

Return of Organization Exempt From Income Tax

2017

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

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning, 2017, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization HOOD CANAL SALMON ENHANCEMENT GROUP. D Employer identification no. 91-1518294. E Telephone number (360) 275-3575. G Gross receipts \$ 1,261,919. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.HCSEG.ORG. K Form of organization: Corporation. L Year of formation: 1990. M State of legal domicile: WA.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here: MENDY HARLOW, Signature of officer, Date. MENDY HARLOW, EXECUTIVE DIRECTOR, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name CLARKE WHITNEY, Preparer's signature, Date 06-08-2018, Check self-employed if PTIN P00447598, Firm's name CLARKE WHITNEY CPA INC, Firm's EIN, Firm's address Bremerton WA 98337, Phone no. 360-792-1040.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROTECT AND ENHANCE WILD SALMON POPULATIONS AND PROVIDE EDUCATION TO LOCAL COMMUNITIES.

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

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

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

4a (Code:) (Expenses \$ 1,122,165 including grants of \$) (Revenue \$) WILD SALMON CONSERVATION AND HABITAT RESTORATION/PROTECT REGIONAL SALMON POPULATIONS FOR THE COMMUNITY WITH RECREATIONAL AND ECONOMIC BENEFITS.

4b (Code:) (Expenses \$ 10,523 including grants of \$) (Revenue \$) THE HCSEG IS INVOLVED IN SEVERAL ON-GOING RESEARCH STUDIES TO BETTER UNDERSTAND WILD SALMON RESTORATION AND THE HEALTH OF THE HOOD CANAL WATERSHED. THESE STUDIES RANGE FROM JUVENILE SALMON REARING AND NUTRIFICATION TO WATER QUALITY ISSUES.

4c (Code:) (Expenses \$ 1,400 including grants of \$) (Revenue \$) PROVIDE SCHOLARSHIPS TO LOCAL COMMUNITY TEENAGERS FOR FURTHER EDUCATIONAL DEVELOPMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,134,088

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, governance changes, asset diversions, members/stockholders, meeting documentation, and unreachable officers.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Washington
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: -> DANA DELHAUTE (360)275-3575, 600 NE ROESSEL RD., BELFAIR, WA 98528

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM BROWN DIRECTOR	1.00	X					0	0	0	
(2) JOHN POPPE CHAIRMAN	1.00	X					0	0	0	
(3) MICHELLE LICARI SECRETARY	1.00	X					0	0	0	
(4) BOB HAGER DIRECTOR EMERITUS	1.00	X					0	0	0	
(5) MICHAEL SIPTROTH VICE CHAIR	1.00	X					0	0	0	
(6) GREG SHIMEK DIRECTOR	1.00	X					0	0	0	
(7) ROB DREXLER DIRECTOR	1.00	X					0	0	0	
(8) DAVID HAWLEY DIRECTOR	1.00	X					0	0	0	
(9) MIKE HENDERSON TREASURER	1.00	X					0	0	0	
(10) MENDY HARLOW EXECUTIVE DIRECTOR	40.00			X			62,080	0	1,920	
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							62,080	0	1,920	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	2,004				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	1,041,639				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,388				
	g Noncash contributions included in lines 1a-1f: \$		4,775				
	h Total. Add lines 1a-1f ▶		1,072,031				
Program Service Revenue	2a EDUCATION PROGRAM INCOM						
		Business Code					
		611600	103,951	103,951			
	b _____						
	c _____						
	d _____						
	e _____						
f All other program service revenue							
g Total. Add lines 2a-2f ▶		103,951					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,401			4,401	
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	12,000				
		(ii) Personal					
		b Less: rental expenses					
	c Rental income or (loss)		12,000				
	d Net rental income or (loss) ▶		12,000		12,000		
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
		b Less: direct expenses b					
		c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a						
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances a		5,801					
	b Less: cost of goods sold b		9,746				
	c Net income or (loss) from sales of inventory ▶		(3,945)	(3,945)			
Miscellaneous Revenue		Business Code					
11a OTHER INCOME	900099	63,735	63,735				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶		63,735					
12 Total revenue. See instructions ▶		1,252,173	163,741	12,000	4,401		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	64,000	38,400	25,600	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	347,583	330,654	16,929	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits	44,168	35,334	8,834	
10	Payroll taxes	51,983	47,348	4,635	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	11,296	11,296		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	2,545	2,171	374	
12	Advertising and promotion	851	851		
13	Office expenses	2,478	2,478		
14	Information technology				
15	Royalties				
16	Occupancy	23,654	16,919	6,735	
17	Travel	1,671	1,671		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,080	1,080		
20	Interest	76,299	61,039	15,260	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,965	48,420	8,545	
23	Insurance	13,701	10,961	2,740	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	RESTORATION PROJECTS	377,253	377,253		
b	RESEARCH PROJECTS	10,523	10,523		
c	EDUCATION AND OUTREACH	9,077	9,077		
d	CONTRACT LABOR	103,052	103,052		
e	All other expenses _____	29,132	25,561	3,571	
25	Total functional expenses. Add lines 1 through 24e .	1,227,311	1,134,088	93,223	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	212,906	1	167,156	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	30,024	3	52,326	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,632,196			
	b Less: accumulated depreciation	608,882			
		4,063,914	10c	4,023,314	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	60,590	12	68,502	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	14,332	14	8,599	
15 Other assets. See Part IV, line 11	69,760	15	45,796		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,451,526	16	4,365,693		
Liabilities	17 Accounts payable and accrued expenses	81,504	17	128,789	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	1,249,329	23	1,079,195	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	4,793	
	26 Total liabilities. Add lines 17 through 25	1,330,833	26	1,212,777	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,388,140	27	1,405,027	
	28 Temporarily restricted net assets	547,968	28	563,304	
	29 Permanently restricted net assets	1,184,585	29	1,184,585	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	3,120,693	33	3,152,916	
	34 Total liabilities and net assets/fund balances	4,451,526	34	4,365,693	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,252,173
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,227,311
3	Revenue less expenses. Subtract line 2 from line 1	3	24,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,120,693
5	Net unrealized gains (losses) on investments	5	3,511
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,850
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,152,916

Part XII Financial Statements and Reporting

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

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

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning _____, 2017, and ending _____, 20____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3), 501(c)(3) Organizations Only

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 4,365,693</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HOOD CANAL SALMON ENHANCEMENT GROUP</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2169</p> <p>City or town, state or province, country, and ZIP or foreign postal code BELFAIR, WA 98528</p>	<p>D Employer identification number (Employees' trust, see instructions.) 91-1518294</p> <p>E Unrelated business activity codes (See instructions.) 531390</p>
		<p>F Group exemption number (See instructions.) ▶</p>	
		<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Describe the organization's primary unrelated business activity. ▶ **RESIDENTIAL RENTAL**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DANA DELHAUTE** Telephone number ▶ **(360) 275-3575**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6	12,000	12,408
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	12,000	12,408

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		(408)
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		(408)
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		(408)

For Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
c Income tax on the amount on line 34 ▶	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	36
37 Proxy tax. See instructions ▶	37
38 Alternative minimum tax	38
39 Tax on Non-Compliant Facility Income. See instructions	39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800 (see instructions)	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶	49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CLARKE WHITNEY		06-08-2018		P00447598
	Firm's name ▶ CLARKE WHITNEY CPA INC	Firm's EIN ▶		Phone no.	
	Firm's address ▶ 610 WARREN AVE Bremerton WA 98337			360-792-1040	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract		
3 Cost of labor	3		line 6 from line 5. Enter here and		
4a Additional section 263A costs			in Part I, line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply		Yes No
5 Total. Add lines 1 through 4b	5		to the organization?		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) **RESIDENTIAL RENTAL ON ROESSEL ROAD**

(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
		Statement #11
(1)	12,000	12,408
(2)		
(3)		
(4)		
Total	Total 12,000	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . ▶

12,000

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

12,408

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals ▶		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶			

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶				

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	Enter here and on page 1, Part II, line 26.		
Totals ▶						

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ▶						
--	--	--	--	--	--	--

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 94.41%; 15 Public support percentage from 2016 Schedule A, Part II, line 14 95.59%; 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [checked]; 16b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows: 15 Public support percentage for 2017; 16 Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Rows: 17 Investment income percentage for 2017; 18 Investment income percentage from 2016 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization HOOD CANAL SALMON ENHANCEMENT GROUP	Employer identification number 91-1518294
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HOOD CANAL SALMON ENHANCEMENT GROUP	Employer identification number 91-1518294
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE GREENBRIER COMPANIES ONE CENTERPOINTE DRIVE STE 200 LAKE OSWEGO, OR 97035	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2017

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization HOOD CANAL SALMON ENHANCEMENT GROUP Employer identification number 91-1518294

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various questions about monitoring and reporting.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,590	57,795	63,448	66,477	68,116
b Contributions					
c Net investment earnings, gains, and losses	8,188	7,490	(983)	2,861	(269)
d Grants or scholarships		4,525	4,500		1,200
e Other expenditures for facilities and programs				5,720	
f Administrative expenses	276	170	170	170	170
g End of year balance	68,502	60,590	57,795	63,448	66,477

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 67.00 %
 - c Temporarily restricted endowment 33.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,448,249		2,448,249
b Buildings		1,792,458	269,612	1,522,846
c Leasehold improvements				
d Equipment		351,948	335,946	16,002
e Other STMD1E		39,541	3,324	36,217
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,023,314

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ENDOWMENT INVESTMENTS	68,502	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	68,502	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PREPAID EXPENSES	11,040
(2) COSTS IN EXCESS OF BILLINGS	34,756
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	45,796

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CREDIT CARD	4,793	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,793	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

Employer identification number

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
Total							▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

01. Members or stockholder classes and rights (Part VI, line 6)

Members are allowed to elect Directors to the Board of Directors. Membership is gained and maintained in accordance with the By-Laws of the Organization.

02. Member election for additional members (Part VI, line 7a)

Members are allowed to elect Directors to the Board of Directors. Membership is gained and maintained in accordance with the By-Laws of the Organization.

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

The Information Return of the Organization is reviewed and approved by the Finance Committee of the Board of Directors before it is filed.

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

Determination of the changes to the compensation of the Executive Director of the Organization are reviewed and approved by the Board of Directors.

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

Governing documents are made available to the public through the Organization's website and up request.

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

OTHER CHANGES TO THE NET ASET BALANCE ARE CAUSED BY PAYROLL DONATIONS OF \$3,850.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on return HOOD CANAL SALMON ENHANCEMENT GR	Business or activity to which this form relates FORM 990 - 1	Identifying number 91-1518294
--	--	---

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	50,924

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	5,957
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,341	5	MQ	SL	84
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	56,965
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. HOOD CANAL SALMON ENHANCEMENT GROUP	Employer identification number (EIN) or 91-1518294
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2169	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BELFAIR, WA 98528	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **ROBIN JENSEN, 600 NE ROESSEL ROAD, BELFAIR, WA 98528**

Telephone No. ▶ 360-275-3575 FAX No. ▶ _____

- 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.

1 I request an automatic 6-month extension of time until 11-15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2017 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2017)

Federal Supporting Statements

2017 PG01

Name(s) as shown on return

FEIN

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

990-T - SCHEDULE C - LINE 3
DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

Statement #11

DESCRIPTION	AMOUNT
DEPRECIATION	\$3,027
REPAIRS AND MAINTENANCE	\$591
PROPERTY TAXES	\$1,518
INTEREST EXPENSE (INTEREST EXPENSE \$76,299 * 5%)	\$3,815
PROPERTY INSURANCE (TOTAL PROP. INSURANCE \$3,318 * 25%)	\$830
ADMINISTRATIVE COSTS (10% OF RENTAL INCOME)	\$1,200
CABIN UTILITIES	<u>\$1,427</u>
TOTAL	<u><u>\$12,408</u></u>

FOR YOUR RECORDS ONLY

FORM 990 - SCHEDULE D - PART VI - LINE 1E
INVESTMENTS - OTHER

PG01
STATEMENT #D1E

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
WORKS OF ART	<u>0</u>	<u>15,400</u>	<u>0</u>	<u>15,400</u>
TOTAL	<u><u>0</u></u>	<u><u>15,400</u></u>	<u><u>0</u></u>	<u><u>15,400</u></u>

Name(s) as shown on return

FEIN

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

PROGRAM EXPENSES - RESTORATION PROJECTS

<u>Description</u>	<u>Amount</u>
TOTAL PROGRAM EXPENSES	\$ 1,134,088
SCHOLARSHIP COSTS	(1,400)
RESEARCH COSTS	(10,523)
Total:	\$ 1,122,165

DONATIONS

<u>Description</u>	<u>Amount</u>
TOTAL DONATIONS	\$ 32,238
IN KIND DONATIONS	(4,775)
PAYROLL DONATION	(3,850)
Total:	\$ 23,613

NON-CASH CONTRIBUTIONS

<u>Description</u>	<u>Amount</u>
IN KIND DONATIONS	\$ 4,775
Total:	\$ 4,775

INVESTMENT INCOME

<u>Description</u>	<u>Amount</u>
TOTAL	\$ 7,912
LESS UNREALIZED (GAIN) LOSS	(3,511)
Total:	\$ 4,401

PROGRAM SALARIES AND WAGES

<u>Description</u>	<u>Amount</u>
STAFF SALARIES	\$ 369,054
OFFICER COMPENSATION (\$60,000 X 60%)	(38,400)
Total:	\$ 330,654

Name(s) as shown on return

FEIN

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

OTHER ADMIN WAGES AND SALARIES

<u>Description</u>	<u>Amount</u>
STAFF SALARIES	\$ 42,529
OFFICER WAGES (\$60,000 X 40%)	(25,600)
Total:	\$ 16,929

OTHER PROFESSIONAL SERVICES

<u>Description</u>	<u>Amount</u>
TOTAL	\$ 13,467
LESS ACCOUNTING	(11,296)
Total:	\$ 2,171

ADMIN PROFESSIONAL FEES

<u>Description</u>	<u>Amount</u>
TOTAL	\$ 374
Total:	\$ 374

OFFICE EXPENSES - PROGRAM

<u>Description</u>	<u>Amount</u>
POSTAGE	\$ 873
PRINTING AND PUBLICATION	63
SUPPLIES	1,542
Total:	\$ 2,478

OCCUPANCY EXPENSES - PROGRAM

<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES	\$ 75
UTILITIES	7,195
REPAIRS AND MAINTENANCE	9,649
Total:	\$ 16,919

Name(s) as shown on return

FEIN

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

OCCUPANCY EXPENSES - MANAGEMENT

Description	Amount
REPAIRS AND MAINTENANCE	\$ 1,072
UTILITIES	1,799
TAXES	328
RENTAL EXPENSES	3,536
Total:	\$ 6,735

OTHER EXPENSES - PROGRAM

Description	Amount
EQUIPMENT RENTAL	\$ 13,745
DUES, LICENSES, AND PUBLICATIONS	4,415
MISCELLANEOUS	221
SCHOLARSHIP	1,400
TELEPHONE	3,493
PRIZES AND GIFTS	1,938
BANK FEES	349
Total:	\$ 25,561

OTHER EXPENSES - ADMINISTRATION

Description	Amount
BANK CHARGES	\$ 90
MISCELLANEOUS	44
EQUIPMENT RENTAL	3,437
Total:	\$ 3,571

Description	Amount
	\$ 94,077
	73,079
Total:	\$ 167,156

Description	Amount
	\$ 100,014
	28,775
Total:	\$ 128,789

Name(s) as shown on return

FEIN

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

OTHER NET ASSET ADJUSTMENTS

<u>Description</u>	<u>Amount</u>
EMPLOYEE PAYROLL DONATION	\$ 3,850
Total:	<u>\$ 3,850</u>

OTHER FIXED ASSETS

<u>Description</u>	<u>Amount</u>
CONSTRUCTION IN PROCESS	\$ 10,000
WORKS OF ART	15,400
VEHICLES	14,141
Total:	<u>\$ 39,541</u>

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2017

Name(s) as shown on return

HOOD CANAL SALMON ENHANCEMENT GROUP

Tax ID Number

91-1518294

2% of the amount on Schedule A, Part II, line 11, column (f) 162,172

Name	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
THE GREENBRIER COMPANIES	50,000	16,000	6,163	10,000	10,000	92,163	

TOTAL

=====

Tax Computation Worksheet For Tax Exempt UBI

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

LOWER END OF BRACKET	UPPER END OF BRACKET	TAX RATE	INCOME IN BRACKET	INCOME TAX BY BRACKET
0	50,000	15 %		
50,000	75,000	25 %		
75,000	100,000	34 %		
100,000	335,000	39 %		
335,000	10,000,000	34 %		
10,000,000	15,000,000	35 %		
15,000,000	18,333,333	38 %		
18,333,333	AND UP	35 %		
TOTALS				

TAX COMPUTATION FOR CONTROLLED GROUPS

50,000 BRACKET	15 %		
25,000 BRACKET	25 %		
9,925,000 BRACKET	34 %		
ADD'L 5% TAX AMOUNT	100 %		
ADD'L 3% TAX AMOUNT	100 %		
10,000,000 + BRACKET	35 %		
TOTALS			

TAX COMPUTATION FOR TRUST

Lower End	Upper End	Tax Rate	Income in Bracket	Income Tax by Bracket
0	2,550	15%		
2,550	6,000	25%		
6,000	9,150	28%		
9,150	12,500	33%		
12,500	AND UP	39.6%		
TOTALS				

HOOD CANAL SALMON ENHANCEMENT GROUP

FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2017

ID Number : 91-1518294

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	Accum Depr	CY Depr
Pentium Computer	03-26-1997	2,740	2,740		5	2,740	0
GIS Software	10-02-1998	9,525	9,525		5	9,525	0
Arcview Heat Welder	11-01-1998	350	350		7	350	0
Delta 12" Table Saw	11-01-1998	450	450		7	450	0
Delta Drill Press	11-01-1998	200	200		7	200	0
Pentium II	11-17-1998	4,551	4,551		5	4,551	0
Delta Band Saw	11-19-1998	500	500		7	500	0
Color Copier	12-28-1999	800	800		5	800	0
RANGE FINDER	05-10-2002	4,829	4,829		7	4,829	0
1998 Ford E350 Van-Vin 7060	06-21-2002	11,658	11,658		5	11,658	0
Dell Laptop	10-22-2002	2,685	2,685		5	2,685	0
HP Plotter	01-01-2003	2,000	2,000		5	2,000	0
INTAKE FOR TAHUYA SITE	03-03-2003	467	467		7	467	0
CEL/890 ADV WASTEWATER EA	03-07-2003	2,754	2,754		7	2,754	0
WSC WATER INTAKES	03-31-2003	622	622		7	622	0
LB STE	07-31-2003	850	850		7	850	0
NW VEG	07-31-2003	1,236	1,236		7	1,236	0
SWOFFER INSTRUMENTS	07-31-2003	2,010	2,010		7	2,010	0
Used PC.com - Laptop	10-28-2003	834	834		5	834	0
Used PC.com - Laptop	10-28-2003	608	608		5	608	0
VWR Scientific Equipment	10-29-2003	345	345		7	345	0
2 Aluminum	11-03-2003	596	596		7	596	0
Office Equipment	01-12-2004	5,027	5,027		5	5,027	0
EZ LOADER TRAILER	02-12-2004	600	600		5	600	0
COMPUTERS	09-14-2004	4,340	4,340		5	4,340	0
Seacat Profiler 4647	09-24-2004	20,305	20,305		5	20,305	0
Seacat Profiler 4646	09-27-2004	20,245	20,245		5	20,245	0
Land-E Seabeck Creek	03-29-2005	80,000	0			0	0
Land - Dewato	04-15-2005	98,598	0			0	0
Land-Quilcene	04-18-2005	10,240	0			0	0
Office Furniture	04-25-2005	218	218		5	218	0
Computer Supplies	05-05-2005	3,643	3,643		5	3,643	0
Vol Recog EE 05	06-07-2005	1,631	1,631		5	1,631	0
Speaker System	06-10-2005	1,408	1,408		5	1,408	0
Shed, Table, Chairs	08-01-2005	1,883	1,883		5	1,883	0
Wireless Acc Omega 1 Computer	08-16-2005	1,179	1,179		5	1,179	0
Shed Platform	08-18-2005	861	861		5	861	0
Alarnguard	09-01-2005	880	880		5	880	0
Signs	10-28-2005	1,355	1,355		5	1,355	0
Signs	10-28-2005	161	161		5	161	0
Refrigerators (2)	01-01-2006	2,000	2,000		5	2,000	0
Fencing	03-02-2006	293	293		5	293	0
Axiostar Microscope-HCDOP	05-07-2006	4,400	4,400		5	4,400	0
Large Tents	05-30-2006	1,167	1,167		5	1,167	0
Nomad Trailer	06-01-2006	2,500	2,500		5	2,500	0
Trinocular Microscope	07-13-2006	669	669		5	669	0
1993 Trailer Kit Roadranger	07-20-2006	6,000	6,000		5	6,000	0
Project Shed	08-30-2006	1,253	1,253		5	1,253	0

Dell Laptop - HCDOP	11-15-2006	3,054	3,054			5	3,054	0
Chlorophyl Equipment - HCDOP	11-21-2006	5,696	5,696			5	5,696	0
Chlorophyl Equipment - HCDOP	11-22-2006	2,270	2,270			5	2,270	0
Laptop for Underwater Video	01-08-2007	4,089	4,089			5	4,089	0
5' Diameter Trap and Trailer	01-15-2007	19,390	19,390			7	19,390	0
2 Sensors, Cable, & Adapter	01-27-2007	2,435	2,435			7	2,435	0
Underwater Camera	01-31-2007	6,480	6,480			5	6,480	0
Honda Kicker Motor on Tiderunner	02-20-2007	4,010	4,010			7	4,010	0
SBE 55 Water Sampler	04-18-2007	15,939	15,939			7	15,939	0
Side Scan Sonair, Winch, Cable	04-18-2007	56,177	56,177			5	56,177	0
Reader, Clams for Sidescan	05-24-2007	9,495	9,495			5	9,495	0
1998 GMC Pickup	06-27-2007	8,205	8,205			5	8,205	0
2000 FORD RANGER	06-27-2007	7,775	7,775			5	6,998	0
Redd Pump	07-02-2007	800	800			5	800	0
Rotary Scrw Fish Trap	01-08-2008	17,325	17,325	SL	MQ	10	17,323	1,732
Phone System	06-01-2008	1,000	1,000			5	1,000	0
Equipment Sheds	07-01-2008	1,000	1,000			5	1,000	0
Land-Quilcene 2	08-11-2008	99,413	0				0	0
Land-Quilcene 3	09-02-2008	334,985	0				0	0
Rotary Screw Fish Trap	12-14-2008	18,200	18,200	SL	MQ	10	16,532	1,820
Camera - Best Buy	03-02-2009	776	776			5	776	0
Generator	09-01-2009	799	799			5	799	0
Land-Bergman Properties	10-01-2009	395,840	0				0	0
Computer-Dell OptiPlex 780	05-06-2010	713	713			5	713	0
Leasehold Improvements	07-01-2010	8,860	8,860	SL	HY	15	4,432	591
Computer-Dell Optiplex	07-05-2010	866	866			5	866	0
Computer-Dell OptiPlex 780	07-05-2010	866	866			5	866	0
Laptop-Dell Latitude	12-31-2010	1,860	1,860			5	1,860	0
1993 FORD E350 - REPAIR COST CAPITALIZED	01-07-2011	2,974	2,974			5	2,974	0
Dell Laptop (for mendy)	02-19-2011	1,860	1,860			5	1,860	0
Dell OptiPlex	06-01-2011	866	866			5	866	0
Server Equipment	06-01-2011	10,000	10,000			5	10,000	0
Salmon Sulptures in Bronze (3)	08-01-2011	10,000	0				0	0
BARN	01-01-2012	342,519	342,519	SL	MM	40	51,378	8,563
FARM AT WATER'S EDGE PROPERTY	01-01-2012	730,156	0				0	0
FARM BUILDINGS	01-01-2012	1,296,235	1,296,235	SL	MM	40	194,436	32,406
MOLDINGS AND CASTINGS	01-01-2012	12,733	0				0	0
RENTAL PROPERTY	01-01-2012	121,090	121,090	SL	MM	40	18,162	3,027
BIG QUILCENE - PROPERTY A	12-21-2012	573,970	0				0	0
BIG QUILCENE - PROPERTY B	12-21-2012	105,154	0				0	0
CAPITAL IMPROVEMENTS	02-28-2013	1,638	1,638	SL	MM	40	200	41
CAPITAL IMPROVEMENTS - RENTAL ROOF	06-19-2014	7,309	7,309	SL	MM	40	648	183
LAND - BRINNON - DOSEWALLIPS BARGE	04-30-2015	15,393	0				0	0
BRUSH CUTTER MOWER - PREDATOR	09-02-2015	1,692	1,692	SL	HY	5	845	338
LAND - BELFAIR WATER CO	10-09-2015	4,550	0				0	0
WORKS OF ART - PAINTING	12-31-2015	2,400	0				0	0
WORKS OF ART - STAIN GLASS	12-31-2015	3,000	0				0	0
VEHICLE - NOOGWESE	02-17-2016	10,000	10,000	SL	HY	5	3,000	2,000
WORK IN PROCESS - BARN DESIGNS	05-04-2016	6,000	0				0	0
LOAN FEES	05-18-2016	17,915	17,915	200	DBHY	5	9,316	5,733
CONCRETE PAD - ALPACAS	06-27-2016	1,020	1,020	SL	MM	40	39	25

CAPITAL IMPROVEMENTS - HEAT PUMP	10-31-2016	10,496	10,496	SL MM	40	317	262
FORD ESCORT	11-21-2016	800	800	SL HY	5	240	160
SEPTIC DESIGN	06-05-2017	3,291	0		39	0	0
AMPHITHEATER DESIGN	08-03-2017	2,000	0		39	0	0
AMPHITHEATER DESIGN	10-24-2017	1,000	0		39	0	0
TOYOTA TUNDRA RUBY	10-24-2017	3,341	3,341	SL MQ	5	84	84
AMPHITHEATER DESIGN	11-21-2017	1,000	0		39	0	0
Total		4,650,186	2,160,463			618,198	56,965

* Item was disposed
of during current year.

Depreciation Detail Listing

2017

Program Services
For your records only

PAGE 1

Name(s) as shown on return

Social security number/EIN

HOOD CANAL SALMON ENHANCEMENT GROUP

91-1518294

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Land - Dewato	04152005	98,598	98,598	100.00			0 0			0				
2	Land-Quilcene	04182005	10,240	10,240	100.00			0 0			0				
3	Land-E Seabeck Creek	03292005	80,000	80,000	100.00			0 0			0				
4	Land-Quilcene 2	08112008	99,413	99,413	100.00			0 0			0				
5	Land-Quilcene 3	09022008	334,985	334,985	100.00			0 0			0				
6	Land-Bergman Properti	10012009	395,840	395,840	100.00			0 0			0				
7	Leasehold Improvement	07012010	8,860		100.00			8,860 15	SL HY	6.667	3,841	591	4,432	591	
8	Pentium Computer	03261997	2,740		100.00			2,740 5			0	2,740		2,740	
9	GIS Software	10021998	9,525		100.00			9,525 5			0	9,525		9,525	
10	Pentium II	11171998	4,551		100.00			4,551 5			0	4,551		4,551	
11	Color Copier	12281999	800		100.00			800 5			0	800		800	
12	Dell Laptop	10222002	2,685		100.00			2,685 5			0	2,685		2,685	
13	Office Equipment	01122004	5,027		100.00			5,027 5			0	5,027		5,027	
14	Office Furniture	04252005	218		100.00			218 5			0	218		218	
15	Computer Supplies	05052005	3,643		100.00			3,643 5			0	3,643		3,643	
16	Vol Recog EE 05	06072005	1,631		100.00			1,631 5			0	1,631		1,631	
17	Speaker System	06102005	1,408		100.00			1,408 5			0	1,408		1,408	
18	Shed, Table, Chairs	08012005	1,883		100.00			1,883 5			0	1,883		1,883	
19	Wireless Acc Omega 1	08162005	1,179		100.00			1,179 5			0	1,179		1,179	
20	Alarmguard	09012005	880		100.00			880 5			0	880		880	
21	Signs	10282005	1,355		100.00			1,355 5			0	1,355		1,355	
22	Signs	10282005	161		100.00			161 5			0	161		161	
23	Large Tents	05302006	1,167		100.00			1,167 5			0	1,167		1,167	
24	Camera - Best Buy	03022009	776		100.00			776 5			0	776		776	
25	Shed Platform	08182005	861		100.00			861 5			0	861		861	
26	Fencing	03022006	293		100.00			293 5			0	293		293	
27	Project Shed	08302006	1,253		100.00			1,253 5			0	1,253		1,253	
28	Computer-Dell OptiPle	05062010	713		100.00			713 5			0	713		713	
29	Computer-Dell OptiPle	07052010	866		100.00			866 5			0	866		866	
30	Computer-Dell Optiple	07052010	866		100.00			866 5			0	866		866	

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	Laptop-Dell Latitude	12312010	1,860		100.00			1,860	5		0	1,860		1,860	
32	Trinocular Microscope	07132006	669		100.00			669	5		0	669		669	
33	Axiostar Microscope-H	05072006	4,400		100.00			4,400	5		0	4,400		4,400	
34	Dell Laptop - HCDOP	11152006	3,054		100.00			3,054	5		0	3,054		3,054	
35	Chlorophyl Equipment	11222006	2,270		100.00			2,270	5		0	2,270		2,270	
36	Chlorophyl Equipment	11212006	5,696		100.00			5,696	5		0	5,696		5,696	
37	Delta Band Saw	11191998	500		100.00			500	7		0	500		500	
38	Delta 12" Table Saw	11011998	450		100.00			450	7		0	450		450	
39	Delta Drill Press	11011998	200		100.00			200	7		0	200		200	
40	Arcview Heat Welder	11011998	350		100.00			350	7		0	350		350	
41	RANGE FINDER	05102002	4,829		100.00			4,829	7		0	4,829		4,829	
42	INTAKE FOR TAHUYA SIT	03032003	467		100.00			467	7		0	467		467	
43	CEL/890 ADV WASTEWATE	03072003	2,754		100.00			2,754	7		0	2,754		2,754	
44	WSC WATER INTAKES	03312003	622		100.00			622	7		0	622		622	
45	LB STE	07312003	850		100.00			850	7		0	850		850	
46	NW VEG	07312003	1,236		100.00			1,236	7		0	1,236		1,236	
47	SWOFFER INSTRUMENTS	07312003	2,010		100.00			2,010	7		0	2,010		2,010	
48	VWR Scientific Equipm	10292003	345		100.00			345	7		0	345		345	
49	2 Aluminum	11032003	596		100.00			596	7		0	596		596	
50	Used PC.com - Laptop	10282003	834		100.00			834	5		0	834		834	
51	Used PC.com - Laptop	10282003	608		100.00			608	5		0	608		608	
52	COMPUTERS	09142004	4,340		100.00			4,340	5		0	4,340		4,340	
53	Laptop for Underwater	01082007	4,089		100.00			4,089	5		0	4,089		4,089	
54	5' Diameter Trap and	01152007	19,390		100.00			19,390	7		0	19,390		19,390	
55	2 Sensors, Cable, & A	01272007	2,435		100.00			2,435	7		0	2,435		2,435	
56	Underwater Camera	01312007	6,480		100.00			6,480	5		0	6,480		6,480	
57	Honda Kicker Motor on	02202007	4,010		100.00			4,010	7		0	4,010		4,010	
58	SBE 55 Water Sampler	04182007	15,939		100.00			15,939	7		0	15,939		15,939	
59	Side Scan Sonair, Win	04182007	56,177		100.00			56,177	5		0	56,177		56,177	
60	Reader, Clams for Sid	05242007	9,495		100.00			9,495	5		0	9,495		9,495	

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
61	Rotary Screw Fish Tra	12142008	18,200		100.00			18,200	10	SL MQ	10	14,712	1,820	16,532	1,820
62	Rotary Scrw Fish Trap	01082008	17,325		100.00			17,325	10	SL MQ	10	15,591	1,732	17,323	1,733
63	1998 Ford E350 Van-Vi	06212002	11,658		100.00			11,658	5		0	11,658		11,658	
64	EZ LOADER TRAILER	02122004	600		100.00			600	5		0	600		600	
65	Seacat Profiler 4647	09242004	20,305		100.00			20,305	5		0	20,305		20,305	
66	Seacat Profiler 4646	09272004	20,245		100.00			20,245	5		0	20,245		20,245	
67	1993 Trailer Kit Road	07202006	6,000		100.00			6,000	5		0	6,000		6,000	
68	1998 GMC Pickup	06272007	8,205		100.00			8,205	5		0	8,205		8,205	
69	Nomad Trailer	06012006	2,500		100.00			2,500	5		0	2,500		2,500	
70	Redd Pump	07022007	800		100.00			800	5		0	800		800	
71	Generator	09012009	799		100.00			799	5		0	799		799	
72	Refrigerators (2)	01012006	2,000		100.00			2,000	5		0	2,000		2,000	
73	Equipment Sheds	07012008	1,000		100.00			1,000	5		0	1,000		1,000	
74	HP Plotter	01012003	2,000		100.00			2,000	5		0	2,000		2,000	
75	Phone System	06012008	1,000		100.00			1,000	5		0	1,000		1,000	
76	Server Equipment	06012011	10,000		100.00			10,000	5		0	10,000		10,000	
77	Dell OptiPlex	06012011	866		100.00			866	5		0	866		866	
78	Dell Laptop (for mend	02192011	1,860		100.00			1,860	5		0	1,860		1,860	
79	Salmon Scuptures in B	08012011	10,000	10,000	100.00			0	0		0				
80	1993 FORD E350 - REPA	01072011	2,974		100.00			2,974	5		0	2,974		2,974	
81	2000 FORD RANGER	06272007	7,775		100.00			7,775	5		0	6,998		6,998	
82	RENTAL PROPERTY	01012012	121,090		100.00			121,090	40	SL MM	2.5	15,135	3,027	18,162	3,027
83	FARM BUILDINGS	01012012	1,296,235		100.00			1,296,235	40	SL MM	2.5	162,030	32,406	194,436	32,406
84	BARN	01012012	342,519		100.00			342,519	40	SL MM	2.5	42,815	8,563	51,378	8,563
85	MOLDINGS AND CASTINGS	01012012	12,733	12,733	100.00			0	0		0				
86	BIG QUILCENE - PROPER	12212012	573,970	573,970	100.00			0	0		0				
87	BIG QUILCENE - PROPER	12212012	105,154	105,154	100.00			0	0		0				
88	FARM AT WATER'S EDGE	01012012	730,156	730,156	100.00			0	0		0				
89	CAPITAL IMPROVEMENTS	02282013	1,638		100.00			1,638	40	SL MM	2.5	159	41	200	41
90	CAPITAL IMPROVEMENTS	06192014	7,309		100.00			7,309	40	SL MM	2.5	465	183	648	183

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
91	LAND - BELFAIR WATER	10092015	4,550	4,550	100.00			0 0							
92	LAND - BRINNON - DOSE	04302015	15,393	15,393	100.00			0 0							
93	BRUSH CUTTER MOWER -	09022015	1,692		100.00			1,692 5	SL	HY	20	507	338	845	338
94	WORKS OF ART - PAINTI	12312015	2,400	2,400	100.00			0 0							
95	WORKS OF ART - STAIN	12312015	3,000	3,000	100.00			0 0							
96	VEHICLE - NOOGWEESE	02172016	10,000		100.00			10,000 5	SL	HY	20	1,000	2,000	3,000	2,000
97	FORD ESCORT	11212016	800		100.00			800 5	SL	HY	20	80	160	240	160
98	CONCRETE PAD - ALPACA	06272016	1,020		100.00			1,020 40	SL	MM	2.5	14	25	39	26
99	CAPITAL IMPROVEMENTS	10312016	10,496		100.00			10,496 40	SL	MM	2.5	55	262	317	262
100	LOAN FEES	05182016	17,915		100.00			17,915 5	200 DB	HY	32	3,583	5,733	9,316	5,733
101	WORK IN PROCESS - BAR	05042016	6,000	6,000	100.00			0 0							
102	SEPTIC DESIGN	06052017	3,291	3,291	100.00			0 39							
103	TOYOTA TUNDRA RUBY	10242017	3,341		100.00			3,341 5	SL	MQ	2.5		84	84	84
104	AMPHITHEATER DESIGN	08032017	2,000	2,000	100.00			0 39							
105	AMPHITHEATER DESIGN	10242017	1,000	1,000	100.00			0 39							
106	AMPHITHEAATER DESIGN	11212017	1,000	1,000	100.00			0 39							
Totals			4,650,186					2,160,463				561,233	56,965	618,198	56,967

Land Amount
Net Depreciable Cost

4,650,186

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

56,965

ST ADJ: