91	91
Totals			1,222,181					1,099,928				104,795	28,202	132,997	28,205

Land Amount
Net Depreciable Cost 1,222,181

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 28,202

ST ADJ:

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NOOKSACK SALMON ENHANCEMENT ASSOC

94-3140165

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	LAND	07-03-2015		NDA	0	
MGT	1	GARAGE DOOR	10-04-2013	3,046	SL	39	78
MGT	1	DESIGN & PERMITS	10-15-2014	1,805	SL	39	46
MGT	1	PROPERTY IMPROVEMENT	12-09-2014	3,848	SL	39	99
MGT	1	SHOP IMPROVEMENT	12-31-2014	9,083	SL	39	233
MGT	1	DESIGN & PERMIT	01-01-2015	4,270	SL	39	109
MGT	1	BUILDING IMPROVEMENTS	07-01-2015	65,476	SL	39	1,679
MGT	1	INKIND ARCHITECT FEE	07-01-2015	9,540	SL	39	245
MGT	1	MEETING RM IMPROVEMENT	07-01-2015	337	SL	39	9
MGT	1	MAIN SITE IMPROVEMENTS	07-01-2015	47,427	SL	39	1,216
MGT	1	NATIVE PLANT GARDEN IMPR	07-01-2015	2,516	SL	39	65
MGT	1	NURSERY IMPROVEMENT	07-01-2015	7,364	SL	39	189
MGT	1	OFFICES IMPROVEMENT	07-01-2015	47,602	SL	39	1,221
MGT	1	POTTING SHED IMPROVE	07-01-2015	9,386	SL	39	241
MGT	1	PROGRAM SHOP IMPROVE	07-01-2015	12,369	SL	39	317
MGT	1	BUILDING	07-03-2015	357,075	SL	39	9,156
MGT	1	L IMPROVEMENT	07-31-2015	31,507	SL	39	808
MGT	1	CAPITAL IMPROVEMENTS	12-31-2016	232,018	SL	39	5,949
MGT	1	BUILDING IMPROVEMENTS	12-31-2016	127,698	SL	39	3,274
MGT	1	BLDG IMPROVEMENT	12-31-2017	116,740	SL	39	2,993
MGT	1	SHOP INSULATION	02-14-2018	4,022	SL	39	103
MGT	1	SECURITY LOCKS	08-25-2018	1,621	SL	39	42
MGT	1	PLUMBING	08-30-2018	443	SL	39	11
MGT	1	METAL FOR MURAL	06-27-2019	1,192	SL	39	31
MGT	1	BRIDGE/WALKWAY	12-15-2020	3,543	SL	39	91
PRG	1	INFOCUS LP540 LCD PROJEC	03-09-2005	1,313	SL	3	
PRG	1	GEOLINE TOTAL SYSTEM	06-03-2005	8,051	SL	3	
PRG	1	KUBOTA RTV	06-11-2007	14,197	SL	5	
PRG	1	DELL PROJECTOR	04-13-2009	1,192	SL	3	
PRG	1	PRIOR ASSET	12-31-2010	4,284	SL	5	857
PRG	1	2012 18' TRACTOR	06-25-2012	3,499	SL	5	
PRG	1	COPIER	05-21-2015	3,550	SL	5	
PRG	1	DESKS	03-02-2018	1,618	SL	7	
PRG	1	DESKS	03-22-2018	937	SL	7	
PRG	1	RIDING MOWER	10-24-2018	2,446	SL	7	
PRG	1	NISSAN LEAF	06-14-2002	16,326	SL	5	
PRG	1	1999 CHEVY VAN	06-11-2007	22,320	SL	5	
PRG	1	TOYOTA TACOMA PU	01-12-2010	20,262	SL	5	
PRG	1	DODGE RAM WHITE TRUCK	06-14-2012	24,413	SL	7	
PRG	1	KUBOTA TRACTOR TL421	03-14-2016	12,421	SL	5	
PRG	1	VEHICLE	02-19-2019	18,000	SL	5	3,600
PRG	1	LOAD TRAIL 2020 6X12 DUM	12-13-2019	7,829	SL	5	1,566
		TOTAL					34,228