

Form **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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2002Open to Public
Inspection**A** For the 2002 calendar year, or tax year period beginning and ending**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

C Name of organization**SAVE OUR WILD SALMON COALITION**

Number and street (or P O box if mail is not delivered to street address)

424 3RD AVE W, STE 100

City or town, state or country, and ZIP + 4

SEATTLE, WA 98119**D** Employer identification number**91-1673170****E** Telephone number**(206) 286-4455****F** Accounting method ☐ Cash ☒ 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 and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **WWW.WILDSALMON.ORG****J** Organization type (check only one) ☒ 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**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,106,442.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	1,098,596.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 1,097,746. noncash \$ 850.)	1d	1,098,596.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	2,284.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d				
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 10d, column (C))	11	5,562.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,106,442.		
Net Assets	13	Program services (from line 44, column (B))	13	1,106,715.	
	14	Management and general (from line 44, column (C))	14	232,961.	
	15	Fundraising (from line 44, column (D))	15	39,518.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,379,194.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-272,752.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,094,338.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	821,586.		

SAVE OUR WILD SALMON COALITION

91-1673170

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 Page 2

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 (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	47,000.	9,400.	18,800.	18,800.
26	Other salaries and wages	548,259.	437,605.	108,189.	2,465.
27	Pension plan contributions				
28	Other employee benefits	32,939.	24,704.	6,917.	1,318.
29	Payroll taxes	64,371.	48,278.	13,518.	2,575.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	20,035.	17,911.	1,784.	340.
34	Telephone	70,888.	58,661.	10,271.	1,956.
35	Postage and shipping				
36	Occupancy	75,225.	56,419.	15,797.	3,009.
37	Equipment rental and maintenance				
38	Printing and publications	54,297.	46,561.	6,498.	1,238.
39	Travel	111,840.	90,590.	17,850.	3,400.
40	Conferences, conventions, and meetings	35,372.	33,653.	1,444.	275.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	17,599.	13,199.	3,696.	704.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 1	301,369.	269,734.	28,197.	3,438.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	1,379,194.	1,106,715.	232,961.	39,518.

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 \$ 45,268., (ii) the amount allocated to Program services \$ 36,214.,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ 9,054.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 2

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)	
a	COMMUNICATIONS -MEDIA & COMMUNICATIONS REGARDING SNAKE RIVER SALMON RECOVERY.INCLUDES ACTIVITIES SUCH AS CREATING CAMPAIGN MATERIALS,COMMUNICATION WITH NATIONAL & REGIONAL REPORTERS & MEDIA EVENTS. (Grants and allocations \$ _____)	228,465.	
b	SEE STATEMENT 3 (Grants and allocations \$ _____)	333,363.	
c	OUTREACH -EDUCATION & OUTREACH TO THE GENERAL PUBLIC ABOUT SNAKE RIVER SALMON RECOVERY.ACTIVITIES INCLUDE SLIDE SHOWS & PRESENTATIONS,INFORMATION TABLES & PARTICIPATION IN PUBLIC SALMON EVENTS. (Grants and allocations \$ _____)	544,887.	
d	 (Grants and allocations \$ _____)		
e	Other program services (attach schedule) (Grants and allocations \$ _____)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,106,715.	

Part IV Balance Sheets

Note 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
Assets	45 Cash - non-interest bearing		45 116,179.
	46 Savings and temporary cash investments	345,212.	46 60,192.
	47 a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 858,000.	
	b Less allowance for doubtful accounts	48b	48c 858,000.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	7,628.	53 4,341.
	54 Investments - securities	Cost FMV	54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 80,046.		
b Less accumulated depreciation	57b 61,646.	26,137.	57c 18,400.
58 Other assets (describe ▶)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,595,977.	59 1,057,112.	
Liabilities	60 Accounts payable and accrued expenses	45,166.	60 15,079.
	61 Grants payable	451,000.	61 219,125.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ LEASE PAYABLE)	5,473.	65 1,322.
66 Total liabilities (add lines 60 through 65)	501,639.	66 235,526.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	-56,004.	67 -141,351.
	68 Temporarily restricted	1,150,342.	68 962,937.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here ☐ 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, column (B) must equal line 21)	1,094,338.	73 821,586.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,595,977.	74 1,057,112.	

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.

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 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
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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 If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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 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		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h 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? N/A	85h	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
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		
88 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
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(4) organizations 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
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a List the states with which a copy of this return is filed ▶ WASHINGTON		
b Number of employees employed in the pay period that includes March 12, 2002 90b 16		
91 The books are in care of ▶ CANDACE ANELLO Telephone no ▶ 206-286-4455		

Located at **▶ 424 3RD AVE W, STE 100, SEATTLE, WA**ZIP + 4 **▶ 98119**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here **▶ ☐**
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 page 31 of the 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,284.	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	5,562.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		7,846.	0.
105 Total (add line 104, columns (B), (D), and (E))					7,846.

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 page 32 of the 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)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the 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 page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct that the information of which preparer has any knowledge

2-28-03 STEPHEN D MASHIMA TREASURER

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.)

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

OMB No 1545-0047

2002

Name of the organization

SAVE OUR WILD SALMON COALITION

Employer identification number

91 1673170

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

(See page 1 of the 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 page 2 of the 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 page 2 of the instructions)

	Yes	No
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>14,733</u> . (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.	X	
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		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
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 pages 3 through 5 of the 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.)
- 11a ☒ 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.)
- 11b ☐ 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 page 5 of the 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 page 5 of the 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
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	444,083.	712,848.	308,479.	143,320.	1,608,730.
16 Membership fees received		3,200.	3,000.	3,300.	9,500.
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					
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	7,007.	21,361.	3,791.	6,736.	38,895.
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.	12,352.	7,428.	SEE STATEMENT 6		19,780.
23 Total of lines 15 through 22	463,442.	744,837.	315,270.	153,356.	1,676,905.
24 Line 23 minus line 17	463,442.	744,837.	315,270.	153,356.	1,676,905.
25 Enter 1% of line 23	4,634.	7,448.	3,153.	1,534.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 33,538.
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 sum of all these excess amounts					26b 861,484.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,676,905.
d Add Amounts from column (e) for lines 18 38,895. 19 22 19,780. 26b 861,484.					26d 920,159.
e Public support (line 26c minus line 26d total)					26e 756,746.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 45.1275%
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 N/A					
(2001) (2000) (1999) (1998)					
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 N/A					
(2001) (2000) (1999) (1998)					
c Add Amounts from column (e) for lines 15 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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 page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?

Yes No

29

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?

30

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?

31

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?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

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?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

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

35

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- | | Yes | No |
|--------|-----|----|
| 51a(i) | | X |
| a(ii) | | X |
| b(i) | | X |
| b(ii) | | X |
| b(iii) | | X |
| b(iv) | | X |
| b(v) | | X |
| b(vi) | | X |
| c | | X |

[illegible]

- b If "Yes," complete the following schedule

223 151
01 22 03

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL FEES	10,154.		10,154.		
MEDIA AND COMMUNICATIONS	284,882.	264,985.	16,713.	3,184.	
MISCELLANEOUS	46.	34.	10.	2.	
INSURANCE	2,120.	1,590.	445.	85.	
ADVERTISING	4,167.	3,125.	875.	167.	
TOTAL TO FM 990, LN 43	301,369.	269,734.	28,197.	3,438.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III			STATEMENT	2
----------	--	--	--	-----------	---

EXPLANATION

SAVE OUR WILD SALMON IS A COALITION OF CONSERVATION GROUPS AND SPORT AND COMMERCIAL FISHING ORGANIZATIONS DEDICATED TO RESTORING HARVESTABLE RUNS

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	3
----------	--	-----------	---

DESCRIPTION OF PROGRAM SERVICE TWO

POLICY -RESEARCH,LITIGATION & ADVOCACY ON SNAKE RIVER SALMON RECOVERY. ACTIVITIES INCL. UNDERTAKING & EVALUATING TECHNICAL STUDIES,FILING LAWSUITS TO ENFORCE SALMON RECOVERY MEASURES & MEETING WITH AGENCY & CONGRESSIONAL STAFF.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		333,363.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
----------	--	-----------	---

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	80,046.	61,646.	18,400.
TOTAL TO FORM 990, PART IV, LN 57	80,046.	61,646.	18,400.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN KOBER 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	PRESIDENT 1	0.	0.	0.
JEFF CURTIS 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	VICE PRESIDENT 1	0.	0.	0.
LIZ HAMILTON 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
JUSTIN HAYES 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
SHAWN CANTRELL 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	TREASURER 1	0.	0.	0.
STEVE MASHUDA 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	SECRETARY 1	0.	0.	0.
JOEL KAWAHARA 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
ROB MASONIS 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
SARA PATTON 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
STEVE PHILLIPS 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
BILL SEDIVY 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.

SAVE OUR WILD SALMON COALITION

91-1673170

PAUL SHIVELY 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
GLEN SPAIN 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
TOM WELSH 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	DIRECTOR 1	0.	0.	0.
JAMES P. FORD 424 3RD AVE W, SUITE 100 SEATTLE, WA 98119	EXEC DIRECTOR 40	47,000.	2,712.	0.

TOTALS INCLUDED ON FORM 990, PART V

47,000. 2,712. 0.

SCHEDULE A	OTHER INCOME	STATEMENT	6
------------	--------------	-----------	---

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	12,352.	7,428.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	12,352.	7,428.	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		
Type or print	Name of Exempt Organization SAVE OUR WILD SALMON COALITION	Employer identification number 91-1673170
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 424 3RD AVE W, STE 100	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SEATTLE, WA 98119	

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

☒ Form 990 ☐ Form 990 EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041 A ☐ Form 5227 ☐ Form 8870
☐ Form 990 BL ☐ Form 990 PF ☐ Form 990 T (trust other than above) ☐ 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 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 is for

4 I request an additional 3 month extension of time until NOVEMBER 17, 2003
 5 For calendar year 2002, or other tax year beginning _____ and ending _____
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED IN ORDER TO GATHER INFORMATION NEEDED 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 \$ _____
 b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c 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 \$ _____ N/A

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 [Signature] Title CPTA Date 8/11/03

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 of the organization's return (including any prior extensions). This grace period is considered to be a valid otherwise required to be made on a timely 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 file. We are not granting the 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 _____

EXTENSION APPROVED

AUG 26 2003

LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Director _____ By _____ 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 JACOBSON JARVIS & CO, PLLC	REC-278 AUG 17 2003 OGDEN, UT
Number and street (include suite, room, or apt. no.) Or a P.O. box number 1809 - 7TH AVE SUITE 701	
City or town, province or state, and country (including postal or ZIP code) SEATTLE WA 98101-1316	