### COMMITTEE ON NATURAL RESOURCES

# Disclosure Form

# As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

At Risk: American Jobs, Agriculture, Health and Species – The Costs of Federal Regulatory Dysfunction Tuesday, 3 May 2011

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:  1. Name: William F. "Zeke" Grader, Jr.
2. Name of Organization(s) You are Representing at the Hearing:  Pacific Coast Federation of Fishermen's Associations
3. Business Address: O'Neil-Ueber Marine Campus, The Presidio (Bldg. 991) P.O. Box 29370, San Francisco, CA 94129-0370
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: (415) 561-5080 [Information redacted for privacy]

Name/Organization: William F. "Zeke" Grader, Jr., Pacific Coast Federation of Fishermen's Assns. Title/Date of Hearing: At Risk: American Jobs, Agriculture, Health and Species – The Costs of Federal Regulatory Dysfunction, Tuesday, 3 May 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Executive Director, Pacific Coast Federation of Fishermen's Associations, representing, among others, commercial salmon fishing men and women who depend on a fishery resource (salmon) affected by the application of pesticides near salmon bearing streams.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

See b. above

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

See attached

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

See b. above

Name/Organization: William F. "Zeke" Grader, Jr., Pacific Coast Federation of Fishermen's Assns. Title/Date of Hearing: At Risk: American Jobs, Agriculture, Health and Species – The Costs of Federal Regulatory Dysfunction, Tuesday, 3 May 2011

### In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

See b. above

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

- i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).
- j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached.

# PCFFA vs. Federal Government Cases, 1 Jan 2007 to Present

NAME	SUBJECT MATTER	STATUTE(S)	CASE NAME
Butte Creek FERC Consultation	Challenging FERC's Failure to Consult on DeSabla-Centerville Project's Impacts on Threatened Butte Creek Spring-Run Chinook Salmon	APA ESA	CA Sportfishing, et al v. FERC, No. 05-73064 (9 <sup>th</sup> Cir.)
Aquatic Conservation Strategy	Challenge to the Weakening of the Aquatic Conservation Strategy of the Northwest Forest Plan	ESA NEPA APA	Pacific Coast Federation of Fishermen's Associations et al v. National Marine Fisheries Service et al, 2:04-cv-01299-RSM (W.D. Wash.)
BLM Western Oregon plan Revision	Challenge to BLM western Oregon forest plans to make timber the dominant use and eliminate Northwest Forest Plan protections.	ESA NEPA FLPMA	Oregon Wild, et al. v. Shepard, et al, 09-0060-PK (D. Or.)
Hatchery Listing Policy	Challenge to NMFS Salmon/Steelhead Hatchery Listing Policy, which for the first time counts hatchery fish in making ESA listing determinations.	ESA NEPA APA	Trout Unlimited et al v. Lohn et al. 2:05-cv-01128-JCC (W.D. Wash.)
Klamath Takings Intervention	Intervention to Oppose Takings Claim for Reduced Irrigation Water Deliveries by Klamath Basin Irrigators	ESA US Constitution	Klamath Irrigation District, et al. v. United States 1:01-cv-00591-DGS (Fed. Cl.); and 2007-5115 (Fed Cir.)
Salmon Pesticides Delay	Suit against NMFS for unreasonable delay in completing ESA section 7 consultations on the impacts of pesticide registrations on salmon and steelhead.	ESA APA	NCAP v. NMFS, 07-1791 (W.D. Wash.)
Oregon Coho Listing	Challenge to NMFS's decision not to List Oregon Coastal Coho as a Threatened Species Under the ESA	ESA	Trout Unlimited, et al, v. Lohn, (06-01493-ST (D.Or.)
Pesticide Counterpart Regulations	Challenge to Counterpart Regulations that Authorize EPA Self-Consultation on Pesticides	ESA NEPA APA	Washington Toxics Coalition et al. v. United States Department of Interior, et al., 2:04cv-01998-JCC (W.D. Wash)
Salmon Listing Intervention	Intervention to Defend Sixteen Salmon Listings	ESA	Alsea Valley Alliance et al v. Lautenbacher et al, 6:05-cv- 06376-AA (D. Or.)
Oregon coho intervention	Intervention in challenge to threatened listing of Oregon coastal coho.	ESA	Douglas County Oregon et al., v. Balsinger, 08-1547 HHK (D.D.C.)
BPA Ninth Circuit FCRPS BiOp Challenge	Challenge to the Bonneville Power Administration's adoption of the 2008 FCRPS Biological Opinion for operation of the dams on the Columbia and Snake Rivers.	ESA APA	American Rivers, et al. v. BPA, No. 08-74597 (9 <sup>th</sup> Cir.)
ESA Consultation Rule Change	Challenge to rule change to weaken the Endangered Species Act's consultation requirements and procedures.	ESA	Natural Resources Defense Council, et al v. United States Department of Interior, 08- 5605MHP (N.D. Cal.)
Salmon BiOp	Intervene on the side of the federal	ESA	San Luis & Delta-Mendota Water

Intervention	government to defend against lawsuits challenging the biological opinion for Central Valley Project and State Water Project operations from jeopardizing the survival of endangered California salmon, steelhead, green sturgeon and Southern resident orcas.	NEPA APA	Authority v. Locke, 1:09-cv-01053 OWW (E.D. Cal., Fresno)
Defending Salmon Pesticide BiOp	Filed friend of the court brief to defend NMFS in a pesticide manufacturers' challenge to adopt mitigation NOAA Fisheries has required to protect salmon and steelhead from pesticide run-off.	ESA APA	In Re:Dow AgroSciences, et al., No. 09-1941 (4 <sup>TH</sup> Cir.)
Salmon Pesticide BiOp Implementation	Challenging EPA's failure to implement measures required by the National Marine Fisheries Service to ensure that pesticides will not jeopardize the survival and recovery of endangered	APA ESA	NCAP v. EPA, 2:10-cv-01919- TSZ (W.D. Wash.)
San Joaquin Takings Case Intervention	Intervention in US Court of Claims opposing liability of US for salmon restoration under San Joaquin Settlement Agreement.	US Constitution	Wolfsen Land & Cattle Co, et al., v. US, US Court of Claims, CV10- 580L
Groundfish Catch Share Petition	Declaratory relief claim to invalidate west coast groundfish fishery catch share quota program.	Magnuson- Stevens Act; APA; NEPA	Pacific Coast Federation of Fishermen's Assns., et al. v. Gary Locke, N.D. Cal. SF, CV10- 4790MEJ

This list was prepared for those litigation actions filed or otherwise initiated after January 1, 2007 and does not include on-going litigation that may still have been pending on or after that date, but was filed before that date. PCFFA's members are individuals and smaller fishermen's associations who separately may participate in litigation against the federal government and others. This list does not include any cases initiated by those members or member organizations, who are distinct legal entities separate from PCFFA.

Short Form Return of Organization Exempt From Income Tax

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 and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 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.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

OMB No. 1545-1150

2009

Open to Public Inspection

10/31

, 20 10

		ne 2009 calenda	ar year,	or tax year beginning	11/01	, 2009,	and ending	_	10/31		, 20 10
_		if applicable:	Please	C Name of organization				D Emplo			ation number
$\Box$		s change	use IRS	PACIFIC COAST FEDERATION	OF FISHERMEN'S A	SSOCIATIO	ONS INC	<u> </u>	94	-228	2359
ŏ	Name	-	label or print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telepho						none nu	mber	
	Initial r		type.	The Presidio PO Box 29370					415	5-561	1-5080
닏	Termin		See Specific	City or town, state or country, and Z	IP + 4		<u> </u>	F Grou	p Exer	nptio	n
닖		ded return	Instruc- tions.	San Francisco, CA 94129				Num	ber ▶		
ᆜ		ation pending			-t -k-witabla twento r	nuct attack	G Acco	unting Me	thod:	П	Cash 🗹 Accrual
	• Se	ection 501(c)(3)	organiz	rations and 4947(a)(1) nonexemp repleted Schedule A (Form 990 o	y chamable trusts i <b>v 990-EZ</b> ).	nust attach		r (specify)		_	
			a coi	inpreteu schedule A (i om ooo c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					roani	ization is <b>not</b>
										_	le B (Form 990,
1	Web	site: ► <u>www</u>	.pcffa.o	rg	+\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1) or	<del></del>	EZ, or 990		11000	10 D (. c +,
J	Tax-e	exempt status (	check o	nly one) — 📝 501(c) ( 5 ) ◀ (ir	isert no.) 4947(a)(	1)013				re th	an \$25,000 A
K	Check	k▶ LLL ifth	e organi	zation is not a section 509(a)(3) su	pporting organization	and its gros	s receipts are	o a compl	ete ret	HE III	an \$25,000. 71
	Form	990-EZ or Form	n 990 re	turn is not required, but if the org	anization chooses to	me a return	be sure to iii	o EZ	<u> </u>	uiii.	30,456
<u>L</u>	Add li	nes 5b, 6b, and 7	7b, to lin	e 9 to determine gross receipts; if \$5	500,000 or more, file Fo	orm 990 inste	ead of Form 99	o inetru	otions	for	
F	Part	Revenu	ie, Exp	penses, and Changes in N	et Assets or Fur	io balanc	es (See th	e manu	4	101	23,105
	1	Contribution	ons, gif	ts, grants, and similar amount	s received				-		20,100
	2	Program s	ervice	revenue including government	fees and contracts				2		6,749
	3	Membersh	nip due:	s and assessments					3		602
	4							• • •	4		- 602
	5	a Gross amo	ount fro	m sale of assets other than in	ventory	. <u>5a</u>		0			
		h Less: cost	or other	er basis and sales expenses .		. 5b	<u> </u>	0			•
		c Gain or (lo	ss) fror	n sale of assets other than inv	entory (Subtract lin	e 5b from	line 5a) . .		5c		0
9	6	Special event	ts and ac	tivities (complete applicable parts of S	chedule G). If any amour	nt is from <b>gan</b>	ning, check her	e▶ ∐			
Revenue				ot including \$		ons					
2		reported o		<del></del>		. <u>6a</u>		0			
Œ	1			nses other than fundraising ex		. 6b		0			
	1	c Net incom	e or (lo	ss) from special events and ac	tivities (Subtract lir	ne 6b from	line 6a)		6c		0
	1 _	7a Gross sales of inventory, less returns and allowances			A						
	l l	<b>b</b> Less: cost				. 7b		0			
		c Gross prof	fit or (lo	oss) from sales of inventory (Su	ubtract line 7b from	line 7a)			7c		0
	8							)	8		0
	9	Total reve	nue A	dd lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8			🕨	9		30,456
_	10	Grants and	d simila	ar amounts paid (attach sched	ule)				10		0
	11			or for members					11		0
u		Salaries o	ther co	empensation, and employee b					12		96,341
ğ	13	Drofession	nal fees	and other payments to indep	endent contractors				13		7,138
9	14								14		4,200
Fynansas	1 12			ions, postage, and shipping.					15		1,444
_	۱٠ ·			describe See Statement 1	• • • • • •			)	16		31,369
	16	Total exp	oncoc	Add lines 10 through 16				>	17		140,492
	17	Evenes or	(deficit	for the year (Subtract line 17	from line 9)				18		-110,036
Not Accote	3   18 2   19	Net accet	c or fu	nd balances at beginning of y	ear (from line 27.	column (A	)) (must agre	ee with			
Ü	3   13	end-of-ve	ar figur	e reported on prior year's retu	rn)				19		194,236
4	5	Other show	ar ngar	net assets or fund balances (	attach evolanation)				20		0
Ž	20	Other cha	nges in	d balances at end of year. Co	mhine lines 18 thro	ugh 20		•	21		84,200
	21		s or tun	ets. If Total assets on line 25,	column (R) are \$1	250,000 or	more, file F	orm 990		ad of	f Form 990-EZ.
	Part	m palatic	C OIIC	(See the instructions for Pa	art II )		(A) B	eginning o	fyear		(B) End of year
				<b>\</b>	•				7,097	22	81,908
	22	Cash, savings	s, and i	nvestments			• •			23	0
	23	Land and buil	dings .				· :	6	8,600	_	2,583
				·····			'		5,697	_	84,491
		Total assets		the Boo Statement 2			• ;		1,461		291
	26 27	Total liabilitie	es (des	cribe See Statement 3	3) must agree with	line 21)	'	19	4,236	-	84,200
	. 7	MAT SECOTO A			.,						

Part \	Other Information (Note the statement requirements in the instructions for Part V.)		I	
			Yes	No
	description of each activity	33		<b>√</b>
34	the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
description of each activity  Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on form 990. T. attach a statement explaining why the organization did not report the income on from 990. T.  Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year?  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete splicable parts of Schedule N  Tenter amount of political expenditures, direct or indirect, as described in the instructions.    Did the organization file Form 1120-PDL for this year?  Did the organization file Form 1120-PDL for this year?  Bid the organization file Form 1120-PDL for this year?  If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year and that the transactions had not excess benefit transaction during the year and that the transactions for the organization with a disqualified person in a prior year, and that the transactions for the organization with a disqualified person in a prior year, and that the transactions for the organization in a prior year of six publicable priors of the organization so folic(s) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons		35a		✓
h	If "Ves." has it filed a tay return on Form 990-T for this year?	35b		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37.5		
h	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
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 period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 3, for public dae of side identities		11.57	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior	40b		
C	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	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		1
41	List the states with which a copy of this return is filed. ▶ CA			
42a	The organization's books are in care of Phartet Lew	415-56	<b></b> -	0 
	Located at ► The Presidio PO Box 29370, San Francisco, CA 94129 ZIP + 4 ►	94	129	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	No
		42b	1	140
		420	<u> </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
		42c	Ì	1
С	If "Yes," enter the name of the foreign country: ▶	420	L	► □
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		<del></del>	
			Vac	No
	The second of th		168	140
44	Form 990-EZ	44	ļ	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		m 99	0-FZ	(2009

	330-LZ (2003)					
	Statement of Program Service Accon		uctions for Part III	1.)	_	Expenses
Wha	t is the organization's primary exempt purpose?	See Statement 4				ired for section (3) and 501(c)(4)
Desc	ribe what was achieved in carrying out the or	ganization's exempt purpo	ses. In a clear ar	nd concise		izations and section
mani	ner, describe the services provided, the number	of persons benefited, and	other relevant infor	rmation for	- 9	a)(1) trusts; optional
each	program title.				for ot	ners.)
28	The organization services member fishermen's ass	ociations along the Pacific Co	oast in matters relati	ing to aid		
20	and to protect the fishing industry.					
	(Grants \$ 0) If this amoun	t includes foreign grants, ch	eck here	. ▶ □	28a	0
~~	<u> </u>					
29						
					29a	
	(Grants \$ ) If this amoun				230	
30			·			
					00-	
		t includes foreign grants, ch			30a	
31	Other program services (attach schedule)			• • •		
		t includes foreign grants, ch			31a	
32	Total program service expenses (add lines 28a	through 31a)	<u> </u>	<u></u>	32	0
Par	List of Officers, Directors, Trustees, and Ke					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compe		other allowances
Davi	d Bitts	President, 0	0		0	0
PO E	3ox 29370, San Francisco, CA 94129					
	/ Collins	Vice President, 0	0		0	0
	Box 29370, San Francisco, CA 94129				1	
	Stiller	Treasurer, 0	0		0	0
	30x 29370, San Francisco, CA 94129					
		Secretary, 0	0		0	0
	can MacLean				٠	Ū
	30x 29370, San Francisco, CA 94129	Executive Director, 40	47,491		0	0
	am F Zeke Grader		47,431		U	·
	lox 29370, San Francisco, CA 94129	Trustee, 0			0	0
	3 Barbre	- Trustee, V	0		U	U
PO E	lox 29370, San Francisco, CA 94129	T	ļ <u>.</u>			
	n Newman	Trustee, 0	0		0	0
PO E	lox 29370, San Francisco, CA 94129					
Mike	McCorkle	Trustee, 0	0		0	0
PO E	lox 29370, San Francisco, CA 94129					
Tom	Hart	Trustee, 0	0		0	0
PO E	lox 29370, San Francisco, CA 94129					
Mike	Ricketts	Trustee, 0	0		0	0
PO E	lox 29370, San Francisco, CA 94129					
	Hudson	Trustee, 0	0		0	0
	ox 29370, San Francisco, CA 94129	1				
	Hart	Trustee, 0	0		0	0
	ox 29370, San Francisco, CA 94129	-				
	Buzz Yearwood	Trustee, 0	0		0	0
	ox 29370, San Francisco, CA 94129	-			-	
		Trustee, 0	0		0	0
	s Lawson	-			•	
	lox 29370, San Francisco, CA 94129	Trustee, 0	0		0	0
	Atkinson				U	U
	ox 29370, San Francisco, CA 94129	Tructon 0				
	Platt 	Trustee, 0	0		0	0
PO B	ox 29370, San Francisco, CA 94129	1=				
Barb	ara Emley	Trustee, 0	0		0	0
PO B	ox 29370, San Francisco, CA 94129					
		1	1			

omi aan	-EZ (2009)	<del> </del>			ll contion
Part V	501(c)(3) organizations and section 494 and complete the tables for lines 50 and	d 51.	inabio inabio ina		
46	Did the exemization ongage in direct or indirect	political campaign activ	ities on behalf of	or in opposition to	Yes No
	candidates for public office? If "Yes," complete S	Schedule C, Part I			46
4-7	Did the ergenization engage in lobbying activities	? If "Yes." complete Sch	redule C, Part II		47
40	to the organization a school as described in section	n 170(b)(1)(A)(ii)'?	complete scriedu	le E	48
<del>-</del> 0 49а	Did the organization make any transfers to an ex-	empt non-charitable rela	ted organization?		49a
_		27 organization?			49b
	a la companya di la c	sheet compensated emil	loyees (other thar	officers, directors,	trustees and key
-	employees) who each received more than \$100,0	000 of compensation from	m the organization	i. It there is none, on	tor reside
	(a) Name and address of each employee paid more	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to employee benefit plans & deferred compensation	
None	than \$100,000	GOI STORE OF THE S			
					<u> </u>
	Total number of other employees paid over \$100			<del></del>	
	Complete this table for the organization's five	highest compensated in	dependent contra	ctors who each rec	eived more than
51	\$100,000 of compensation from the organization	n. If there is none, enter	"None."		
	#100,000 or compensation from the organization				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Compensation
None					
140116					
<del></del> -					
d	Total number of other independent contractors	each receiving over \$100	,000▶		
•	Total Hamber of Cities in Esperiment	<u>-</u>			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accom	panying schedules and is based on all informa	statements, and to the bo tion of which preparer has	est of my knowledge s any knowledge.
Sign	1 11/14 F Trush			1 2-15-	2011
Here	Signature of officer			Date	
	William F Grade	r Executi	u Directo		
	Type or print name and title				
		Date	Check if	Preparer's identifying n	umber (See instructions)
Paid	Preparer's signature		self- employed ▶		
Prepar				EIN ►	
Use Or	yours if self-employed),			Phone no. ▶	
	address, and ZIP + 4 ne IRS discuss this return with the preparer show	n above? See instruction	ns		☐ Yes ☐ No
мау tr	ie ino discuss this return with the preparer show	n above: Gee manacho			om <b>990-EZ</b> (200

Statement 1 : Other Expenses Schedule

Statement 2 : Other Assets Statement 3 : Liabilities Schedule

Statement 4 : Primary Exempt Purpose

## PACIFIC COAST FEDERATION OF FISHERMEN'S ASSOCIATIONS

#### Statement 1

INC 94-2282359

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

#### Other Expenses Schedule

Description	Amount
Auto operating and maintenance	2,237
Bank fees	18
Books/software	478
Conferences, conventions and meetings	3,286
Contributions	312
Dues and subscriptions	2,408
Insurance	2,292
Internet	629
Licenses and permits	520
Meals /entertainment	377
Miscellaneous	77
Office supplies	3,070
Payroll service fees	1,558
Promotional Materials	2,200
Rental, other	43
Rental, storage locker	141
Supplies	102
Telephone	4,052
Travel	7,569
Total:	31,369

#### Statement 2

PACIFIC COAST FEDERATION OF FISHERMEN'S ASSOCIATIONS

INC 94-2282359

Form: 990-EZ

Page: 1

Line Number: Part II Line 24

Other Assets

	воу	EOY
Description	Amount	Amount
Accounts Receivable	68,500	852
Prepaid Expenses	100	1,731
Total:	68,600	2,583

### Statement 3

## PACIFIC COAST FEDERATION OF FISHERMEN'S ASSOCIATIONS

INC

94-2282359

Form: 990-EZ

Page: 1

Line Number: Part II Line 26

#### **Liabilities Schedule**

Description	воу	EOY
	Amount	Amount
Accounts Payable	1,461	291
Total:	1,461	291

Statement 4

## PACIFIC COAST FEDERATION OF FISHERMEN'S ASSOCIATIONS

INC

94-2282359

Form: 990-EZ

Page: 2

Line Number: Part III

**Primary Exempt Purpose** 

### Primary Exempt Purpose

To provide services in aiding and protecting the fishing industry.

# Form **990-EZ**

2008

Inspection

OMB No. 1545-1150

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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

Α	Fort	ne 2008 calendar year, or tax year beginning $11/01$ , 2008, and e	nding 10/31		,	2009
		if applicable: C		) Emp	loyer id	entification number
		s change   Please   Pacific Coast Federation of		94	-228	32359
	Name	change   label or   Fishermen's Associations	E	Tele	ohone n	umber
	Initial	eturn   type:   P.O. Box 29370				
Н	Termi	ation Specific San Francisco, CA 94129-0910	Į,	· C	Ev	emption
H		tions.	ן			
ш		stion pending	G Accounting m	nethod	: [	Cash X Accrual
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Other (specif			
			H Check ►	if th	e org	anization is <b>not</b>
ı	Web	site: N/A	required to a 990-EZ, or 990-EZ,	ttach	Sched	lule B (Form 990,
<u>J</u>	Orgai	ization type (check only one) $  X $ 501(c) ( 5 ) $\triangleleft$ (insert no.) 4947(a)(1) or 527	L			11
K	Che	k  ightharpoonup j if the organization is not a section 509(a)(3) supporting organization <b>and</b> its 100. A return is not required, but if the organization chooses to file a return, be sure	gross receipts are	e norn	naliy <b>r</b>	not more than
				Tetan		
L	Add	ines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file ad of Form 990-EZ	Form 990		▶\$	147,784.
D.	111516	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (See the in	nstru	ction	
1 9	1	Contributions, gifts, grants, and similar amounts received.		[	1	144,683.
	2	Program service revenue including government fees and contracts		[	2	
	3	Membership dues and assessments			3	1,775.
	4	Investment income			4	1,326.
	5 6	Gross amount from sale of assets other than inventory				
	ı	Less: cost or other basis and sales expenses			) Ž.	
R	(	Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)			5 c	
RM>MZUE	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, ch	eck nere	_] [		
Ñ		Gross revenue (not including \$ of contributions				
Ĕ		reported on line 1)				
	'	Less: direct expenses other than fundraising expenses			6c	
	-	Gross sales of inventory, less returns and allowances 7a				
	'	Less: cost of goods sold				
	'	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).			7 c	
	8	Other revenue (describe		)[	8	
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		_ ►	9	147,784.
_	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members		[	11	
E X	12	Salaries, other compensation, and employee benefits			12	84,079.
P	13	Professional fees and other payments to independent contractors			13	4,308.
N S	14	Occupancy, rent, utilities, and maintenance			14	4,200.
E S	15	Printing, publications, postage, and shipping		-	15	3,645. 54,688.
-	16	Other expenses (describe ► See Statement 1		····_	16 17	150,920.
	17	Total expenses (add lines 10 through 16).			18	-3,136.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			10	3,130.
NET	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must figure reported on prior year's return).	agree with end-of-	year	19	197,372.
E	20	Other changes in net assets or fund balances (attach explanation)			20	
,	20	Net assets or fund balances at end of year. Combine lines 18 through 20.		. ▶	21	194,236.
D	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or m	ore, file Form 990	inste	ad of	Form 990-EZ.
िक्य	ui t II	(See the instructions for Part II.)	(A) Beginning	of yea	r	(B) End of year
2:	2 Ca	sh, savings, and investments		539.	22	127,097.
2	<b>3</b> La	nd and buildings			23	60.606
2	4 01	ner assets (describe See Statement 2 )	117,			68,600.
2	5 To	tal assets	197,			195,697.
20	6 To	tal liabilities (describe  See Statement 3 )	107	372	26	1,461. 194,236.
2	7 Ne	t assets or fund balances (line 27 of column (B) must agree with line 21)	197,	312	27	134,230.

Earm	990-EZ (2008) Pacific Coast Fe	ederation of		94	-228	2359	Page 2
Dar	t III Statement of Program Ser	vice Accomplishments	(See the instruction	ns.)		Expenses	
M/hat i	is the organization's primary exempt purpose? See tribe what was achieved in carrying out the ribe the services provided, the number of	Statement 4			and ( 4947	uired for 501(c)( (4) organizations (a)(1) trusts; op	s and
gesc	ram title					thers.)	
28	The organization services Pacific Coast in matters fishing industry.	relating to aid to	and protection	n_of_the			
	(Grants \$ ) If thi	is amount includes foreign gr	ants, check here		28 a		
29							
		<del>-</del>					
	(Grants \$ ) If thi	is amount includes foreign or	ants check here		29a		
30					1	Ì	
					1		
					30 a		
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		30 a		
31	Other program services (attach schedule	•)			31 a		
	(Grants \$ ) If th	is amount includes foreign gr	rants, check here		4		
	Total program service expenses (add lin	nes 28a through 31a)		<u> </u>		l 	natra )
Par	t IV List of Officers, Directors,	Trustees, and Key Em	ployees. (List each o	ne even if not co	mpen	(e) Expense a	nsus.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compens	ins and	and other allow	wances
							_
See	Statement 5		47,491.		0.		0.
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			L				7 (2000)
BAA	A	TEEA0812L	01/14/09			Form <b>990-E</b>	<b>∠</b> (∠008)

Form	990-EZ (2008) Pacific Coast Federation of	94-228235	9	Ρa	age <b>3</b>
	Other Information (Note the statement requirement in General Instru	ction V.)	· · · · · · · · · · · · · · · · · · ·		
		!		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attacheach activity		33		<u>X</u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a confor	med copy of the changes	34		<u>X</u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), attach a statement explaining your reason for not reporting the income on Form 990-T.				
	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) not proxy tax requirements?		35 a		<u>x</u>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		35 b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0.			
b	Did the organization file Form 1120-POL for this year?		37b	January (1)	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still unpaid at the start of the period covered by this	employee <b>or</b> were s return?	38 a		<u>X</u>
t	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A			
39	501(c)(7) organizations. Enter:	N7 / 7			
a	Initiation fees and capital contributions included on line 9	39a N/A 39b N/A			
ŧ	Gross receipts, included on line 9, for public use of club facilities		4		
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year un	nder: 5 ► N/A			
	section 4911 ► N/A; section 4912 ► N/A; section 495		50 m 11 g 50 m 1	24.27	
ŀ	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess beryear or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	ent transaction during the	40 b		
`	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0. • 0.			
•	Enter amount of tax on line 40c reimbursed by the organization	• • • • • • • • • • • • • • • • • • • •	-		
	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax	40 e		Х
	shelter transaction? If 'Yes,' complete Form 8880-1			·	
41	List the states with which a copy of this return is filed None				
		•			
			_		
42	The books are in care of  Harriet Lew	Telephone no. $\rightarrow$ $415-5$		080	
	Located at P.O. Box 29910, San Francisco, CA	ZIP + 4 > 94129			
		an all an enthority over a		Yes	No
ı	At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to	financial account)?	42 b		Х
	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 a Foreign Bank and Fi	nancial Accounts.	42 c	\$:82(£)	X
•	At any time during the calendar year, did the organization maintain an office outside of the		420	L	<u> </u>
	If 'Yes,' enter the name of the foreign country: ►				
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - C	heck here		▶ [	N/A
43	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			N/A
	and effect the amount of tax enempt with a			Vac	No
				Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be complet	ed instead	44		X
	of Form 990-EZ			†	† <del>`</del>
45	Is any related organization a controlled entity of the organization within the meaning of sect Form 990 must be completed instead of Form 990-EZ.	ion 512(b)(13)? If Yes,	45		X
	1 Offit 330 must be completed meteda of commass and an arrangement of the complete of the complete of the commass and the complete of the comp	E.	orm 99	0-E7	(2008)

and complete the tables for lines 50 and 51.  16 Did the organization engage in observation of the complete Schedule C, Part II  17 I all the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  18 Is the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  19 I all the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  19 I all the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  19 I all the organization make any transfers to an exempt non-charitable related organization?  19 I all the organization make any transfers to an exempt non-charitable related organization?  10 Complete this table for the 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.  10 Name and address death employee paid over \$100.000  10 Name and address of each independent contractors who each received more than \$100.000 of compensation from the organization. If there is none, enter None.  11 Complete this table for the five highest compensated independent contractors who each received more than \$100.000 of compensation from the organization. If there is none, enter None.  15 Complete this table for the five highest compensated independent contractors who each received more than \$100.000 of compensation from the organization. If there is none, enter None.  16 Name and address of each independent contractor pad more than \$100.000 of compensation from the organization. If there is none, enter None.  17 Name and address of each independent contractors receiving over \$100.000 of compensation from the organization. If there is none, enter None.  18 Name and address of each independent contractors receiving over \$100.000 of compensation.  19 Name and address of each independent contractors receiving over \$100.000 of compensation.  10 Name and address of each independent	orm 990-E Part VI	Section 501(c)(3) organizations	s only. All section 5	01(c)(3) organizat	ions must answer qu	estions	46-4	9
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, Complete Schedule C, Part II.   47   47   48   47   48   47   48   47   48   47   48   49   49   49   49   49   49   49		and complete the tables for line	es 50 and 51.					No
17   Did the organization engage in lobbying activities? If Yes,' complete Schedule C, Part II   18   Site organization operating a school as described in section 170(b)(1/kg)(2)? If Yes,' complete Schedule E   48   49   49   49   49   49   49   49	46 Did th	ne organization engage in direct or indire	ct political campaign ac	tivities on behalf of or	in opposition to candidate	s 46		
38   st be organization operating a school as described in section 170(b)(1)(A)(a)? If Yes, complete Schedule E	<b>47</b> Did th	ne organization engage in lobbying activit	ties? If 'Yes,' complete	Schedule C, Part II		4/_		
1949   Dill the organization make any transfers to an exempt non-charitable related organization?   498	48 Is the	organization operating a school as desc	ribed in section 170(b)(	1)(A)(ii)? If 'Yes,' comp	olete Schedule E	48		
bill Yes, was the related organization(s) a section 527 organization?  50 Complete this table for the 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 pad expense devoted to position devoted by position of expense of the position of the employees pad over \$100,000.  51 Complete this table for the 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  (b) Compensation of the employees pad over \$100,000.  (c) Name and address of each independent contractor paid more than \$100,000 (b) Type of service  (c) Compensation (e) Type of service  (c) Compensation of which propagate has and talkinents, and to the lead of my knowledge and belief, it is built of the position of which propagate has any knowledge and belief, it is supplied to the position of the position of which propagate has any knowledge.  5 Sign   Sign   Tall Chan   Tall Ch	49 a Did th	ne organization make any transfers to an	exempt non-charitable	related organization?		49a		
(a) Name and address of each independent contractors receiving over \$100,000 (b) Type of service (c) Compensation (c) Compens	<b>b</b> If 'Ye	s,' was the related organization(s) a sect	ion 527 organization?			496		L
(a) Name and address of each energy part of the five highest compensated independent contractors who each received more than \$100,000 of compensation.  Complete this table for the 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) Title and average compensation of the employee paid over \$100,000  (d) Title and average compensation of the employee paid over \$100,000  (e) Total number of other employees paid over \$100,000  (e) Total number of other employees paid over \$100,000  (f) Type of service  (e) Compensation  (f) Compensation  (h) Type of service  (e) Compensation  (f) Type of service  (e) Compensation  (f) Type of service  (e) Compensation  (f) Type of service  (h) Type of print name and the service paid in servi	<b>50</b> Comp	olete this table for the five highest compensation	ensated employees (other from the organization.	er than officers, directo If there is none, enter	rs, trustees and key emp 'None.'	loyees) w	ho ea	ch
otal number of other employees paid over \$100,000    Complete this table for the 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			(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and	accou	int and	s
Complete this table for the 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) Compensation  (e) Type of service  (d) Compensation  (e) Type of service  (f) Compensation  (g) Name and address of each independent contractor paid more than \$100,000  (h) Type of service  (c) Compensation  (e) Type of service  (f) Compensation  (g) Name and address of each independent contractors receiving over \$100,000  (g) Type of service  (h) Type								
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Complete this table for the 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) Compensation  (e) Type of service  (d) Compensation  (e) Type of service  (f) Compensation  (g) Name and address of each independent contractor paid more than \$100,000  (h) Type of service  (c) Compensation  (e) Type of service  (f) Compensation  (g) Name and address of each independent contractors receiving over \$100,000  (g) Type of service  (h) Type								
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Complete this table for the 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) Compensation  (e) Type of service  (d) Compensation  (e) Type of service  (f) Compensation  (g) Name and address of each independent contractor paid more than \$100,000  (h) Type of service  (c) Compensation  (e) Type of service  (f) Compensation  (g) Name and address of each independent contractors receiving over \$100,000  (g) Type of service  (h) Type					-			
Complete this table for the 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) Compensation  (e) Type of service  (d) Compensation  (e) Type of service  (f) Compensation  (g) Name and address of each independent contractor paid more than \$100,000  (h) Type of service  (c) Compensation  (e) Type of service  (f) Compensation  (g) Name and address of each independent contractors receiving over \$100,000  (g) Type of service  (h) Type								
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.    Correct, and complete. Declaration of preparer (other than office) is based on all information of which preparer has any knowledge.    Date		(a) Name and address of each mapping of						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.    Correct, and complete. Declaration of preparer (other than office) is based on all information of which preparer has any knowledge.    Date								
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.    Correct, and complete. Declaration of preparer (other than office) is based on all information of which preparer has any knowledge.    Date			= = = = = = = = = = = = = = = = = = =	<b>•</b>				
Signature of officer  William Grader, Jr.  Preparer's signature  Preparer's signature  Tai Chan  Firm's name (or yours if self-employed), address, and address, and address, and address, and address, and address	Total num	Under penalties of perjury, I declare that I have example to personal true correct, and complete Declaration of preparer	nined this return, including acco	ompanying schedules and state all information of which prepar	ements, and to the best of my knower has any knowledge.	wledge and	belief, it	is
Sign lere    Signature of officer			1. 4.	V	1 10 110	,		
William Grader, Jr.  Type or print name and title.  Preparer's signature signature or signature or yours if self-employed, address, and ZIP+4  Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See instructions)   N/A    Tai Chan Date   Preparer's Identifying Number (See in	Sign	- Willen +. Ce	De Made	<del>`</del>	Date / Date	ver 2	201	<u>ပ</u>
Paid Preparer's signature  Pirm's name (or yours if self-employed), address, and ZIP+4  SAN FRANCISCO, CA 94118-3507  Type or print name and title.  Preparer's Identifying Number (See instructions)  Preparer's Identifying Number (See instructions)  N/A  EIN N/A  EIN N/A  Phone no. ► (415) 981-9168	Here	Signature of officer		V		tor		
Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP+4  Tai Chan   Tai Chan CPA  TAI CHAN CPA  TOR 15TH AVE  SAN FRANCISCO, CA 94118-3507  TAI CHAN CPA  Preparer's Identifying Number (See instructions)  N/A  EIN N/A  Phone no. ► (415) 981-9168					DACCULTVC DITOC			
Pre- parer's Use Only Sale of the preparer shown above? See instructions Tail Claim  Tail Claim  TAI CHAN CPA  TAI CHAN CPA  TAI CHAN CPA  TO8 15TH AVE  SAN FRANCISCO, CA 94118-3507  Phone no. ► (415) 981-9168  X Yes No	Paid	Preparer's	is U	Date   9/	I Sen-		itifying N	umber
Use Only SAN FRANCISCO, CA 94118-3507  May the UPS discuss this return with the preparer shown above? See instructions.  EIN ► N/A  Phone no. ► (415) 981-9168  X Yes No	Pre-	TAT CHAM CDA	<i>y</i> - <i>y</i>		employed [24] 247			
Only address, and SAN FRANCISCO, CA 94118-3507 Phone no. > (415) 981-9168	parer's	yours if self- 700 15TH AVE						
May the IDS discuss this return with the preparer shown above? See instructions.	Only	address, and SAN FRANCISCO,			Phone no. ► (415			1
			hown above? See instr	uctions				

2008	Federal Statements Pacific Coast Federation of	Page 1
	Fishermen's Associations	94-2282359
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses		
Auto operating and maint Bank fees Books/software Conferences, Conventions, a Contributions Depreciation Dues and subscriptions Information Technology Insurance Internet Legal defense fund fees Licenses and permits Meals/entertainment Miscellaneous Office supplies Payroll service fees Rental, other Rental, storage locker Supplies Telephone	and Meetings	685. 2,787. 1,168. 5,758. 1,003. 3,340. 1,754. 1,978. 5,858. 930. 932. 771. 2,370. 1,457. 559. 2,691. 338. 3,091. 15,082.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets		D. Alma
Machinery and Equipment	Beginning         \$ 112,000         5,758         red Charges       75         Total       \$ 117,833	. \$ 68,500. . 0. . 100.
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities		
Accounts Payable and Accrue	ed Expenses \$ 0  Total \$ 0	Ending  1. \$ 1,461.  2. \$ 1,461.

Statement 4 Form 990-EZ, Part III Organization's Primary Exempt Purpose

To provide services in aiding and protecting the fishing industry.

# **Federal Statements**

Pacific Coast Federation of Fishermen's Associations

94-2282359

Page 2

Statement 5 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Compen- Name and Address Per Week Devoted sation		Contri- bution to EBP & DC	Expense Account/ Other
David Bitts POB 29370 San Francisco, CA 94129	President \$			
Larry Collins POB 29370 San Francisco, CA 94129	Vice President 0	0.	0.	0.
Duncan McLean POB 29370 San Francisco, CA 94129	Secretary 0	0.	0.	0.
William Grader, Jr. POB 29370 San Francisco, CA 94129	Executive Direc 0	47,491.	0.	0.
Mike Stiller POB 29370 San Francisco, CA 94129	Treasurer 0	0.	0.	0.
Thomas Canale POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Ben Platt POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Craig Barbre POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Judie Graham POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
David Helliwell POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Mike McCorkle POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Tom McCray POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.

# **Federal Statements**

Page 3

Pacific Coast Federation of Fishermen's Associations

94-2282359

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Mike Ricketts POB 29370 San Francisco, CA 94129	Trustee \$	0.	\$ 0.	\$ 0.
Daniel Salter POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
	Total <u>\$</u>	47,491.	\$ 0.	\$ 0.

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury

	For the 2007 calendar year, or tax year beginning $11/01$ , 2007, and ending $10/31$	, 2008
	D Emple	oyer Identification Number
D		-2282359
	Great   orpmit   Fishermen's Associations   E Telep	hone number
	Name change   See   P.O. Box 29370	
	Initial return specific Instruction San Francisco, CA 94129-0910 F According to Marketing San Francisco, CA 94129-0910	unting Cash X Accrual
	lermination tions.	Other (specify)
	Amended return  H and I are not applicable to see	ction 527 organizations.
	charitable trusts must attach a completed Schedule A H (a) is this a group return to	
	(Form 990 or 990-EZ). H (b) If 'Yes,' enter number of	
G	Web site: ► N/A H (c) Are all affiliates include	
J	Organization type (If 'No,' attach a list. Se	
	(check only one) X 501(c) 5 ◀ (insert no.) 4947(a)(1) or 527 H (u) is this a separate return	
K	Charle have \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	gross receipts are normally <b>not</b> more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.  I Group Exemption  M Check I if the	e organization is not required
		Form 990, 990-EZ, or 990-PF).
	Cross resolute: Add lines 6h Xh 9h and 10h to line 12 5 200.000.	
Pa	art   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	100019.7
	1 Contributions, gifts, grants, and similar amounts received:	
	a Continuations to donor advised faileds	
	h Direct bublic Support (flot flictaded on line 14)	
	c Indirect public support (not included on line 1a)	
	d Government contributions (grants) (not included on line 1a)	1e 227,881.
	e Total (add lines 1 a through 1d) (cash \$ 227,881. noncash \$ )	
	11	
		5
	5 Dividends and interest from securities 6a Gross rents 6a 6	
	6a Gross rents.	
	b Less: rental expenses	6c
	l = military (described	7
R	(A) Securities 1 (B) Other	
¥	8a Gross amount from sales of assets other than inventory	
REVENUE	b Less: cost or other basis and sales expenses 8b	
E	c Gain or (loss) (attach schedule)	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8 <u>d</u>
	9 Special events and activities (attach schedule). If any amount is from gaming, check here	
	a Gross revenue (not including \$ of contributions	
	reported on line 1b)	4 / 4
	b Less: direct expenses other than fundraising expenses 9b	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c
	10a Gross sales of inventory, less returns and allowances	
	b Less: cost of goods sold	10c
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	11
	11 Other revenue (from Part VII, line 103)	
_	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11.	13 46,151.
E	13 Program services (from line 44, column (B))	14 68, 906.
EXPENSES	14 Management and general (from line 44, column (C))	15
E	15 Fundraising (from line 44, column (D))	16
S	16 Payments to affiliates (attach schedule)	17 115,057.
	17 Total expenses. Add lines 16 and 44, column (A).	18 138,626.
	18 Excess or (deficit) for the year. Subtract line 17 from line 12.	
N E	Net assets or fund balances at beginning of year (from line 73, column (A))	
	20 Other changes in net assets or fund balances (attach explanation)	21 197,372.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	5 <b>900</b> (2007)

Pacific Coast Federation of 94-2282359 Page

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.) Part II

Do	not include amounts reported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
	6b, 8b, 9b, 10b, or 16 of Part I.	5.5.2		services	and general			
22 a	Grants paid from donor advised funds (attach sch)							
	(cash \$							
	non-cash \$)							
	If this amount includes	22 a						
22 h	foreign grants, check here. Dther grants and allocations (att sch)	22.0						
220	(cash \$							
	non-cash \$)							
	If this amount includes							
	foreign grants, check here.	22 b						
23	Specific assistance to individuals	23						
	(attach schedule)	23						
24	Benefits paid to or for members	24						
	(attach schedule)	24			<del>مد نده نشود ترین بازند در در بزیر در کیکان در بازی در بازی در در بازی در </del>			
25 a	Compensation of current officers, directors, key employees, etc. listed			0	C1 CF1	0.		
	in Part V-A	25 a	61,651.	0.	61,651.	<u> </u>		
b	Compensation of former officers,	1 1						
	directors, key employees, etc. listed in Part V-B	25 b	0.	<u> </u>	0.	0.		
c	Compensation and other distributions, not							
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons							
	described in section	25 c	0.	0.	0.	0.		
	4958(c)(3)(B)	250						
26	Salaries and wages of employees not included on lines 25a, b, and c	26	12,211.	12,211.				
27	Pension plan contributions not included on lines 25a, b, and c	27						
00	Employee benefits not included on							
28	lines 25a - 27	28						
29	Payroll taxes	29	5,860.	819.	5,041.			
30	Professional fundraising fees				650.			
31	Accounting fees		650.		650.			
32	Legal fees		179.	179.				
33	Supplies		1,767.	1,767.				
34	Telephone		210.	210.				
35	Postage and shipping		5,597.	5,597.				
36	Equipment rental and maintenance		42.	42.				
37 38	Printing and publications	<b>—</b>	91.	91.				
39	Travel	-	7,639.	7,639.				
40	Conferences, conventions, and meetings		1,103.	1,103.				
41	Interest							
42	Depreciation, depletion, etc (attach schedule)	42	5,600.	5,600.		<del> </del>		
43	Other expenses not covered above (itemize):		10 457	10 003	1,564.			
	See Statement 1	43 a	12,457.	10,893.	1,304.			
ا	b	43 b						
	<sup>ç</sup>	43 c						
	d	43 e						
	e	431						
	'	43 g						
	T-tal functional expenses, Add lines 223							
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)		115,057.	46,15 <u>1</u> .	68,906.	0.		
<del></del>	(B) - (D), carry these totals to lines 13 - 15)	. <b>44</b>		40,101.	1 20,300.			
Joir	ant Costs. Check . ► if you are following any joint costs from a combined education	nal can	nnaign and fundraising s	solicitation reported in (	(B) Program services?	► Yes X No		
Are If '∨	es 'enter (i) the aggregate amount of the	se ioint	costs \$	; (ii) the	amount allocated to Pro	ogram services		
\$	; (iii) the amount a	allocate	d to Management and g	eneral \$	; and <b>(iv)</b> t	he amount allocated		
•	to Fundraising \$							

Page 3

		of Program Service					<del>-</del>
00	O is available for	public inspection and	for some neonle s	serves as the prima	rv or sole source	of information about a part	icular
כב ווווטי	U IS available for	public mapection and,	ior some people; o	be determi	and by the inform	ation precented on its return	n Therefore

organization. How the public perceives an organization in such cases may be determined by the information presented on its return. The please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments. Program Service Expenses What is the organization's primary exempt purpose? See Statement 2 equired for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.) All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a The organization services member fishermen's associations along the Pacific Coast in matters relating to aid to and protection of the fishing industry. 46,151. ) If this amount includes foreign grants, check here. . (Grants and allocations (Grants and allocations ) If this amount includes foreign grants, check here. (Grants and allocations (Grants and allocations

) If this amount includes foreign grants, check here.

BAA

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

(Grants and allocations \$

46,151. Form **990** (2007)

Vot	e: V	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
٦	45	Cash — non-interest-bearing	28,838.	45	22,783.
	46	Savings and temporary cash investments	20,748.	46	56,756 <u>.</u>
	47 a	Accounts receivable		4.5	
		Less: allowance for doubtful accounts		47 c	112,000.
	48 a	Pledges receivable			
		Less: allowance for doubtful accounts		48 c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	t	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
A S S E T S	51 a	Other notes and loans receivable (attach schedule)			
Š	t	Less: allowance for doubtful accounts 51 b		51 c	
·		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	75.
		a Investments — publicly-traded securities ► Cost FMV		54 a	
		b Investments – other securities (attach sch) ▶ ☐ Cost ☐ FMV ☐		54 b	
		a Investments – land, buildings, & equipment: basis.   55a			
	ŀ	Less: accumulated depreciation (attach schedule)		55 c	
	56			56	
		a Land, buildings, and equipment: basis 57a 133, 661.			
	l			*	
	۱ '	b Less: accumulated depreciation (attach schedule)	11,358.	57 c	5,758.
	58	Other assets, including program-related investments		1 1	
		(describe •)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	60,944.	59	197,372.
_	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
L	62	Deferred revenue		62	
I A B	63	Loans from officers, directors, trustees, and key		44	
- 1		employees (attach schedule)	,	63	
Ļ		a Tax-exempt bond liabilities (attach schedule)		64 a	
T I E S	ı	<b>b</b> Mortgages and other notes payable (attach schedule)	2,198.	<del>                                     </del>	
\$	65	Other liabilities (describe ).		65	
	66	Total liabilities. Add lines 60 through 65	2,198.	66	0.
	Org	anizations that follow SFAS 117, check here ► X and complete lines 67			
N E T		through 69 and lines 73 and 74.			
	67	Unrestricted	58,746.	67	197,372.
ş	68	Temporarily restricted		68	
Ţ	69	Permanently restricted		69	
Q	Org	anizations that do not follow SFAS 117, check here  and complete lines			
K F		70 through 74.			
Ü	70	Capital stock, trust principal, or current funds		70	
D	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ã	72	Retained earnings, endowment, accumulated income, or other funds		72	
ASSULTS OR FUZD BALAZCES	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through	FA 846		107 272
Ĕ		72. (Column (A) must equal line 19 and column (B) must equal line 21)	58,746.	1	197,372. 197,372.
-	1 74	Total link littles and not accets/fund balances, Add lines 66 and 73	60.944	74	197.57%.

Pa	art IV-A Reconciliation of Revenue instructions.)	e per Audited Financial	Statements with R	Revenue per Return	(See the
	Total revenue, gains, and other support	per audited financial statemer	nts	a	253, <u>683</u> .
b	Amounts included on line a but not on P	art I, line 12:			
-	1 Net unrealized gains on investments		<u>b1</u>	184	
	2Donated services and use of facilities		<u>b2</u>		
	3Recoveries of prior year grants		b3		
	<b>4</b> Other (specify):				
	Add lines b1 through b4			b	253,683.
C	Subtract line <b>b</b> from line <b>a</b>			.,,	200,000.
d	Amounts included on Part I, line 12, but	not on line a:	ا د به ا		
	1 Investment expenses not included on Pa	art I, line 6b			
	2Other (specify):		d2		
	Add lines <b>d1</b> and <b>d2</b>			d ▶ e	253,683.
e	art IV-B Reconciliation of Expens	es per Audited Financia	I Statements with	Expenses per Retu	ırn
				1 !	
а	Total expenses and losses per audited t	inancial statements		a a	115,057.
b	Amounts included on line a but not on F	Part I, line 17:	ا د ۱		
	1 Donated services and use of facilities		DI		
	2Prior year adjustments reported on Part	I, line 20	b2		
	<b>3</b> Losses reported on Part I, line 20				
	<b>4</b> Other (specify):				
	Add lines <b>b1</b> through <b>b4</b>		<del></del>	b	
_	Subtract line <b>b</b> from line <b>a</b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		115,057.
c d				W. el	
u	1 Investment expenses not included on P	art I. line 6b	d1		
	2Other (specify):			**************************************	
	Add lines d1 and d2			d	
_	Total expenses (Part I, line 17). Add lin	nes <b>c</b> and <b>d</b>		► e	115,057.
P	Part V-A Current Officers, Directo or key employee at any time du	rs, Trustees, and Key E	mployees (List each	n person who was an off See the instructions.)	ficer, director, trustee,
	or key employee at any time di	(B) Title and average hours	(C) Compensation	(D) Contributions to 1	(E) Expense
	(A) Name and address	per week devoted	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
	(A) Name and address	to position	enter -0-7	compensation plans	
_					
_	ee Statement 4		53,064.	8,587.	0
<u> </u>	ee Statement 4				
_					
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TEEA0105L 08/02/07

Form <b>990</b> (2007) Pacific Coast Federati	on of		94-2282359	<del>)</del>	Pa	age <b>6</b>
Part V-A Current Officers, Directors, Tru	stee <u>s, and Key En</u>	nployees (continue	d)		Yes	<u>No</u>
75 a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organizat	ion business at board meeting	s <b>-</b> _19	-		
<b>b</b> Are any officers, directors, trustees, or key emlisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relations.	isated professional an oh family or business	relationships? If 'Yes,' a		. 75 b		_x
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	oloyees listed in form	990, Part V-A, or highes		► 75 c		x
If 'Yes,' attach a statement that includes the in	formation described in	n the instructions.			1.1	
d Does the organization have a written conflict of	f interest policy?			. 75 d		
Part V-B Former Officers, Directors, Trus Benefits (If any former officer, directed during the year, list that person below a the instructions.)	ar tructoo or kon omi	slavaa racaivad campan	sation of other benefits (de:	SUIDEU	DEIDW	) e
(A) Name and address	<b>(B)</b> Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	<b>(E)</b> Exaccount a allowa	and ot	her
None						
				<del></del>		
Part VI Other Information (See the inst	ructions )				Yes	No
		andusting activities?				
76 Did the organization make a change in its act If 'Yes,' attach a detailed statement of each c	nange			. 76	<u> </u>	X
77 Were any changes made in the organizing or	governing documents	but not reported to the I	RS?	77_		X
If 'Yes,' attach a conformed copy of the chang	jes.	on an arrange divisions the we	or covered by this return?	. 78a		x
78 a Did the organization have unrelated business b If 'Yes,' has it filed a tax return on Form 990-	gross income of \$1,00 From this year?	or more during the ye	ar covered by this returns:	. 78b		A
					3.0	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				. 79	GALES A	X
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ociation with a statewicers, etc. to any other	de or nationwide organiz exempt or nonexempt o	zation) through common rganization?	80 a	Х	MG WENTER
b If 'Vos ' enter the name of the organization ▶	Institute for	r Fisheries Res	ources	- (3)		
	and c	theck whether it is $X \in$	exempt ornonexemp	t.   ) .		
81 a Enter direct and indirect political expenditures	s, (See line & Finstruct his year?		014	81 b	<u>.</u>	<u> x</u>

TEEA0106L 12/27/07

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Form 990 (2007)

	04 000005		_	
Form 990 (2007) Pacific Coast Federation of	94-2282359			age 7 No
Part VI Other Information (continued)  82 a Did the organization receive donated services or the use of materials, equipment, or facilitie	s at no charge or at		162	
substantially less than fair rental value?		82 a		<u> </u>
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83a Did the organization comply with the public inspection requirements for returns and exempti	on applications?	83 a	Х	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contrib		83 b	<u>X</u>	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a	7 8 7 7 3007	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such on tax deductible?	ontributions or gifts were	84 b	N/	/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85 a		X
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b		X
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless twaiver for proxy tax owed for the prior year.	he organization received a 			
c Dues, assessments, and similar amounts from members				
d Section 162(e) lobbying and political expenditures	<b>85 d</b> 0.			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e 0.		( <sup>‡</sup>	5
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f 0.		13.44	F
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N,	<u>/A</u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	onable estimate of	85 h	N,	/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		i Ardings		
line 12	86a N/A			
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86 b N/A			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX.	corporation or partnership, 7701-2 and 301.7701-3?	88 a		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled enti section 512(b)(13)? If 'Yes,' complete Part XI.	ty within the meaning of	88 b		х
<b>89a</b> $501(c)(3)$ organizations. Enter: Amount of tax imposed on the organization during the year $c$			B.W	
section 4911 $\blacktriangleright$ N/A; section 4912 $\blacktriangleright$ N/A; section 4912				
b Fol(a)(3) and Fol(a)(4) organizations. Did the organization engage in any section 4958 exce	ess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? I explaining each transaction.	t 'Yes.' affach a statement	89 b	N,	/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during				
year under sections 4912, 4900, and 4906			3	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	► N/A			# 3 ¥.
e All organizations. At any time during the tax year, was the organization a party to a prohibit	ed tax shelter transaction?	89 e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable	insurance contract?	89 f	F 18 2 - 14 - 19	X
The state of the s	Did the supporting			
g For supporting organizations and sponsoring organizations maintaining donor advised funds organization, or a fund maintained by a sponsoring organization, have excess business hold the year?	lings at any time during	89 g		х
90 a List the states with which a copy of this return is filed ► None				
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007		1 [	ľ	
(See instructions.)		<u>90ь</u>		0
91a The books are in care of ► Harriet Lew Telephone no Located at ► P.O. Box 29910, San Francisco, CA	umber ► 415-561-508 ZIP + 4 ► <u>94129</u>	3U 9		· · ·
			Yes	
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other	financial account)?	91 b	105. V	X
If 'Yes,' enter the name of the foreign country ▶				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Financial Accounts.	Foreign Bank and			

c At any time during the calendar year, die	the organiza	tion maintain an offic	e outside of the Ur	nited States?	91 c X
If IVan Lantar the name of the foreign count	n/ ►				
92 Section 4947(a)(1) nonexempt charitable	e trusts filina l	Form 990 in lieu of <b>F</b> o	orm 1041 - Check	here	N/A►
and enter the amount of tax-exempt inte	rest received	or accrued during the	e tax year	▶ 92	N/A
Part VII Analysis of Income-Produc	ing Activit	i <b>es</b> (See the insti	uctions.)		
		business income	Excluded by sec	tion 512, 513, or 514	(E)
lote: Enter gross amounts unless otherwise indicated.	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income
93 Program service revenue:					00 741
a Assessments					23,741.
b					
С					
d			-		
e					<u> </u>
f Medicare/Medicaid payments g Fees & contracts from government agencies					
94 Membership dues and assessments					1,000.
95 Interest on savings & temporary cash invmnts.					1,061
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
<b>b</b> not debt-financed property	i				
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a	V V V V V V V V V V V V V V V V V V V				
b					
c					
d					
e Subtotal (add columns (B), (D), and (E))					25,802
104 Subtotal (add columns (B), (D), and (E))	and (E))				25,802
105 alva line In Dort I should be	ual the amou	nt on line 12 Part I			
Part VIII Relationship of Activities	to the Acco	mplishment of E	xempt Purpose	s (See the instruc	ctions.)
The National Control of the Control	incomo ic i	anartad in calumn (F	Onf Part VIII contri	buted importantly to th	e accomplishment
▼ I of the organization's exempt purple.	ooses (other t	nan by providing lund	is for such purpose		
94 The organization's pr	cimary so	urce of fundi	ng is throug	h voluntary as	sessments and
dues collected from r	nember fi	shermen's ass	ociations		
		diamen and Diam	ogarded Entitio	s (See the instruc	tions )
Part IX Information Regarding Ta		idiaries and Disr	(C)	(D)	(E)
(A)	(B)	_		Total	End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentag ownership i		of activities	income	assets
N/A		8			
		%			
		%			
		%   	nonal Danasia	Contracte (Soo the	instructions )
Part X Information Regarding Tr	ansters Ass	sociated with Per	on a paragral banefit o	ontract?	Yes X No
a Did the organization, during the year, receive any     b Did the organization, during the year, p	ay premiums,	directly or indirectly,	on a personal ber	nefit contract?	
Note: If 'Yes' to (b), file Form 8870 and I	orm 4720 (se	e instructions).		TEEA0108L 12/27	707 Form <b>990</b> (200

94-2282359

Page 8

Form 990 (2007) Pacific Coast Federation of

Par	Information Regarding Transfe organization is a controlling org	rs To and From Controlled Entition in section F	<b>ties.</b> Compiete only if the 51 <i>2(</i> b)(13).	
	organization is a controlling org	anization as actifica in section of	(~)(,~).	Yes No
106	Did the reporting organization make any tran	nsfers <b>to</b> a controlled entity as defined i	in section 512(b)(13) of the Cod	de? If X
	'Yes,' complete the schedule below for each  (A)  Name, address, of each  controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
с				
	Totals			
		English Constitution of the State of Williams I American		Yes No
107	Did the reporting organization <b>receive</b> any t 'Yes,' complete the schedule below for each	controlled entity		e Code? If X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
c				
	Totals			
108	annuities described in question 107 above?	<u> </u>		
Plea Sigr Here	n Signature of officer	ly	and statements, and to the best of my kn ch preparer has any knowledge.	
Paic Pre-	Type or print name and title.  d Preparer's signature ► Tai Chan	Date		reparer's SSN or PTIN (See leneral Instruction X) I/A
pare Use Only	Firm's name (or yours if self-employed).  TAI CHAN CPA 708 15TH AVE	CA 94118-3507	EIN ► N/A Phone no. ► (41	5) 981-9168 Form <b>990</b> (2007)
BAA	1			1 OHH 330 (2007)

## **Federal Statements**

Page 1

Pacific Coast Federation of Fishermen's Associations

94-2282359

Statement 1 Form 990, Part II, Line 43 Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising Automobile maintenance/repairs Books/software Contributions Dues and subscriptions Insurance Internet Legal defense fund fees Licenses and taxes Meals/entertainment Miscellaneous Office expenses Outside contractors Workers' compensation Total	820. 2,444. 493. 781. 599. 2,408. 853. 607. 176. 1,054. 558. 591. 820. 253.	820. 2,444. 493. 599. 2,408. 853. 1,054. 558. 591. 820. 253. \$ 10,893.	781. 607. 176.	\$ 0.

Statement 2 Form 990 , Part III Organization's Primary Exempt Purpose

To provide services in aiding and protecting the fishing industry.

Statement 3 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category			Basis	 Accum. Deprec.		Book Value
Machinery and Equipment	Total	\$ \$	133,661. 133,661.	\$ 127,903. 127,903.	\$ \$	5,758. 5,758.

Statement 4
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation		but	ntri- ion to & DC	_	Expense Account/ Other
Chuck Wise POB 29370 San Francisco, CA 94129	President 0	\$	0.	\$	0.	\$	0.

# **Federal Statements**

Pacific Coast Federation of Fishermen's Associations

Page 2 94-2282359

Statement 4 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
David Bitts POB 29370 San Francisco, CA 94129	Vice President \$			
Larry Miyamura POB 29370 San Francisco, CA 94129	Secretary 0	0.	0.	0.
Marlyse Battisetella POB 29370 San Francisco, CA 94129	Treasurer 0	0.	0.	0.
William Grader, Jr. POB 29370 San Francisco, CA 94129	Executive Direc 0	53,064.	8,587.	0.
Tom Canale POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Larry Collins POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Mel Dodgin POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Craig Barbre POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Peggy Beckett POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Mitch Farro POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Judie Graham POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
David Helliwell POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.

# **Federal Statements**

Page 3 Pacific Coast Federation of Fishermen's Associations

94-2282359

Statement 4 (continued) Form 990, Part V-A List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Mike McCorkle POB 29370 San Francisco, CA 94129	Trustee 0	\$ 0.	\$ 0.	\$ 0.
Tom McCray POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Keith Olson POB 29370 San Francsico, CA 94129	Trustee 0	0.	0.	0.
Mike Ricketts POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Daniel Salter POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Anthony West POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
	Total	\$ 53,064.	\$ 8,587.	\$ 0.