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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

"Do not enter social security numbers on this form as it may be made public."
 "Information about Form 990-EZ and its instructions is at www.irs.gov/form990."

A For the 2014 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Pollock Conservation Cooperative

Number and street (or P O box if mail is not delivered to street address) Room/suite
4039 21st Ave West 400

City or town state or province country and ZIP or foreign postal code
Seattle WA 98199

D Employer identification number
91-1948984

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: **◆ N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**5**) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **◆ \$ 91,800**

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	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																				
	2	Program service revenue including government fees and contracts																				
	3	See Statement																			91,800	
	4	Investment income																				
	5a	Gross amount from sale of assets other than inventory																				
	5b	Less cost or other basis and sales expenses																				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																				
	6	Gaming and fundraising events																				
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																				
6b	Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																					
6c	Less direct expenses from gaming and fundraising events																					
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																					
7a	Gross sales of inventory, less returns and allowances																					
7b	Less cost of goods sold																					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																					
8	Other revenue (describe in Schedule O)																					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 91,800																					
Expenses	10	Grants and similar amounts paid (list in Schedule O)																				
	11	Benefits paid to or for members																				
	12	Salaries, other compensation, and employee benefits																				
	13																				2,900	
	14	Occupancy, rent, utilities, and maintenance																				
	15	Printing, publications, postage, and shipping																				
	16																				46,346	
	17	Total expenses. Add lines 10 through 16 ▶ 49,246																				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																				
	19																				42,554	
	20	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)																				
	21																				34,439	
	20	Other changes in net assets or fund balances (explain in Schedule O)																				
	21																				76,993	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

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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
22 Cash, savings, and investments	41,789	22	27,412
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	1,000	24	56,081
25 Total assets	42,789	25	83,493
26 Total liabilities (describe in Schedule O)	8,350	26	6,500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,439	27	76,993

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?

Improve resource utilization

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, optional for others)

28 See Schedule O

28	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	46,283
29			
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	46,283

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 title	(b) 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
Doug Christensen President	2.00	0	0	0
Jan Jacobs Vice President	1.00	0	0	0
Craig Cross Secr/Treas	1.00	0	0	0
Stephanie Madsen Executive Director	1.00	0	0	0
Mike Hyde Board member	0.50	0	0	0
Jim Johnson Board member	0.50	0	0	0
Chris Swasand Board member	0.50	0	0	0
Dave Benson Board Member	0.50	0	0	0
Wally Pareyra Board member	0.50	0	0	0
Inge Andreassen Board member	0.50	0	0	0
John Bundy Board member	0.50	0	0	0
Larry Cotter Board member	0.50	0	0	0

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
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 0
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

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?

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, optional for others)

28	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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
31 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

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 title	(b) 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
Joe Bundrant Board member	0.50	0	0	0
Joe Plesha Board member	0.50	0	0	0
Morgan Crow Board member	0.50	0	0	0
Donna Parker Board member	0.50	0	0	0
Mike Coleman Board member	0.50	0	0	0
Henry Mitchell Board member	0.50	0	0	0
Mike Breivik Board member	0.50	0	0	0
Karl Bratvold Board member	0.50	0	0	0
Mike Luchino Board member	0.50	0	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? 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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: None
42a The organization's books are in care of: Farrell Born Telephone no: 206-285-5139
4039 21st Ave West Located at: Seattle WA ZIP + 4: 98199
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside 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: 43
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

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (empty)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (empty)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (empty)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (empty)

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits contributions, (e) Estimated amount of other compensation. All rows are empty.

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

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 must attach a completed Schedule A

Table with 3 columns: Question, Yes, No. Row 52: Yes (empty), No (empty)

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 (August 13th, 2015), Type or print name and title (Jan Jacobs, Vice President)

Paid Preparer Use Only: Preparer's name (Farrell Born), Signature (Farrell Born), Date (08/10/15), Check self-employed (empty), PTIN (911679637), Firm's name (Farrell A. Born, CPA), Firm's address (323 NW 201ST PLACE SEATTLE, WA 98177-2015), Phone no (206-774-7918)

May the IRS discuss this return with the preparer shown above? See instructions

Table with 3 columns: Question, Yes, No. Row: Yes (empty), No (empty)

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-EZComplete 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.

◆ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014**Open to Public
Inspection**

Employer identification number

Pollock Conservation Cooperative**91-1948984****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Office expenses	\$ 63
Skippers meeting	\$ 7,500
Safety awards	\$ 6,000
Taxes & licenses	\$ 277
Research	\$ 32,506
Total	\$ 46,346

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

Description	Beg. of Year	End of Year
Pledges Receivable	\$ 0	\$ 55,081
Prepaid Expenses and Deferred Charges	\$ 1,000	\$ 1,000
Research cameras	\$ 46,325	\$ 0
Less Accumulated Depreciation	\$ 46,325	\$ 0
Total	\$ 1,000	\$ 56,081

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 8,350	\$ 6,500

Form 990-EZ, Part III, Line 28 - First Accomplishment

The organization received approval from the Dept of
Justice to allow individual allocation of a set quota of

Name of the organization

Employer identification number

Pollock Conservation Cooperative

91-1948984

Pollock set by the US government, which reduces resource waste. Related research is conducted or funded.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

The organization received approval from the Dept of Justice to allow individual allocation of a set quota of Pollock set by the US government, which reduces resource waste. Related research is conducted or funded.