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)

2020

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.

0. A. Go to *www.irs.gov/Form*990EZ for instructions and the latest information • Open to Public Inspection

		nal Revenue Service		P GO to WWW.iis.gov/i ornissocz for instructions and the latest informati									
4	A F	For the 2020 calend Check if applicable		ar year, or tax year beginning	January 1	, 2020, a	and ending		cember				
	<b>B</b> c			C Name of organization				D Emp	-	entification number			
	<b>-</b>   ^	Address c	hange	Petersburg Vessel Owner's Association					8	1-144071			
	_	Name cha	-	Number and street (or P O box if mail is not de	elivered to street address)	7	Room/surte	E Teler	ohone nu				
I	=	nitial retui		PO Box 232					(90	7)772-9323			
í	=	mended	n/terminated	City or town, state or province, country, and ZI	P or foreign postal code		75	F Gro	up Exer	nption			
j	=		n pending	Petersburg, AK 99833			()2	Nur	nber 🕨				
	G A						<b>▶</b> ☑ 1	the organization is not					
	Website: ▶ psgvoa org re								equired to attach Schedule B				
								-	990, 990-EZ, or 990-PF)				
•		Form of organization: Corporation Trust Association Other											
			d lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets										
(	(Par	t II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of	Form 990-EZ .			<b>▶</b> \$					
1	Pá	art I	Revenu	e, Expenses, and Changes in Ne	et Assets or Fund	Balance	es (see the	instru	structions for Part I) 🔯				
				the organization used Schedule O t			•						
-	2	1		ns, gifts, grants, and similar amounts					1				
		2		ervice revenue including government					2				
		3		ip dues and assessments					3	51821 87			
	?	4	Investment	•					4	78 74			
		5a		unt from sale of assets other than inv	•	5a			11 136				
		ь		or other basis and sales expenses .	=	5b							
		c		ss) from sale of assets other than inve			ne 5a)		5c				
2	1000	6		d fundraising events:			10,04,	•	1 7				
2012		а	_	ome from gaming (attach Schedul	e G if greater tha	n	· · · · · ·		A 634	• • •			
ഔ	e e	•				6a				•			
1PR 13	E	b	•	me from fundraising events (not inclu	dina \$		f contribution	18	323				
ά	ě			aising events reported on line 1) (atta			Continuation	13					
APR	<b>ac</b>			h gross income and contributions exc		_   6b							
		С		t expenses from gaming and fundrais	·	6c							
Ш				e or (loss) from gaming and fundrais			6b and sub	subtract		,			
SCANNED		•	line 6c)	or (1000) from garring and fariation					6d				
$\left\{ \right.$		7a	•	s of inventory, less returns and allowa	inces	7a			1 X24				
$\odot$		b		of goods sold		7b		•	1 🎉				
S		C		t or (loss) from sales of inventory (sub					7C				
		8	•						8	8395 00			
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	nd8	RECE	VED	7:	9	60295 61			
-	-	10		similar amounts paid (list in Schedule		-			10	2100 00			
	Expenses	11		id to or for members	<b></b>	IPR:30	2021 - 180	j .	11				
		12		her compensation, and employee bei					12	43743 96			
			Profession	ol foos and other navments to indepen	ndent contractors	2000	- · · ·   8	• •	13	779 10			
		13	Professional fees and other payments to independent contractors DEN, UT				• •	14	3743 23				
	봈	14 15		iblications, postage, and shipping				• •	15	110 00			
	<b>"</b>			nses (describe in Schedule O)					16	10550 00			
		16							.17	61026 29			
-	- 1	17	France of	nses. Add lines 10 through 16 deficit) for the year (subtract line 17 fr	· · · · · · · · · · · · · · · · · · ·	· · ·			18	-730 68			
	হ	18 19		or fund balances at beginning of ye				· · ·	<del></del>	-730 08			
	Net Assets	פו		r figure reported on prior year's return					19	98537 99			
		00	•				•	•		90307 99			
	2	20		ges in net assets or fund balances (ex	•				20	97807 31			
		21	ivet assets	or fund balances at end of year. Com	ibine lines 18 through	120 .		<u>. –                                     </u>	21	9/60/31			

	र्भा 🗍	Balance Sheets (see the instructions	for Part II)		1	-	Page
		Check if the organization used Schedule		inv question in this	Part II		
		<u> </u>		7 11 00 00 00 00 00 00 00 00 00 00 00 00	(A) Beginning of year	Ť	(B) End of year
22	Cast	n, savings, and investments			98538	22	92930 44
23		and buildings				23	
24		r assets (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·	24	4876 87
25		l assets			98538		97807 31
26		I liabilities (describe in Schedule O)				26	
27		assets or fund balances (line 27 of column		th line 21)	98538		97807 31
art		Statement of Program Service Accom				1=-1	<del></del>
		Check if the organization used Schedule	•		•		Expenses
hat	is the	organization's primary exempt purpose?		information to Petersburg			quired for section
		• • • • • • •	-L	.f :4. Ab   1			(c)(3) and 501(c)(4) anizations; optional fo
m	easure	e organization's program service accompli d by expenses. In a clear and concise mefited, and other relevant information for ea	nanner, describe th				ers)
8			<del> </del>				
	······	\ [6.4]				00-	
달 9	(Grants	j ir this amount		ants, check here .	· · · <b>P</b> <u>U</u>	28a	
			· 				
	(Grants	s \$ ) If this amount	includes foreign gra	ants, check here .	• 🗖	29a	1
0	(	,					
	(Grants			ants, check here		30a	1
31	<u> </u>	program services (describe in Schedule O)		ants, check here .		30a	
31	Other p	program services (describe in Schedule O)	includes foreign gra	ants, check here .	 <b>&gt;</b> 🗆		
31 32	Other p	program services (describe in Schedule O) s \$ ) If this amount	includes foreign gra through 31a)	ants, check here		31a	
31 32	Other p (Grants Total p	program services (describe in Schedule O) \$ \( )  \text{if this amount} \) program service expenses (add lines 28a	includes foreign gra through 31a) . y Employees (list eac	ants, check here	pensated—see the i	31a	
1	Other p (Grants Total p	program services (describe in Schedule O) s \$ ) If this amount program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key	includes foreign gra through 31a) . y Employees (list eac	ants, check here	pensated—see the i	31a 32 nstruc	ctions for Part IV)
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	Form 99	90-EZ (2½0)	<u>/</u>		age 3	j.
	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in		t۷.	. 🗆	-
				Yes	No	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide detailed description of each activity in Schedule O	33		~	- 🔃
2	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforme copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			,	
•	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)?	35a		,	
	c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C 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 e, 35c		V	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset during the year? If "Yes," complete applicable parts of Schedule N	ts <b>36</b>		,	2
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ . 37a	4000			
	b	Did the organization file Form 1120-POL for this year?	37b		~	=
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	′е <u>/////</u> 38а		<b>V</b>	<b>2</b>
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b				ĺ
	39	Section 501(c)(7) organizations. Enter:				ĺ
	а	Initiation fees and capital contributions included on line 9				ĺ
	b	Gross receipts, included on line 9, for public use of club facilities		164		ĺ
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 495 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	8 ar <b>40b</b>	i maliki.	•	<b>2</b>
	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				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelte transaction? If "Yes," complete Form 8886-T	er <u>***</u> 40e		<b>V</b>	-
	41	List the states with which a copy of this return is filed ▶		<del>-</del>		
	42a	The organization's books are in care of ▶ Telephone no. ▶				
	b	Located at ► ZIP + 4 ►  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 ►	er <b>42b</b>	Yes	No V	, [
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank an Financial Accounts (FBAR).	d			
	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		<b>V</b>	•
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □ No	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a			<u> </u>
	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		7	J -
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c in 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	of		7	

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
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  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-charitable related organization?  48 If "Yes," was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and lemployees) 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 hours per w
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
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
ls the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
Did the organization make any transfers to an exempt non-charitable related organization?
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and learn employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average (c) Reportable compensation compensation compensation compensation compensation of the compensation of
(b) Average (c) Reportable compensation hours et a position deveted to position (Ergra W-2/1090-MISC) (c) Health benefits, contributions to employee benefit plans, and deferred other compensation
f Total number of other employees paid over \$100,000 ▶
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation
d Total number of other independent contractors each receiving over \$100,000 ▶
Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A
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## 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

2020

Open to Public Inspection

Employer identification number

Petersburg Vessel Owner's Association	81-1440714
Question 10 donations	
Petersburg Rotary Club \$100	·····
Scholarships \$2000	
Question 8 other revenues	
Received \$8395 loan from the SBA Payroll Protection Program. This has not been forgiven yet, but was used to pay for payroll, rent. and workman's control of the second second second second second second second second sec	ompensation insurance
Question 16 other expenses	
Office supplies \$1801 07	
Information Technology \$2596 85	<del></del>
Travel \$3084 98	
UFA Dues \$3000	
Corporate Licenses \$25	
Bank Charges \$42 10	
Question 24	
Paypal Account \$4876 87	