The information provi	ded will enable you t	o file a more complete	return and reduce th	e chances the IRS	will need to contac	et you.

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)

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2019, and ending . 20 A For the 2019 calendar year, or tax year beginning JANUARY 1 **DECEMBER 31** D Employer identification number C Name of organization 2 B Check if applicable: 81-1440714 Address change PETERSBURG VESSEL OWNER'S ASSOCIATION Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number initial return 907-772-9323 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 门万 Number ► 🔐 PETERSBURG, ALAKSA, 99833 Application pending H Check ► I if the organization is not G Accounting Method: | Wabsita: ▶ www.psgvoa.org required to attach Schedule B J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). Trust ✓ Association 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 麔 2 Program service revenue including government fees and contracts ž 3 3 58675 Membership dues and assessments 4 93 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 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) . . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances . . . 7a Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 q Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 58768 10 3262 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 2. 44005 12 13 Professional fees and other payments to independent contractors 2. 13 635 14 5542 14 15 15 110 16 16 15424 17 68978 18 Excess or (deficit) for the year (subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 108746 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 98538

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Form !	990-EZ (2019) The second second contractions of the instructions of the instruction of the instruct	for Part II)				Page 2
el col	Check if the organization used Schedule		ny question in this l	Partill		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[10884	22	98538
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[7862	24	
25	Total assets			108746	25	98538
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			108746	27	98538
Par		•		1		Expenses
IA/h =	Check if the organization used Schedule		ries information to th		(Req	uired for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations; optional for
Desc	ribe the organization's program service accompli- neasured by expenses. In a clear and concise m	snments for each o	n its inree largest pi e services nmvided	the number of	other	
	ons benefited, and other relevant information for ea		b services provided	, are number of		·
28		P. 1 9				T
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-3	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	
29						
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30	(Grants \$) If this amount	includes foreign gra	ants, check here .	· · · • • • • • • • • • • • • • • • • •	<u>29a</u>	
30	***************************************					1
	***************************************			w		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	}
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆 📗	<u>31a</u>	<u> </u>
	Total program service expenses (add lines 28a t				32	
Par		, -			struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this i			<u> </u>
	(a) Name and trie	(b) Average hours per week	compensation	contributions to employe		
	tal trans and but	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
Mega	ın O'Neil				+	······································
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Hart	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi				
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this		Yes	H-	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		100	140	
	detailed description of each activity in Schedule O	33		~	
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. Otherwise, explain the change on Schedule O. See instructions	34			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-		<u> </u>	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>	
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		<u> </u>	
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	36		<u>/</u>	2
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
b	Did the organization file Form 1120-POL for this year?	37b	200 31.00	√ Secondary	
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?	200			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a			?:
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9				
b	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 ▶				
b	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	40b		√	21
С	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				_
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
e	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	40e			
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶ Telephone no. ▶				
	Located at ► ZIP + 4 ►	·			
D	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)?	42b	Yes	NO	
	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).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		~	
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		/es	No.	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	93	No.	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√	
b	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	45b		7	

Form 99	90-EZ (2019)						P	age 4
,,,,,,,,,,,,,,							Yes	No
46	Did the organization engage, directly or in							
	to candidates for public office? If "Yes," o		, Parti			46		<u>~</u>
Part		s Only	ations 47 40h on	d 50 and ac	malata tha	tablaa f	ar lia	••
	All section 501(c)(3) organization	is must answer que	Stions 47-49D an	u 52, and 60	inbiere me	iapies i	OF BUR	<i>5</i> >
	50 and 51. Check if the organization used Sc	hadula O ta raspana	to any avection in	thic Part \/I				
	Check if the organization used Sc	riedule O io respond	to any question in	rans reat vi	<u></u>	· · · · · · · · · · · · · · · · · · ·	Yes	No.
47	Did the organization engage in lobbying	activities or have a	section 501(h) elect	tion in effect	during the t	ax [163	140
71	year? If "Yes," complete Schedule C, Par					47		
48	Is the organization a school as described in		in? If "Yes." complet	e Schedule E		48		
49a	Did the organization make any transfers t					49a		
b	If "Yes," was the related organization a se	-				49b		
50	Complete this table for the organization's	five highest compen	sated employees (o	ther than offic	ers, directo	rs, trustee	es, an	d key
	employees) who each received more than	1 \$100,000 of compe	nsation from the org	janization. If t	nere is none	, enter "N	lone."	
		(b) Average	(c) Reportable	(d) Health		(e) Estimate	d ama	nt of
	(a) Name and tritle of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	contributions to employee benefit plans, and deferred		other con		
		devoted to position	(Forms VV-2 1099-Wild)	compe	rsation			
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f	Total number of other employees paid ov	er \$100,000	. ▶		<del></del>	***************************************		
51	Complete this table for the organization	's five highest compe	ensated independer	nt contractors	who each	received	more	than
	\$100,000 of compensation from the orga	inization. If there is no	one, enter "None."					
	(a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)	Compensatio	חכ	
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d	Total number of other independent contra	ctors each receiving	over \$100,000 .	.▶	··	· <del></del>		
52	Did the organization complete Schedu	_	•	anizations m	ust attach	a		
	completed Schedule A	<u> </u>	<u> </u>			► ☐ Yes		0
	enalties of perjury, I declare that I have examined this r					wiedge and	belief, r	is.
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. // O. / PM	e IRS discuss this return with the preparer	snown above? See if	astructions		🕨	☐ Yes	IN	^

## 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

Open to Public Inspection

Employer Identification number

81-1440714 Petersburg Vessel Owner's Association Question 10 donations Beat the Odds Cancer Awareness \$ 200 Blessing of the Fleet flowers \$ 150 KSFK Radio 1100 Petersburg High School Operation Graduation § 100 Petersburg Elementary School Ocean Awareness Art Project 8 300 NPFMC June Meeting Reception \$ 200 Board of Game meeting Recepetion \$212 Question 16 Other Expenses Office Supplies \$579.97 Information TEchnology \$ 1889.80 Travel 8 9,953.83 United Fishermen of Alaska organization dues 8 3,000