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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
"Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form
"The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Whiting Conservation Cooperative

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

4039 21st Ave. West

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

Seattle

WA 98199

Room/suite

400

D Employer identification number

91-1858689

E Telephone number

206-285-5139

F Group Exemption

Number **◆**

G Accounting Method

Cash Accrual Other (specify) **◆**

H Check if the organization is not

required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)

I Website: **◆ pacificwhiting.org**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**6**) **◆** (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

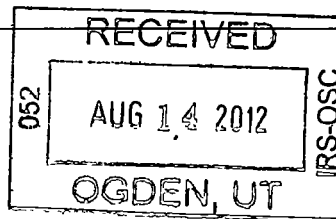
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **◆ \$ 100,007**

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

Check if the organization used Schedule O to respond to any question in this Part I

	1 Contributions, gifts, grants, and similar amounts received				
	2 Program service revenue including government fees and contracts				
	3 Membership dues and assessments		See Statement		
	4 Investment income			7	
Revenue	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
	c Less direct expenses from gaming and fundraising events	6c			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a Gross sales of inventory, less returns and allowances	7a			
	b Less cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
8 Other revenue (describe in Schedule O)			8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	100,007	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	
	11 Benefits paid to or for members			11	
	12 Salaries, other compensation, and employee benefits			12	175,000
	13 Professional fees and other payments to independent contractors			13	21,482
	14 Occupancy, rent, utilities, and maintenance			14	10,644
	15 Printing, publications, postage, and shipping			15	
	16 Other expenses (describe in Schedule O)			16	11,932
	17 Total expenses. Add lines 10 through 16			17	219,058
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-119,051
	Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19
20 Other changes in net assets or fund balances (explain in Schedule O)				20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20				21	62,411



95116

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
21 Cash, savings, and investments	194,831	22	57,053
22 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	5,694	24	32,548
25 Total assets	200,525	25	89,601
26 Total liabilities (describe in Schedule O)	19,063	26	27,190
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	181,462	27	62,411

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 The organization is conducting research related to the Whiting fish and reducing waste of the resource. Reports are used by the National Marine Fisheries Service. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	160,004
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	160,004

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jan Jacobs 2025 1st Ave #900 Seattle WA 98121	President/Alternate	0.00	0	0
Mike Breivik 1200 Westlake N #900 Seattle WA 98109	Vice Pres/Alternate	0.00	0	0
Daniel Waldeck 205 SE Spokane Street #338 Portland OR 97202	Exec Dir	0.00	0	0
Inge Andreassen 2025 1st Ave #900 Seattle WA 98121	Alternate	0.00	0	0
Dave Benson 5053 Shilshole Ave NW Seattle WA 98107	Sec/Treas/Director	0.00	0	0
Jim Johnson 1200 Westlake Ave N #900 Seattle WA 98109	Alternate	0.00	0	0
John Bundy 1200 Westlake Ave N #900 Seattle WA 98109	Director	0.00	0	0
Allen Kimball 5053 Shilshole Ave NW Seattle WA 98107	Alternate	0.00	0	0
Mike Hyde 2025 1st Ave #900 Seattle WA 98121	Director	0.00	0	0
Mike Luchino 5053 Shilshole Ave NW Seattle WA 98107	Alternate	0.00	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Farrell Born, CPA Telephone no 206-285-5139
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

b If "Yes," was the related organization a section 527 organization? Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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 Signature of officer: Jan Jacobs Date: 8/9/12
Type or print name and title: JAN JACOBS, PRESIDENT

Paid Preparer Use Only
Print/Type preparer's name: FARRELL BORN Preparer's signature: Farrell Born Date: 08/01/12 Check if self-employed PTIN: 91-1679637
Firm's name: Farrell A. Born, CPA Firm's EIN: 91-1679637
Firm's address: 323 NW 201ST PLACE SEATTLE, WA 98177-2015 Phone no: _____

Do you want the IRS to discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2011**Open to Public
Inspection**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Whiting Conservation Cooperative

Employer identification number

91-1858689**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Office general	\$ 607
Telephone & internet	\$ 3,236
Dues & subscriptions	\$ 1,000
Depreciation	\$ 420
Licenses, taxes	\$ 682
Travel	\$ 5,487
Insurance	\$ 500
Non-investment Depreciation	\$ 0
Total	\$ 11,932

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Pledges Receivable	\$ 1,641	\$ 29,831
Prepaid Expenses and Deferred Charges	\$ 3,318	\$ 2,402
Research equipment and computers	\$ 72,771	\$ 72,771
Less Accumulated Depreciation	\$ 72,036	\$ 72,456
Total	\$ 5,694	\$ 32,548

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 19,063	\$ 27,190

Name of the organization

Whiting Conservation Cooperative

Employer identification number

91-1858689

Form 990-EZ, Part III - Primary Exempt Purpose

**Conduct research related to Whiting fish and related waste
of resources.**