

## 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

#### 990

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)

▶ 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.

2020

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2020 calendar y	ear, or tax year begin	ning		, 2020, a	nd ending	_	, 20	
В	Check if a	applicable:	C Name of organization NC	OKSACK SALMON EN	HANCEMENT A	SSOC		D Em	ployer identification number	
	Address of	change	Doing business as						94-3140165	
	Name cha	ange	Number and street (or P.	O. box if mail is not delivered to str	reet address)		Room/suite	<b>E</b> Tel	ephone number	
$\overline{}$	Initial retu	•	3057 EAST BAKE		,				(360) 715-0283	
=		rn/terminated		vince, country, and ZIP or foreign p	nostal code			<b>G</b> Gr	ross receipts	
$\equiv$	Amended		BELLINGHAM, WA		300.00			\$	1,487,407	
Ħ.		on pending	F Name and address of pri				H(a) lo		urn for subordinates? Yes X No	
ш.	<b>нррпсапс</b>	on pending	r Marile and address of pri	ncipal officer.			''		- F	
_	Tav. avana	npt status: X 501	[(a)(a)	) <b>(</b> insert no.) 4947	(a)(1) or 52	27			<del>-</del> -	
				) • (insert no.) 4947	(a)(1) 01 <u> </u>	27			a list. See instructions	
	Website:		-SEA.ORG		1.	V	1 1	roup exemption		
	rt I	rganization: X Cor	poration Trust Ass	ociation Other	ļ L	Year of formation	on: <b>1991</b>	M State of	legal domicile: WA	
ı a			the ergonizationle missi	an ar maat aignifiaant aati	itiaa. <b>go.n</b> .a					
	1	•	•	on or most significant activ					GANIZATION STRIVES	
9		TO RECOVER	SALMON BY ENGA	GING OUR COMMUNIT	Y IN RESTO	RATION,	EDUCATION,	AND S	TEWARDSHIP.	
Governance										
err		<u> </u>		P 0 19 0			<b>50/ 5:1</b>			
Š	2		_	discontinued its operation	•			1	1	
	3		-	ning body (Part VI, line 1a					14	
Activities &	4		=	s of the governing body (P				-	14	
<u>×</u>	5			calendar year 2020 (Part	V, line 2a)			5	17	
Ç	6	Total number of	volunteers (estimate if r	necessary)				6		
•	7a			Part VIII, column (C), line 1					0	
	b	Net unrelated bu	siness taxable income	from Form 990-T, Part I, lir	ne 11		<u> </u>	7b	0	
							Prior	Year	Current Year	
	8	Contributions an	d grants (Part VIII, line	1h)			. 1,	498,382	1,423,498	
Revenue	9	Program service	revenue (Part VIII, line	2g)			-		0	
Ver	10	Investment incor	ne (Part VIII, column (A	a), lines 3, 4, and 7d)				115,479	57,689	
æ	11	Other revenue (F	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and	11e)			23,338	6,220	
	12	Total revenue - a	add lines 8 through 11 (ı	must equal Part VIII, colum	nn (A), line 12)		. 1,	637,199	1,487,407	
	13	Grants and simila	ar amounts paid (Part I	X, column (A), lines 1-3)					0	
	14	Benefits paid to	or for members (Part IX	, column (A), line 4)					0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						601,617	635,121	
Expenses	16a	Professional fund	draising fees (Part IX, c	olumn (A), line 11e)					0	
en	b	Total fundraising	expenses (Part IX, colu	umn (D), line 25)		15,411				
X	17	_	(Part IX, column (A), lir					930,133	972,414	
	18			equal Part IX, column (A),	line 25)			531,750		
	19	Revenue less ex	penses. Subtract line	18 from line 12				105,449		
	g l		·				Beginning of			
ets c	20	Total assets (Par	rt X, line 16)					080,340		
Ass	21	Total liabilities (P	art X, line 26)					165,893		
Net Assets or	22	•	nd balances. Subtract li	ine 21 from line 20				914,447		
	rt II	Signature	Block				1 - 7			
		es of perjury, I declare	that I have examined this retur	n, including accompanying sched			of my knowledge an	d belief, it is		
true	correct,	and complete. Declarat	ion of preparer (other than offi	cer) is based on all information of	which preparer has a	ny knowledge.				
		REBECCA	A LAWSON							
Sig	n	Signature of o							Date	
Hei	·e	REBECCZ	A LAWSON, TREAS	IIRER						
			name and title	OREIC						
		Print/Type prepare		Preparer's signature		Date		heck	ef PTIN	
Pai	d	Mike Taus		Mike Tausen		10-25-20:		elf-employed	"    P01202341	
	parei			AR TAX & ACCOUNT		10-23-20	Firm's EIN		FUIZUZJ4I	
	Only				THG TIC					
J3(	- 0111	Firm's address		KFORD AVE			Phone no.		270 0005	
N/a:-	the ID	discuss this return		H WA 98290	unc)				5-379-8085 	
ıvıay	ule IK	ว นเธนนธร เกเร เซเน	witti tile preparer sho	own above? (see instructio	nio)				X Yes No	

Pa	t III Statement of Program Service Accomplishments						
	Check if Schedule O contains a response or note to any line in this Part III						
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?						
	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.						
4-	(O. I						
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)						
	Older to meet the formation meeting. (Continued on Contenued O)						
4d	Other program services (Describe on Schedule O.)						
	(Expenses \$ including grants of \$ ) (Revenue \$ )						
4e	Total program service expenses 1,328,524						

Part IV

94-3140165

0) NOOKSACK SALMON ENHANCEMENT ASSOC Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_		
7	"Yes," complete Schedule D, Part I	6		Х
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		.,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			Х
0	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		Х
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			^
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Λ
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
b	Temperature and the second sec	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

0) NOOKSACK SALMON ENHANCEMENT ASSOC Checklist of Required Schedules (continued) 94-3140165

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		x
<b>24</b> a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  complete Schedule N. Part II	22		
22	. ,	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form 990 (2020) NOOKSACK SALMON ENHANCEMENT ASSOC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 94-3140165

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch.		
7	gifts were not tax deductible?	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		
	excess parachute payment(s) during the year?	15		X
6	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
	If "Ves " complete Form 4720. Schedule. O	10		Х

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. 

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
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		Х
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		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?	7a		Х
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:			
a	The governing body?	8a	Х	
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			
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? • • • • •	11a		x
b	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 · · · · · · · · · · · · · · · · · ·	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Washington  Continue C404 or any inches on a propriet in the graphs its Formula 4003 (4004 or 4004 A if any line black) 0000 and 000 T (Continue 504(a))			
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.			
10	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	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			

# 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) (B) Name and title Name and title (A) region (A) re					(	(C)					
Name and title	(4)	(B)			Pos	sition			(D)	(E)	(F)
Column   Provide (Intal arry house for mississed and participation of the provided and participation of the participation of		, ,	٠,	`							
Park	rvairie and une	-					•	· ·			
Thouse for related organizations and related organizations below dotted ine)   Thouse for related organizations organization		per week									
(1) JOHN_STOCKMAN			악 코	=	Q	ž	욕 표	ΡΉ			
(1) JOHN_STOCKMAN			divid	stitut	ficer	y er	ghes	rme	(** 2, 1000 111100)	, , , , , ,	
(1) JOHN_STOCKMAN			ctor ta	iona		oldu	st cor /ee	_			
(1) JOHN_STOCKMAN		below	uste.	trus		/ee	nper				
(1) JOHN_STOCKMAN		dotted line)	Ф	tee			nsate				
Director   X							ď				
Director   X											
C  MICHELLE SMITH	(1) JOHN STOCKMAN	1.00									
DIRECTOR	DIRECTOR		х						0	0	0
3  PHELPS MCILVAINE	(2) MICHELLE SMITH	1.00									
DIRECTOR	DIRECTOR		х						0	0	0
(4) KEITH CARPENTER       1.00         DIRECTOR       X       0       0       0         (5) PETER DIERX       1.00       X       0       0       0         DIRECTOR       X       0       0       0       0         OLRECTOR       X       0       0       0       0         (6) CHRISTY BELL       1.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (9) DORIE BELISLE       1.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (9) DORIE BELISLE       1.00       0       0       0       0         OURENT TREASURER       X       X       0       0       0         CURENT TREASURER       X       X       0       0       0         PRESIDENT       X       X       0       0       0         (12)ASA KELLY       1.00       X       0       0       0         PAST TREASURER       X       X       0       0       0         (14)ROSE ANNE FEATHERSTON       1.00       X       X	(3) PHELPS MCILVAINE	1.00									
DIRECTOR	DIRECTOR		х						0	0	0
SECRETARY   S   S   S   S   S   S   S   S   S	(4) KEITH CARPENTER	1.00									
DIRECTOR	DIRECTOR		х						0	0	0
(6) CAROLYN DAVIS	(5) PETER DIERX	1.00									
DIRECTOR	DIRECTOR		Х						0	0	0
The content of the	(6) CAROLYN DAVIS	1.00									
DIRECTOR			Х						0	0	0
(8) CHRISTY BELL	(7) DEANNA BROWN	1.00									
DIRECTOR			Х						0	0	0
DORIE BELISLE	(8) CHRISTY BELL	1.00									
DIRECTOR	DIRECTOR		Х						0	0	0
1.00	(9) DORIE BELISLE	1.00									
CURRENT TREASURER         X         X         X         X         0         0         0           (11)SHOSHANA PAIGE         1.00         0	DIRECTOR		Х						0	0	0
(11) SHOSHANA PAIGE	(10)REBECCA LAWSON	1.00									
PRESIDENT         X         X         X         0         0         0           (12)ASA KELLY         1.00         0 <td>CURRENT TREASURER</td> <td></td> <td>Х</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	CURRENT TREASURER		Х		х				0	0	0
1.00	(11)SHOSHANA_PAIGE	1.00									
PAST TREASURER         X         X         X         0         0         0           (13)ANALIESE BURNS         1.00         X         X         0         0         0           VICE PRESIDENT         X         X         X         0         0         0           (14)ROSE ANNE FEATHERSTON         1.00         X         X         0         0         0           SECRETARY         X         X         X         0         0         0	PRESIDENT		х		х				0	0	0
(13)ANALIESE BURNS       1.00         VICE PRESIDENT       X       X       0       0       0         (14)ROSE ANNE FEATHERSTON       1.00       0       0       0       0         SECRETARY       X       X       X       0       0       0	(12)ASA_KELLY	1.00									
VICE PRESIDENT         X         X         X         0         0         0           (14)ROSE ANNE FEATHERSTON         1.00         1.00         0 <td>PAST TREASURER</td> <td></td> <td>Х</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	PAST TREASURER		Х		х				0	0	0
(14)ROSE_ANNE_FEATHERSTON     1.00       SECRETARY     X       X     X   0 0 0	(13)ANALIESE BURNS	1.00									
SECRETARY X X 0 0 0			Х		х				0	0	0
	(14)ROSE_ANNE_FEATHERSTON	1.00									
	SECRETARY		Х		Х				0	0	

EEA Form **990** (2020)

Form 99											1-3140	165	Pa	age 8
Part \	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	Com	pens	sated Employees	(continued <sub>)</sub>	)			
	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m	son is	nan one a both ar of true employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compens; from rela organiza (W-2/1099-I	ation ated tions	Estimat of comp	f other pensation m the zation a	on
<u>(15)</u>							ted							
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal							. •						
	Total from continuation sheets to Part VII, Sect													
	Total (add lines 1b and 1c)							_	0		0			0_
	Total number of individuals (including but not limite		ted ab	ove)	who	rec	eived	more	e than \$100,000 of					_
	reportable compensation from the organization											Τ,	Yes	0 No
3	Did the organization list any <b>former</b> officer, directo	r trustee ke	v empl	ovee	or	hiah	est co	mne	nsated				163	140
	employee on line 1a? If "Yes," complete Schedule			-		-						3		х
	For any individual listed on line 1a, is the sum of re				and	othe	er com	pens	sation from the					
	organization and related organizations greater than individual											4		v
	Did any person listed on line 1a receive or accrue											4		X
	for services rendered to the organization? <i>If</i> "Yes,"	•		-			-		·····			5		x
	n B. Independent Contractors					-						1 - 1		<u></u>
	Complete this table for your five highest compensa	ited independ	dent co	ntra	ctors	s tha	t recei	ved	more than \$100,00	00 of				
	compensation from the organization. Report comp	ensation for	the cal	enda	ır ye	ar er	nding v	with	or within the organ	zation's ta	x year.			
	(A)								(B)			(C)		
	Name and business addres	s							Description of service	es		Compensat	ion	

# S

(A)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed chars)	u do o	

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

Part VIII

		Check if Schedule O contains a response or	note to any line in thi	is Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
, Grants mounts	1a b c	Membership dues	la    b    c   13,640	-			Sections 312–314
Contributions, Gifts, Grants and Other Similar Amounts	e f g	Government grants (contributions) 1 All other contributions, gifts, grants,	le 975,809				
Cont	h		lg \$ ▶	1,423,498			
Program Service Revenue	c d e f	All other program service revenue					
	3	Investment income (including dividends, interes other similar amounts)  Income from investment of tax-exempt bond pro Royalties  (i) Real	st, and	57,689			57,689
	b c	Gross rents 6a  Less: rental expenses . 6b  Rental income or (loss)  Net rental income or (loss)		_			
	7a	Gross amount from sales of assets other than inventory (i) Securities 7a	(ii) Other	_			
Revenue	С	Less: cost or other basis and sales expenses 7b  Gain or (loss)					
Other		' ' ' F	8a 8b	_			
	9a b	Less: direct expenses	9a 9b				
	b	Less: cost of goods sold	986 10b	986	986		
Miscellanous Revenue	11a b c	OTHER INCOME	1	5,234			5,234
Misc Re	е	Total. Add lines 11a-11d		5,234 1,487,407	986	0	62,923

#### 20) NOOKSACK SALMON ENHANCEMENT ASSOC Statement of Functional Expenses Part IX

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 a	ny line in this Part IX		<u>.</u>	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal oxponess	expenses	general expenses	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):				
а	Management				
b	Legal				
С	Accounting	12,000	10,080	1,320	600
d	Lobbying				
е	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	26.66	0.465	00.000	
22 23	Insurance	36,667	8,465	28,202	1 055
23 24	Other expenses. Itemize expenses not covered	32,165	20,826	10,084	1,255
24	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.)				
9	· · · · · · · · · · · · · · · · · · ·	728,008	716,199	10,646	1,163
a h	PROGRAM				1,163
b C	VEHICLE MIDSERV EVDENSE	31,186 26,253	11,760	19,426	
d	NURSERY EXPENSE TELECOMMUNICATION		26,253 4,804	0 215	
e	All other expenses	14,119 26,380	15,215	9,315 7,115	4,050
25	Total functional expenses. Add lines 1 through 24e	1,607,535	1,328,524	263,600	15,411
<del>25</del> 26	Joint costs. Complete this line only if the	1,007,535	1,328,324	203,000	15,411
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here     If   If   If   If   If   If   If				

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	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	<u> </u>
	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	
w	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	11,000	8	11,000
As	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	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
	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	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iak		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
'n		Organizations that follow FASB ASC 958, check here			
Ce	07	and complete lines 27, 28, 32, and 33.	4 4 4 4 000	0.7	1 100 150
alar	27	Net assets without donor restrictions	1,141,387	27	1,123,459
l Ba	28	_	2,773,060	28	2,807,789
un		Organizations that do not follow FASB ASC 958, check here			
ΓĒ	20	and complete lines 29 through 33.		20	
ts c	29 30	Capital stock or trust principal, or current funds		29 30	
sse	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2 014 447	32	3,931,248
Se	33	Total liabilities and net assets/fund balances	3,914,447	33	
	JJ	Total habilities and her assets/fully palatices	4,080,340	55	4,413,923

Pa	rt 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		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
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. 🔲</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other					ĺ
	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?		[	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					ĺ
	reviewed on a separate basis, consolidated basis, or both:					ĺ
	Separate basis Consolidated basis Both consolidated and separate basis					ĺ
b	Were the organization's financial statements audited by an independent accountant?		[	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					ĺ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		[	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					ĺ
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		[	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
ΕΛ				Form	99n (2	20201

#### 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.

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 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 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.) 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. 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 U 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,158,842	1,496,129	1,535,920	1,498,382	1,409,858	7,099,131
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	<b>Total.</b> Add lines 1 through 3	1,158,842	1,496,129	1,535,920	1,498,382	1,409,858	7,099,131
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)						
	Public support. Subtract line 5 from line 4						7,099,131
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total
_	Amounts from line 4	1,158,842	1,496,129	1,535,920	1,498,382	1,409,858	7,099,131
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources	71,380	83,634	86,002	115,479	57,689	414,184
9	Net income from unrelated business						
	activities, whether or not the business						
10	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	14 730	4 500	4 674	1 000	5 004	07.400
11	Total support. Add lines 7 through 10	14,739	1,577	4,674	1,266	5,234	27,490
	Gross receipts from related activities, etc. (se	L lnetructions)				12	7,540,805
	First five years. If the Form 990 is for the org	,			L		(3)
	organization, check this box and <b>stop here</b>						
Sec	ction C. Computation of Public Suppo	rt Percentage	<u> </u>				
	Public support percentage for 2020 (line 6, c			column (f))	1	14	94.14 %
	Public support percentage from 2019 Sched					15	93.81 %
	33 1/3% support test - 2020. If the organiza					-	
	box and <b>stop here</b> . The organization qualifie						
b	33 1/3% support test - 2019. If the organiza						_
	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
17a	17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in						
	Part VI how the organization meets the facts				-	-	
	organization			-	· · · · · · · · · · · · · · · · · · ·		_
b	10%-facts-and-circumstances test - 2019.	If the organizat	ion did not che	ck a box on lin	e 13, 16a, 16b	, or 17a, and lir	ne
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain						
	in Part VI how the organization meets the fac						
	organization			-	=		_
18	Private foundation. If the organization did n	ot check a box	on line 13, 16a	a, 16b, 17a, or	17b, check this	box and see	_
	instructions	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	▶ □

(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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the organ				•	, , , ,	_
	organization, check this box and stop here						<b>-</b>
	ction C. Computation of Public Support			(2)		1 1	
	Public support percentage for 2020 (line 8, c	. , .	•	` ' '		15	<u>%</u>
	Public support percentage from 2019 Schedu			<u> </u>		16	%
	ction D. Computation of Investment In			10 :	(5)	1 4= 1	
	Investment income percentage for 2020 (line		,			17	<u>%</u>
	Investment income percentage from 2019 Sc					18	<u>%</u>
19a	33 1/3% support tests - 2020. If the organiz						_
_	17 is not more than 33 1/3%, check this box	•	-	•			
b	33 1/3% support tests - 2019. If the organiz						
••	line 18 is not more than 33 1/3%, check this	-					_
<u> 20</u>	Private foundation. If the organization did n	ot check a box	on line 14, 19	a, or 19b, chec	k this box and	see instructions	: ▶ ∐

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#### Part IV Sup

#### **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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
  - **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?
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If "Yes," provide detail in Part VI*.
  - **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? *If "Yes," provide detail in Part VI.*
  - 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? If "Yes." provide detail in Part VI.
- **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)? *If "Yes," answer 10b below.* 
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	1		
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4.		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	401		
	10b		

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.5		
Sac	detail in Part VI. tion B. Type I Supporting Organizations	11c		
<u> </u>	tion 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		163	140
•	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? If "No," describe in <b>Part VI</b> 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.	1		
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</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations		1.4	
			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 ta 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?	1		
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</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	instruction	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
_	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity.	ly (see ins	$\overline{}$	
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	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.	2a		
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</i>			
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

SSOC 94-3140165

Pai							
1	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.						
Sec	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					
	Depreciation and depletion	5					
	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					
Sec	tion 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					
С	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
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					
Sec	tion 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	Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	organization			
	(see instructions).						

EEA Schedule A (Form 990 or 990-EZ) 2020

	the A (Form 990 or 990-EZ) 2020 NOOKSACK SALMON ENHANCEME			3140	165	Page 7		
_	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions				Current Ye	∍ar ——		
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1				
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity			2				
_3_	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ons	3				
	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in <b>Part VI</b> )		5				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	e organization is respons	ive					
	(provide details in <b>Part VI</b> ). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9 10				
10	Line 8 amount divided by line 9 amount	1	/ii\	10	(iii)			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	Distributal Amount for			
_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.							
	Excess distributions carryover, if any, to 2020							
	From 2015							
	From 2016							
	From 2017							
	From 2018							
	From 2019							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
<u> </u>	Carryover from 2015 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2020 from							
4								
	, ,							
	Applied to underdistributions of prior years Applied to 2020 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
	Remaining underdistributions for years prior to 2020, if							
Ū	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI</b> . See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, <i>explain in</i>							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							

EEA Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018 d Excess from 2019 e Excess from 2020

. . . .

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A. lines 1.2, 2b, 3c, 4b, 4c, 5c, 6, 9c, 9b, 9c, 11c, 11b, and 11c; Part IV, Section
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
_	

# SCHEDULE D (Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

► 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.

Attach to Form 990.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number								
NOO	SACK SALMON ENHANCEMENT ASSOC	94-3140165						
Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acco	unts.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
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 w	riting that the assets held in donor advised						
	funds are the organization's property, subject to the organization	on'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?							
Pa	t II Conservation Easements.							
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation o	f a historically important land area					
	Protection of natural habitat	Preservation o	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a co	nservation					
	easement on the last day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements							
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c					
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a						
	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization during the					
	tax year 🕨							
4	Number of states where property subject to conservation ease	ement is located ►						
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it l	holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conservati	on easements during the year					
	<b>▶</b>							
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation e	asements during the year					
	<b>▶</b> \$							
8	Does each conservation easement reported on line 2(d) above	e 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	n easements in its revenue and expense state	ement and					
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statements th	at describes the					
	organization's accounting for conservation easements.							
Pa	t III Organizations Maintaining Collections	•	Other Similar Assets.					
	Complete if the organization answered "Yes"	, ,						
1a	If the organization elected, as permitted under FASB ASC 958							
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthera	ance of public					
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 958	•						
	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							
2	If the organization received or held works of art, historical trea-	sures, or other similar assets for financial gain	, provide the					
	following amounts required to be reported under FASB ASC 9	•						
а	Revenue included on Form 990, Part VIII, line 1		-					
b	Assets included in Form 990, Part X		▶ \$					

	ule D (Form 990) 2020 NOOKSACK SALMO					94-3140		Page 2
Pai	t III Organizations Maintaining	Collections of	Art, Historical 7	Treasures,	or Oth	ner Similar As	sets (co	ntinued)
3	Using the organization's acquisition, accessio	n, and other records,	check any of the follo	wing that mal	ke signific	cant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loan	or exchange p	orograms	;		
b	Scholarly research		e 🗌 Other		-			
С	Preservation for future generations		_					
4	Provide a description of the organization's col	ections and explain h	ow thev further the o	rganization's	exempt p	urpose in Part		
	XIII.	•	•	Ü		·		
5	During the year, did the organization solicit or	receive donations of a	art historical treasure	es or other sir	milar			
•	assets to be sold to raise funds rather than to						. Yes	□No
Pai	t IV   Escrow and Custodial Arra							
	Complete if the organization		on Form 990. Pa	art IV. line 9	a. or re	oorted an amo	ount on F	orm
	990, Part X, line 21.			,	,			
	Is the organization an agent, trustee, custodia	n or other intermediar	v for contributions or	other assets	not			
·u		····						По
b	If "Yes," explain the arrangement in Part XIII a							
	ii roo, oxpiaii alo altaligomentii tattixii a	and complete the lene.	ing table.			Δm	nount	
С	Beginning balance				. 1c	All	iount	
d					<del></del>			
e					<u> </u>			
f	Ending balance				. 16			
2a	Did the organization include an amount on Fo						. Yes	No
2a b	If "Yes," explain the arrangement in Part XIII.		·		•			=
Pai		Sheck here it the expi	anation has been pro	ovided on Fan			<u> </u>	<u> </u>
ı uı	Complete if the organization	answered "Yes" (	on Form 990 Pa	art IV line 1	10			
	Complete ii tile organization					(d) There are book	(2) 5	
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back		years back
_	Contributions	1,482,364	1,379,314	1,259		1,204,449		03,264
b	Net investment earnings, gains, and	350	103,050	120	,000	54,865	<u> </u>	.01,185
С	losses	106 701	006 454	,,,,	000	164 511		16 401
	Grants or scholarships	106,791	226,454	(82	<u>,803)</u>	164,511		16,431
d	•							
е	Other expenditures for facilities and programs	00.400	000 001	,,,,		150 100	.	00 550
		92,402	220,881	(82	<u>,</u> 803)	159,136		.09,558
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	1,2	04,449
2	Provide the estimated percentage of the curre	nt year end balance (i	ine ig, column (a)) i	ieid as:				
a	Board designated or quasi-endowment	70						
b	Permanent endowment • 100.00 %	70						
С	The percentages on lines 2a, 2b, and 2c shou	ild agual 100%						
20			n that are hold and a	dministered f	or the			
3a	Are there endowment funds not in the posses	sion of the organizatio	n that are nelo and a	iaministerea i	or the		1	Vaa Na
	organization by:						2-(1)	Yes No
	(4)						. 3a(i)	X
	(.,,						- 3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	•					. 3b	
Pai	Describe in Part XIII the intended uses of the	-	nent iunas.					
rai	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	1 ' '	or other basis other)		Accumulated preciation	(d) Book	value
	Land	`	,	,	ae	p. colution	-	00 0=0
1a 	Land			122,253		100 000		.22,253
b	Buildings			099,929		132,682	9	67,247
C	Leasehold improvements			1.00		116.5=		10 1
d	Equipment			162,657		143,965		18,692

1,108,192

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

Part VII	Investments	<ul> <li>Other Securities.</li> </ul>

Complete if the organization answered "Yes" on Form	m 990, Part IV, line	e 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 For	m 990, Part IV, line	e 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)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(8) (9)

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
Dart V Other Liebilities	

Other Liabilities. Part X

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

	dule D (Form 990) 2020 NOOKSACK SALMON ENHANCEMENT ASSOC	94-3140	
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ketur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	1,624,336
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	9	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. <u>2e</u>	136,929
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	1,487,407
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	- 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5 <u> </u>	1,487,407
Pa	Reconciliation of Expenses per Audited Financial Statements With Expens	es per Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	1,607,535
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. <u>2e</u>	
3	Subtract line 2e from line 1	. 3	1,607,535
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 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,607,535
	rt XIII Supplemental Information.		
Provi	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2020

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

lame of the organization Employer identification number									
NOOKSACK SALMON ENHANCEMENT		94-3140165							
<b>Part I</b> Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.									
Form 990-EZ filers are not		-							
1 Indicate whether the organization raise	ed funds through a	_	-						
a   Mail solicitations				non-government gr					
<b>b</b> Internet and email solicitations				government grants					
c Phone solicitations		g ∐ 9	Special fundr	aising events					
d In-person solicitations									
2a Did the organization have a written or	oral agreement wi	th any individ	ual (includino	g officers, directors,	trustees,	_	_		
or key employees listed in Form 990, F	Part VII) or entity in	connection	with profession	onal fundraising ser	vices?	_ Ye	es 🗌 No		
<b>b</b> If "Yes," list the 10 highest paid individ	uals or entities (fur	ndraisers) pu	rsuant to agr	eements under whic	h the fundr	aiser is to be			
compensated at least \$5,000 by the or	ganization.								
(i) Name and address of individual		(iii) Did fund	Iraiser have	(iv) Cross receipts		ount paid to	(vi) Amount paid to		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	control of	(iv) Gross receipts from activity	•	tained by) ser listed in	(or retained by)		
,		contrib	utions?	,		ol. <b>(i)</b>	organization		
		Yes	No						
1									
2									
3									
4									
5									
6									
7									
1									
8									
9									
10									
		•	•						
Total			▶						
3 List all states in which the organization	is registered or lice	ensed to solid	it contributio	ns or has been notif	ied it is exe	mpt from			
registration or licensing.									
							_		

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 gross receipts greater than	\$5,000											
		groot isotipis ground indi	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through								
			(event type)	(event type)	(total number)	col. (c))								
Revenue	1	Gross receipts												
œ	2	Less: Contributions Gross income (line 1 minus												
		line 2)												
	4	Cash prizes												
	5	Noncash prizes												
ses	6	Rent/facility costs												
Direct Expenses	7	Food and beverages												
Direc	8	Entertainment												
	9	Other direct expenses												
	10	Direct expense summary. Add lines	-											
Pa	11 	Net income summary. Subtract line <b>Gaming.</b> Complete if the o				l nore than								
			<b>Part III</b> 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.											
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))								
Revenue	1	Gross rayanua			(c) Other gaming									
Revenue	1	Gross revenue			(c) Other gaming									
	2	Gross revenue			(c) Other gaming									
Expenses	2				(c) Other gaming									
Direct Expenses Revenue	2	Cash prizes			(c) Other gaming									
ct Expenses	2	Cash prizes			(c) Other gaming									
ct Expenses	2 3 4	Cash prizes			(c) Other gaming  Yes%  No									
ct Expenses	2 3 4 5	Cash prizes	(a) Bingo  Yes %  No	bingo/progressive bingo										
ct Expenses	2 3 4 5	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No									
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes% ☐ No									
<b>b.</b> 6 Direct Expenses	2 3 4 5 6 7 8 Err	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, colum on conducts gaming activit aming activities in each of	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes% ☐ No	col. (a) through col. (c))								
<b>b.</b> 6 Direct Expenses	2 3 4 5 6 7 8 Err	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column on conducts gaming activity	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes% ☐ No	col. (a) through col. (c))								
Direct Expenses	2 3 4 5 6 7 8 Err I Is Is If '	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, colum on conducts gaming activit aming activities in each of	bingo/progressive bingo  Yes %  No  nn (d)	Yes	col. (a) through col. (c))								
Direct Expenses	2 3 4 5 6 7 8 Err I Is Is If '	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, colum on conducts gaming activit aming activities in each of	bingo/progressive bingo  Yes %  No  nn (d)	Yes % No	col. (a) through col. (c))								

#### 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

Employer identification number

94-3140165

Department of the Treasury Internal Revenue Service Name of the organization

NOOKSACK SALMON ENHANCEMENT ASSOC

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

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 RFEGS 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

Page 2 Schedule O (Form 990 or 990-EZ) (2020) Name of the organization Employer identification number NOOKSACK SALMON ENHANCEMENT ASSOC 94-3140165 WORTH \$633,327. (2020 INDEPENDENT SECTOR RATE OF \$28.54/HOUR).

## Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 179

Identifying number Name(s) shown on return Business or activity to which this form relates FORM 990 -NOOKSACK SALMON ENHANCEMENT ASSO 94-3140165 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . . . . . . . . . . . 9 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 . . . . . . . . . . . . 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 36,576 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction only-see instructions) service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 vrs S/L g 27.5 yrs. MM S/L Residential rental 27.5 yrs. MM S/L property Nonresidential real MM 3,543 39 yrs. S/L 12-2020 91 MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs. S/L c 30-year 30 yrs. MM 40-year 40 yrs. MM S/L Summary (See instructions.) Part IV Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions - . . . . . . . 36,667 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

#### **Depreciation Detail Listing**

Program Services

For your records only

2020

PAGE 1

Name(s) as shown on return

\* Item is included in UBIA

for Section 199A calculations. See "UBIA" in lower right corner.

Social security number/EIN

ı	OOKSACK SALMON ENHANC	CEMENT AS	SOC									94	4-3140165		
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 I	Y 20	3,254	296	3,550	296
33	DESKS	03022018	1,618		100.00			1,618	7	SL N	Q 14.28	6 1,618		1,618	
34	DESKS	03222018	937		100.00			937	7	SL 1	Q 14.28	6 937		937	
35	RIDING MOWER	10242018	2,446		100.00			2,446	7	SL 1	Q 14.28	6 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	тоуота тасома ри	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 I	Y 20	10,275	2,146	12,421	2,146
41	VEHICLE	02192019	18,000		100.00			18,000	5	SL I	Y 20	3,000	3,600	6,600	3,600
42	LOAD TRAIL 2020 6X12	12132019	7,829		100.00			7,829	5	SL I	Y 20	130	1,566	1,696	1,566
	Totals		162,658					162,658	3			135,185	8,465	143,650	7,608

8,465

#### **Depreciation Detail Listing**

Management & General

For your records only

2020

PAGE 1

Name(s) as shown on return

\* Item is included in UBIA

for Section 199A calculations. See "UBIA" in lower right corner.

Social security number/EIN

1	OOKSACK SALMON ENHANG	EMENT ASS	soc										94	-3140165		
lo.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Meth	nod	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 IMPROVEN	107012015	337		100.00			337	39	SL	MM	2.564	39	9	48	9
10	MAIN SITE IMPROVEME	07012015	47,427		100.00			47,427	39	SL	MM	2.564	5,472	1,216	6,688	1,216
11	NATIVE PLANT GARDEN 1	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	3				104,795	28,202	132,997	28,20

CY 179 and CY Bonus TOTAL CY Depr including 179/bonus ST ADJ:

28,202

# **Next Year's Depreciation Worksheet**

(Keep for your records)

` '	as ahown on retu	n	p for your rootiue)			Tax ID I			
Form	Multi-Form	Description Description	Date	Basis	Method	Life	94-3140165		
		<b>'</b>		Dasis			Deduction		
MGT	1 1	LAND	07-03-2015 10-04-2013	3,046	NDA SL	39	78		
MGT MGT	1	GARAGE DOOR DESIGN & PERMITS	10-04-2013	1,805	SL	39	46		
MGT	1	PROPERTY IMPROVEMENT	12-09-2014	3,848	SL	39	99		
MGT	1	SHOP IMPROVEMENT	12-09-2014	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	1	SL	5			
PRG	1	1999 CHEVY VAN	06-11-2007	1	SL	5			
PRG	1	TOYOTA TACOMA PU	01-12-2010	1	SL	5			
PRG	1	DODGE RAM WHITE TRUCK	06-14-2012		SL	7			
PRG	1	KUBOTA TRACTOR TL421	03-14-2016		SL	5			
PRG	1	VEHICLE	02-19-2019	1	SL	5	3,600		
PRG	1	LOAD TRAIL 2020 6X12 DUM	12-13-2019	7,829	SL	5	1,566		
		TOTAL					34,228		

2020