

Form **990EZ**  
Department of the Treasury  
Internal Revenue Service

**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  
**2019**  
**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

**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 W Ste 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  
(907) 523-0970  
**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 . . . . . \$

**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 . . . . .

Table with 9 rows for Revenue. Columns include line numbers, descriptions, and amounts. Total revenue is 0.

Table with 10 rows for Expenses and Net Assets. Columns include line numbers, descriptions, and amounts. Total expenses are 5,631. Net assets at end of year are 35,496.



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 . . . . .

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and tax reporting.

42a The organization's books are in care of Stephanie Madsen Telephone no. (907) 523-0970
Located at 4039 21st Avenue W Suite 400 Seattle, WA ZIP + 4 98199

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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. . . . .	<b>46</b>	No

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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 title of each employee	(b) 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
NONE				

**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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**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 . . . . . ▶  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.

<b>Sign Here</b> Signature of officer Stephanie Madsen Executive Director Type or print name and title	2021-03-26 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Ken Russell	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00555711
	Firm's name ▶ Bookkeeping Done Right LLC			Firm's EIN ▶ 85-1036460	
	Firm's address ▶ 40 Lake Bellevue Drive Bellevue, WA 98005			Phone no. (425) 466-3466	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

## Additional Data

**Software ID:** 19009923

**Software Version:** 2019v5.0

**EIN:** 91-1948984

**Name:** Pollock Conservation Cooperative

### Form 990EZ, Part III - Statement of Program Service Accomplishments

<b>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.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<p><b>28</b> Facilitated harvest of the Federal allocation of pollock to the offshore sector Encouraged and supported research to protect and enhance fisheries in the North Pacific Six companies and 15 catcher vessels benefited. (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**Form 990EZ, Part IV — List of Officers, 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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Doug Christensen President	0	0		
Jan Jacobs Vice President	0	0		
Craig Cross Secretary	0	0		
Stephanie Madsen Executive Dir.	0	0		
Mike Hyde Trustee	0	0		
Morgan Crow Trustee	0	0		
Jim Johnson Trustee	0	0		
Stefanie Moreland Trustee	0	0		
Chris Swasand Trustee	0	0		
Inge Andreassen Trustee	0	0		
Anne Vandehoeven Trustee	0	0		
Wally Pereyra Trustee	0	0		
Mike Coleman Trustee	0	0		
Angie Pinsonneault Trustee	0	0		
Mike Breivik Trustee	0	0		

**Form 990EZ, 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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
John Bundy Trustee	0	0		
Karl Bratvold Trustee	0	0		
Joe Plesha Trustee	0	0		
Joe Bundrant Trustee	0	0		
Mike Luchino Trustee	0	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization  
Pollock Conservation Cooperative

Employer identification number

91-1948984

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.1009	Depreciation \$5547

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	Bank Charges \$84

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Assets.1003	Machinery and Equipment - Beginning \$9389 Machinery and Equipment - Ending \$3842

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Total Liabilities.1	Other Current Liabilities - Beginning \$36223 Other Current Liabilities - Ending \$36223

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Total Liabilities.2	Rounding - Beginning \$1 Rounding - Ending \$1