

Return of Organization Exempt from Income Tax

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning 2001, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See specific instructions

COOK INLET KEEPER PO BOX 3269 HOMER, AK 99603

D Employer Identification Number 92-0156450
E Telephone number 907-2354068
F Accounting method Cash [X] Accrual [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

- H (a) Is this a group return for affiliates? [] Yes [X] No
H (b) If yes enter number of affiliates
H (c) Are all affiliates included? [] Yes [] No
H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

G Web site N/A

J Organization type (check only one) [X] 501(c) 3 (insert no.) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Enter 4 digit group GEN
M Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 430,790

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

DEC 30 '02 SCANNED

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue from contributions, program services, membership dues, interest on savings, dividends, rents, investment income, sales of assets, special events, and fundraising. Total revenue is 426,854 and total expenses are 429,213, resulting in a deficit of 2,359.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26	230,625	182,156	15,744
27 Pension plan contributions	27			
28 Other employee benefits	28	31,244	22,393	2,935
29 Payroll taxes	29	19,825	15,587	1,401
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	8,821	8,610	46
34 Telephone	34	8,175	7,080	405
35 Postage and shipping	35	3,028	1,687	386
36 Occupancy	36	17,213	13,857	1,333
37 Equipment rental and maintenance	37			
38 Printing and publications	38	15,231	13,455	270
39 Travel	39	19,747	14,983	4,253
40 Conferences, conventions, and meetings	40	1,019	1,019	
41 Interest	41	276		276
42 Depreciation, depletion, etc (attach schedule)	42	10,385		10,385
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 4	43a	63,624	57,044	3,745
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	429,213	337,871	41,179

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 6	
(Grants and allocations \$ 341,222)	337,871
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	337,871

Part IV Balance Sheets (See instructions)

Note		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of year amounts only		Beginning of year		End of year
ASSETS	45 Cash – non interest-bearing	15,408	45	24,257
	46 Savings and temporary cash investments	11,365	46	
	47a Accounts receivable	47a 2,561		
	b Less allowance for doubtful accounts	47b	47c	2,561
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	20,283	49	5,617
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	3,261	52	1,406
	53 Prepaid expenses and deferred charges	5,333	53	4,474
	54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	45,817
	55a Investments – land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a 65,280		
	b Less accumulated depreciation (attach schedule)	57b 38,589	57c	26,691
	58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)	1,930	58	70,000
59 Total assets (add lines 45 through 58) (must equal line 74)	164,747	59	180,823	
LIABILITIES	60 Accounts payable and accrued expenses	6,764	60	30,166
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)	4,967	65	
66 Total liabilities (add lines 60 through 65)	11,731	66	30,166	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	112,106	67	108,432
	68 Temporarily restricted	40,910	68	42,225
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	153,016	73	150,657
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	164,747	74	180,823

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CWA WORKSHOP					925
b GIS CONTRACT WORK					975
c MUSSELL WATCH					100
d TIDE BOOK	511190		41	1,890	
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	865	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property			1	500	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			1	-2,081	
101 Net income or (loss) from special events			1	8,394	
102 Gross profit or (loss) from sales of inventory			1	3,030	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				12,598	2,000
105 Total (add line 104, columns (B), (D), and (E))					14,598

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note. If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Date

11/15/02

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

Supplementary Information - (see separate instructions)

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2001

Name of the Organization

COOK INLET KEEPER

Employer Identification Number

92-0156450

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p>		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<p>Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	234,502	235,050	180,420	34,763	684,735
16 Membership fees received	21,822	20,349			42,171
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	12,340	25,252	11,426	10,477	59,495
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,429	3,471	9,675	26,603	42,178
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	271,093	284,122	201,521	71,843	828,579
24 Line 23 minus line 17	258,753	258,870	190,095	61,366	769,084
25 Enter 1% of line 23	2,711	2,841	2,015	718	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 15,382
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 18,428
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					26c 769,084
d Add Amounts from column (e) for lines 18 <u>42,178</u> 19 <u>18,428</u>					26d 60,606
e Public support (line 26c minus line 26d total)					26e 708,478
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.12%
27 Organizations described on line 12 N/A					
a For amounts included in lines 15, 16 and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add Amounts from column (e) for lines 15 <u>12,340</u> 16 <u>25,252</u> 17 <u>20,349</u> 20 <u>21,822</u>					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above please explain (If you need more space attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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92-0156450

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION	LAP TOP COMPUTER		
DATE ACQUIRED	7/09/1997		
HOW ACQUIRED	PURCHASE		
DATE SOLD	1/02/2001		
TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	2,015		
DEPRECIATION	1,411		
		GAIN (LOSS)	-604
DESCRIPTION	APPLE PRINTER		
DATE ACQUIRED	2/07/1996		
HOW ACQUIRED	PURCHASE		
DATE SOLD	1/02/2001		
TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	1,227		
DEPRECIATION	1,206		
		GAIN (LOSS)	-21
DESCRIPTION	INTEL PENTIUM 200 MHZ-GIS		
DATE ACQUIRED	11/27/1996		
HOW ACQUIRED	PURCHASE		
DATE SOLD	1/02/2001		
TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	5,550		
DEPRECIATION	4,534		
		GAIN (LOSS)	-1,016
DESCRIPTION	PC PENTIUM 133 MHZ		
DATE ACQUIRED	5/16/1996		
HOW ACQUIRED	PURCHASE		
DATE SOLD	1/02/2001		
TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	2,750		
DEPRECIATION	2,521		
		GAIN (LOSS)	-229
DESCRIPTION	PC PENTIUM 100MHZ		
DATE ACQUIRED	5/16/1996		
HOW ACQUIRED	PURCHASE		
DATE SOLD	1/02/2001		
TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	1,975		
DEPRECIATION	1,810		
		GAIN (LOSS)	-165
DESCRIPTION	PC COMPUTER 100 MHZ		
DATE ACQUIRED	2/07/1996		
HOW ACQUIRED	PURCHASE		
DATE SOLD	1/02/2001		

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STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	2,758		
DEPRECIATION	2,712		
		GAIN (LOSS)	-46
TOTAL GAIN (LOSS) OTHER ASSETS			<u>\$ -2,081</u>
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			<u>\$ -2,081</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
GENEROUS ADVENTURES AUCTION	5,694	0	5,694	0	5,694
KENNEDY EVENT 02/07/01	1,900	0	1,900	0	1,900
KAYAK-A-THON	800	0	800	0	800
TOTALS	<u>\$ 8,394</u>	<u>\$ 0</u>	<u>\$ 8,394</u>	<u>\$ 0</u>	<u>\$ 8,394</u>

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

	\$ 4,885
GROSS SALES	<u>\$ 4,885</u>
LESS RETURNS & ALLOWANCES	0
NET SALES	<u>\$ 4,885</u>
LESS COST OF GOODS SOLD	1,855
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 3,030</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADJ ON SALE OF EQUIP	-2,081		-2,081	
ADMIN FEES - GRANTS	1,251	1,251		
ADVERTISING	251	200		51
AUTO	2,839	2,839		
BAD DEBT	25	25		
BANKING FEES	597		187	410

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92-0156450

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BOAT	7,020	3,635	3,215	170
BUILDING & LAB EXPENSES	7,473	7,473		
CONTRACT LABOR	22,610	22,500	110	
CONTRIBUTIONS	120	100	20	
DATA COLLECTION FEES	92	32		60
DUES & SUBSCRIPTIONS	686	504	25	157
EQUIP/SOFTWARE - OFFICE	5,088	4,153	262	673
FOOD & RESTAURANT	4,339	4,218	121	
FUNDRAISING	190	80		110
FURNISHINGS	1,750	824	878	48
GIFTS	454		190	264
GRANT EXPENSE	675	675		
INSURANCE	1,154	899	94	161
LICENSES & PERMITS	50		50	
PROFESSIONAL SERVICES	3,423	2,666	280	477
REPAIRS & MAINTENANCE	613	217	323	73
TECHNICAL & EQUIP SERVICES	5,005	4,753	71	181
TOTAL	\$ 63,624	\$ 57,044	\$ 3,745	\$ 2,835

STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ENVIRONMENTAL ISSUES, ADVOCACY AND EDUCATION

STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CARING FOR COOK INLET PROGRAM - TRAINED AND EQUIPPED 300 CITIZEN VOLLUNTEERS TO DO WATER QUALITY MONITORING AT 140 SITES THROUGHOUT COOK INLET, PRODUCED & DISTRIBUTED 5000 CLEAN BOATING TIDE BOOKS, NETWORKED WITH COMMUNITY PLANNING COALITIONS, SOIL & WATER CONSERVATION DISTRICTS, ANGLERS, NATIVE TRIBES AND PROVIDED THEM INFORMATION, RESOURCES AND SERVICES	218,262	219,698
WATERSHED ACTION PROGRAM - RESPONDED TO REPORTS OF POLLUTION AND HABITAT DESTRUCTION BY CONDUCTING SIGHT INVESTIGATIONS, TAKING PHOTOS AND SAMPLES, REVIEWED OVER 50 WETLANDS AND COASTAL DEVELOPMENT APPLICATIONS SUBMITTED COMMENTS ON OVER 24 COASTAL AND WETLANDS PROJECTS, CONDUCTED OVER 20 FIELD INSPECTIONS TO GAUGE HABITAT IMPACTS, WORKED WITH BUSINESSES, NATIVE TRIBES AND OTHER NETWORK PARTNERS TO PORTECT WATER QUALITY	122,960	118,173

COOK INLET KEEPER

92-0156450

STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
	<u>\$ 341,222</u>	<u>\$ 337,871</u>

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 8,200	\$ 4,920	\$ 3,280
MACHINERY AND EQUIPMENT	38,450	25,441	13,009
MISCELLANEOUS	18,630	8,228	10,402
TOTAL	<u>\$ 65,280</u>	<u>\$ 38,589</u>	<u>\$ 26,691</u>

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

BOAT HELD FOR SALE	\$ 70,000
TOTAL	<u>\$ 70,000</u>

STATEMENT 9
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRISTY MCGRAW 5412 WEST DIMOND BLVD #4 ANCHORAGE, AK 99515	PRESIDENT NONE	\$ 0	\$ 0	\$ 0
ROB ERNST 46430 JAKES WAY KENAI, AK 99611	VICE PRESIDENT NONE	0	0	0
BOB THAGGARD HC04 BOX 9774-B PALMER, AK 99645	TREASURER NONE	0	0	0

COOK INLET KEEPER

92-0156450

STATEMENT 9 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
NANCY WRIGHT 13030 BACK ROAD STE 555 ANCHORAGE, AK 99515	SECRETARY NONE	\$ 0	\$ 0	\$ 0
		TOTAL \$ 0	\$ 0	\$ 0

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: COOK INLET KEEPER
Employer Identification Number: 92-0156450
Number Street, and Room or Suite Number: PO BOX 3269
City Town or Post Office State and ZIP Code: HOMER, AK 99603

Check type of return to be filed (file a separate application for each return)
Form 990, Form 990-EZ, Form 990-T, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 1041-A, Form 5227, Form 8870, Form 4720, Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box
If this is for a group return, enter the organizations four digit Group Exemption Number (GEN)
If this is for the whole group, check this box
If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

I request an additional 3-month extension of time until 11/15, 2002
For calendar year 2001, or other tax year beginning 2001 and ending 2002
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED TO COMPILE THE NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made
8c Balance due Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Signature and Verification
Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct, and complete, and that I am authorized to prepare this form
Signature: Marja Beltrami, CPA
Title: DIRECTOR
Date: 8/15/02

Notice to Applicant - To be Completed by the IRS
We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

Director: Wage & Investment Area 6 Director, Phoenix, Arizona, 6-0098
Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Name: MARJA BELTRAMI, CPA
Address: 2051 STEEPLE DR, ANCHORAGE, AK 99516
017 RESORT
SEP 09 2002
AUG 23 2002
LINDA WEISKOPF, FIELD DIRECTOR, IRS MISSOURI PROCESSING CENTER, JOGDEN