



**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	100,834.	67,398	19,588
27	Pension plan contributions	27			
28	Other employee benefits	28	8,115.	5,424	1,576
29	Payroll taxes	29	9,826	6,568	1,909
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	3,294	2,202	640
34	Telephone	34	5,279	4,029	525
35	Postage and shipping	35	2,158	1,742	244.
36	Occupancy	36	13,368	8,935	2,597.
37	Equipment rental and maintenance	37	2,054	1,373	399.
38	Printing and publications	38	12,145	9,303	595.
39	Travel	39	1,530	1,530	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	761	508	148.
43	Other expenses not covered above (itemize)				
a	See Statement 2	43a	46,301	36,254	8,762
b		43b			
c		43c			
d		43d			
e		43e			
44	<b>Total functional expenses</b> (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	205,665.	145,266	36,983

13,848

1,115

1,349.

452

725.

172.

1,836.

282

2,247

105

1,285

23,416

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? Protect and Enhance Puget Sound

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)**a** Puget Soundkeeper - monitors and advocates for the health of Puget Sound

(Grants and allocations \$ \_\_\_\_\_)

93,041

**b** Pollution Prevention - Helps businesses understand and comply with water quality laws and regulations.

(Grants and allocations \$ \_\_\_\_\_)

52,225

**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)

145,266

**Part IV Balance Sheets** (See Instructions)

<b>Note</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash — non interest bearing	11,474.	<b>45</b>	62,570.
	<b>46</b> Savings and temporary cash investments	226,662.	<b>46</b>	220,039
	<b>47 a</b> Accounts receivable	7,702.		
	<b>b</b> Less allowance for doubtful accounts		<b>47 c</b>	7,702
	<b>48 a</b> Pledges receivable			
	<b>b</b> Less allowance for doubtful accounts		<b>48 c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch)			
	<b>b</b> Less allowance for doubtful accounts		<b>51 c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	1,303.	<b>53</b>	2,916.
	<b>54</b> Investments — securities (attach schedule)	635	<b>54</b>	258.
	<b>55 a</b> Investments — land, buildings, & equipment basis			
	<b>b</b> Less accumulated depreciation (attach schedule)		<b>55 c</b>	
<b>56</b> Investments — other (attach schedule)		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment basis	20,607.			
<b>b</b> Less accumulated depreciation (attach schedule)	19,091	<b>57 c</b>	1,516.	
<b>58</b> Other assets (describe ► <u>See Statement 4</u> )	1,504.	<b>58</b>	1,000	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	266,331.	<b>59</b>	296,001.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	6,144	<b>60</b>	9,455.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64 a</b> Tax exempt bond liabilities (attach schedule)		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ► _____)	48,082.	<b>65</b>	
	<b>66 Total liabilities</b> (add lines 60 through 65)	54,226	<b>66</b>	9,455.
	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	168,949	<b>67</b>	232,618.
<b>68</b> Temporarily restricted	43,156.	<b>68</b>	53,928.	
<b>69</b> Permanently restricted		<b>69</b>		
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>		
<b>71</b> Paid in or capital surplus, or land, building, and equipment fund		<b>71</b>		
<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	212,105.	<b>73</b>	286,546.	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	266,331	<b>74</b>	296,001.	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	316,275.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	See Stmt 5 \$ 36,169		
	Add amounts on lines (1) through (4)	<b>b</b>	36,169.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	280,106.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	280,106

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	241,834.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	See Stmt 6 \$ 36,169.		
	Add amounts on lines (1) through (4)	<b>b</b>	36,169
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	205,665.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	205,665

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7				
		0.	0.	0

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If 'Yes,' attach schedule - see instructions

**Part VI Other Information** (See instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
<b>b</b> If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions.	81a	0.
<b>b</b> Did the organization file Form 1120-POL for this year?	81b	X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
<b>85 501(c)(4), (5) or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	87a	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> .		
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b> List the states with which a copy of this return is filed <u>Washington</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	3
<b>91</b> The books are in care of <u>SUE JOERGER</u> Telephone number <u>286-1309</u> Located at <u>1415 WEST DRAVUS, SEATTLE, WA</u> ZIP + 4 <u>98119</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

**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 Contract Income					42,858.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					13,560.
95 Interest on savings & temporary cash invmnts					14,931.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					36,117
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Other Income					570
c Unrealized Loss on In					-376
d					
e					
104 Subtotal (add columns (B), (D), and (E))					107,660.
105 Total (add line 104, columns (B), (D), and (E))					107,660

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)
93g	Contracts for business assistance and public education programs.
101	Special events promote awareness to the need for protection of the waters of Puget Sound

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

Treasurer Date 6/25/2003

Department of the Treasury  
Internal Revenue Service

**(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)**

OMB No. 1545-0047

2002

Name of the organization

PUGET SOUNDKEEPER ALLIANCE

Employer identification number

91-1285783

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
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(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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

<b>Part II</b>	<b>Compensation of the Five Highest Paid Independent Contractors for Professional Services</b>
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(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	

Yes	No
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- 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 ▶ \$ N/A
- (Must equal amounts on line 38, Part VI A, or line 1 of Part VI B)

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.

- 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.)

- a Sale, exchange, or leasing of property?**

- b Lending of money or other extension of credit?**

- c Furnishing of goods, services, or facilities?**

- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?**

- e Transfer of any part of its income or assets?**

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below ).

- 4** Do you have a section 403(b) annuity plan for your employees?

**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"

**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	158,472.	261,064	168,715	162,308.	750,559.
<b>16</b> Membership fees received	15,408.	8,853.	7,410.	4,465	36,136.
<b>17</b> 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	60,311.	65,838.	98,870.	57,705.	282,724.
<b>18</b> 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	3,528	1,554.	781	155.	6,018
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 8.	50,812.	40,436.	24,849.	37,221.	153,318.
<b>23</b> Total of lines 15 through 22	288,531.	377,745	300,625.	261,854.	1,228,755.
<b>24</b> Line 23 minus line 17	228,220.	311,907	201,755.	204,149.	946,031.
<b>25</b> Enter 1% of line 23	2,885.	3,777.	3,006.	2,619	

**26 Organizations described on lines 10 or 11** **a** Enter 2% of amount in column (e), line 24 **N/A**

**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 1998 through 2001 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts

**c** Total support for section 509(a)(1) test Enter line 24, column (e)

**d** Add Amounts from column (e) for lines **18**                      **19**                       
**22**                      **26b**                     

**e** Public support (line 26c minus line 26d total)

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator))

**27 Organizations described on line 12**

**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  
 (2001) 0. (2000) 0. (1999) 0. (1998) 0.

**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  
 (2001) 0. (2000) 0. (1999) 0. (1998) 0.

**c** Add Amounts from column (e) for lines **15** 750,559. **16** 36,136.  
**17** 282,724. **20**                      **21**                     

**d** Add Line 27a total 0. and line 27b total 0.

**e** Public support (line 27c total minus line 27d total)

**f** Total support for section 509(a)(2) test Enter amount from line 23, column (e) **27f** 1,228,755

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g** 87.03 %

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** 0.49 %

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –														
<table border="0"> <tr> <td><b>If the amount on line 40 is –</b></td> <td><b>The lobbying nontaxable amount is –</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>													
<b>Caution</b> If there is an amount on either line 43 or line 44, you must file Form 4720														

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 )

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h )
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

BAA

Schedule A (Form 990 or 990-EZ) 2002



## PUGET SOUNDKEEPER ALLIANCE

91-1285783

6/19/03

01 05PM

**Statement 1**  
**Form 990, Part I, Line 9**  
**Net Income (Loss) from Special Events**

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Oyster Day and Others	72,286	0.	72,286.	36,169	36,117.
Total	<u>\$ 72,286</u>	<u>\$ 0.</u>	<u>\$ 72,286</u>	<u>\$ 36,169</u>	<u>\$ 36,117.</u>

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Bank Charges	222.		222.	
Boat Expenses	2,068.	2,068.		
Fees and Subscriptions	985.	750.	235.	
Insurance and Licenses	2,113.	1,000.	1,113	
Legal Fund Costs	8,739.	8,739		
Professional Services	7,508.	800	6,708.	
Program Services	20,868.	20,868		
Public Relations/Marketing	943			943.
Temp. Labor	2,490	1,664	484.	342.
Volunteer Support	365.	365		
Total	<u>\$ 46,301.</u>	<u>\$ 36,254.</u>	<u>\$ 8,762</u>	<u>\$ 1,285</u>

**Statement 3**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 20,607.	\$ 19,091.	\$ 1,516
Total	<u>\$ 20,607.</u>	<u>\$ 19,091.</u>	<u>\$ 1,516</u>

**Statement 4**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Rent Deposit		\$ 1,000
Total		<u>\$ 1,000</u>

## PUGET SOUNDKEEPER ALLIANCE

91-1285783

6/19/03

01 05PM

**Statement 5**  
**Form 990, Part IV-A, Line b(4)**  
**Other Amounts**

Event Expenses	\$ 36,169.
Total	\$ <u>36,169.</u>

**Statement 6**  
**Form 990, Part IV-B, Line b(4)**  
**Other Amounts**

Event Expenses	\$ 36,169.
Total	\$ <u>36,169.</u>

**Statement 7**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Tom Diller PO Box 3805 Bellevue, WA 98009	President 1	\$ 0.	\$ 0.	\$ 0
Suzie Burke 670 N 34th St. #A Seattle, WA 98103	Treasurer 1	0.	0	0.
Tom Putnam 2558 9th Ave W Seattle, WA 98119	Fundraising 1	0.	0.	0
Paul Grutzner 20434 SE 136th St Issaquah, WA 98027	Director 1	0.	0	0.
Jim Frush 5145 Crystal Springs Road Bainbridge Island, WA 98110	Legal Committee 1	0.	0	0
Penny LeGate 2807 3rd Ave Seattle, WA 98121	Fundraising 1	0	0.	0.
Jeff Pearson 5635 Countryside Beach Dr NW Olympia, WA 98502	1	0.	0	0
Lee Moyer 11011 Tukwila International Bl Tukwila, WA 98168	Director 1	0.	0	0.

## PUGET SOUNDKEEPER ALLIANCE

91-1285783

6/19/03

01 05PM

Statement 7 (continued)  
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
Greg Nickels 516 3rd Ave Seattle, WA 98104	1	\$ 0.	\$ 0	\$ 0.
David Sale 3992 Crystal Springs Dr Bainbridge Island, WA 98110	Programs 1	0.	0	0.
Vim Wright 5608 17th Ave NE Seattle, WA 98105	PSA Rep WEC 1	0.	0.	0.
Kate Pflaumer 925 12th Ave East Seattle, WA 98102	Legal 1	0.	0.	0.
Bea Kelleigh 1107 Yakima Ave S. Seattle, WA 98144	Programs 1	0.	0	0
Total		\$ 0	\$ 0.	\$ 0

Statement 8  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
Fund Raising and Miscellaneous	\$ 50,812.	\$ 40,436	\$ 24,849.	\$ 37,221.	\$ 153,318.
Total	\$ 50,812.	\$ 40,436.	\$ 24,849.	\$ 37,221.	\$ 153,318.

**Application for Extension of Time to File an  
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only ▶ ☐

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer Identification Number
	PUGET SOUNDKEEPER ALLIANCE	91-1285783
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions	
	4461 LEARY WAY NW	
	City, Town, or Post Office. For a foreign address, see instructions	State ZIP Code
	SEATTLE, WA 98107	

**Check type of return to be filed** (file a separate application for each return)

- |                                              |                                                                      |                                    |
|----------------------------------------------|----------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ         | <input type="checkbox"/> Form 990 T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                                 | <input type="checkbox"/> Form 8870 |

- 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 organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 20 01 or
  - ▶ ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

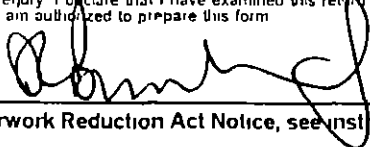
3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due** Subtract line 3b from line 3a. 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 \$ 0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ ACCOUNTANT Date ▶ 5/1/02

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)