## 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

For Individuals:

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

## 1. Name: Dave Little (President)

2. Name of Organization(s) You are Representing at the Hearing:

## **Freezer Longline Coalition**

Business Address:

## 2303 W Commodore Way # 202 Seattle, WA 98199

- 3. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: 206 284-2522

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.

## BS Naval architecture and Marine engineering from the University of Michigan.

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.

Past President and founder of the Freezer Longline Conservation Cooperative – a coalition of freezer longline companies based in Washington and Alaska which contributes approximately three hundred million dollars annually to Washington state's economy and employs 1500 people on a full-time equivalent basis.

Past member of the National Marine Fisheries Stellar Sea Lion Mitigation Committee, which works to protect and aid the recovery of the Stellar sea lion under the Endangered Species Act, while promoting sustainable and economically viable fisheries under the Magnuson-Stevens Fishery Conservation Management Act.

Member of the Washington State Distant Waters Advisory Group, Works in conjunction with the North Pacific Fisheries Management Council on federal fisheries issues.

Served on the North Pacific Fisheries Management Council Advisory Panel From 1992-1996, Panel advises NPFMC on important issues facing the council and hear public testimony on Council agenda.

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.

President of Clipper Seafoods, Clipper Seafoods owns and operates 6 freezer Longline vessels in Alaska. The company has been in business since 1987. The vessels operate in the Bering Sea, Aleutian island and Gulf of Alaska, Targeting mostly cod with Longline gear.

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.

Freezer Longline Coalition v. Lubchenco et. al Consolidated Case No. 11-0004 TMB IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ALASKA Case No. 3:11-cv-00004-TMB

Plantiff seeking support for summary judgment

In this lawsuit, the Freezer Longline Coalition ("FLC") challenges a fishery management regulation (the "Interim Final Rule") and associated Endangered Species Act ("ESA") decisions of the National Marine Fisheries Service ("NMFS"). NMFS reached these decisions through a substantively and procedurally flawed rulemaking process that resulted in a final rule that is arbitrary in a number of respects and that severely affects the FLC and its members. The agency's decision to impose sweeping closures on the Pacific cod longline fishery (the "longline fishery") is particularly arbitrary because the administrative record demonstrates that the longline fishery has no discernible effect on the Steller sea lion western distinct population segment ("wDPS"). Unlike the "nutritional stress" theory, which forms the entire basis for NMFS' decision to close vast areas to fishing, the effects of NMFS' decisions on the longline fishery are neither an abstraction nor unrealized. These effects are concrete and have resulted, and will continue to result, in substantial economic losses and job losses in an otherwise productive American fishery that is well-recognized (even by defendant-intervenor Oceana) as employing smart, sustainable fishing practices.

As set forth in the Joint Brief, the challenged agency decisions, as a general matter, violate the Magnuson Stevens Fishery Conservation and Management Act ("MSA"), the ESA, the APA, and the National Environmental Policy Act ("NEPA").

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

The Freezer Longline Coaltion is submitting for the record on this hearing substantial documentation outlining, supporting and providing citations for all testimony to be given before the Committee to help understand the context of the testimony to be given.

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.

## President of the Freezer Longline Coalition

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).

## See answer to question e. above

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: 2008, 2009, 2010

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2000	<ul> <li>7a Gross sal</li> <li>b Less: cos</li> <li>c Gross pro</li> <li>8 Other rev</li> <li>9 Total rev</li> <li>9 Total rev</li> <li>10 Grants an</li> <li>11 Benefits p</li> <li>12 Salaries,</li> <li>13 Profession</li> <li>14 Occupand</li> <li>15 Printing, p</li> <li>16 Other exp</li> <li>17 Total exp</li> <li>18 Excess or</li> <li>19 Net asset</li> <li>end-of-yea</li> <li>20 Other cha</li> <li>21 Net assets</li> </ul>	ne or (los es of inv t of good offit or (los enue (de enue. Ac d similar baid to or other cor nal fees a cy, rent, u bublicatio enses (d enses. A (deficit) s or fund ar figure nges in r s or fund Sheets.	ss) from special even rentory, less returns ds sold ss) from sales of invescribe $\blacktriangleright$ dd lines 1, 2, 3, 4, 50 amounts paid (attact for members mpensation, and em and other payments utilities, and mainten ns, postage, and sh lescribe $\blacktriangleright$ <u>SEE A</u> Add lines 10 through for the year (Subtra d balances at begin reported on prior yea balances at end of . If Total assets on I	nts and ac and allows entory (Su c, 6c, 7c, a ch schedu  ployee ber to indeper ance . ipping . <u>ITACHE</u> 16 . ct line 17 ning of ye ear's return alances (a year. Com	tivities (Subtraction ances	t line 6b	from line         7a         7b         7a)         . <t< td=""><td></td><td>) ) ) ) </td><td>7c           8           9           10           11           12           13           14           15           16           17           18           19           20           21           sstead</td><td></td><td>0 313,000 196,733 36,778 15,207 43,284 292,002 20,998 0 20,998 0 990-EZ.</td></t<>		) ) ) ) 	7c           8           9           10           11           12           13           14           15           16           17           18           19           20           21           sstead		0 313,000 196,733 36,778 15,207 43,284 292,002 20,998 0 20,998 0 990-EZ.
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2	<ul> <li>7a Gross sal</li> <li>b Less: cos</li> <li>c Gross pro</li> <li>8 Other rev</li> <li>9 Total rev</li> <li>9 Total rev</li> <li>10 Grants an</li> <li>11 Benefits p</li> <li>12 Salaries,</li> <li>13 Profession</li> <li>14 Occupand</li> <li>15 Printing, p</li> <li>16 Other exp</li> <li>17 Total exp</li> <li>18 Excess or</li> <li>19 Net asset end-of-yea</li> <li>20 Other cha</li> <li>21 Net assets</li> <li>rt II Balance</li> <li>Cash, savings, Land and buildi</li> </ul>	ne or (los es of inv t of good offit or (los enue (de enue. Ac d similar oaid to or other cor nal fees a cy, rent, u oublication enses (d enses. A (deficit) s or fund Sheets. (Se and investings)	ss) from special even rentory, less returns ds sold ss) from sales of invescribe ► dd lines 1, 2, 3, 4, 5d amounts paid (attact for members mpensation, and em and other payments utilities, and mainten ns, postage, and sh lescribe ► <u>SEE A</u> Add lines 10 through for the year (Subtra d balances at begin reported on prior yea het assets or fund ba balances at end of . If Total assets on I ee the instructions for stments	nts and ac and allows entory (Su c, 6c, 7c, a ch schedu  ployee ber to indeper ance . ipping . <u>TTACHE</u> 16 t line 17 ning of ye ear's return alances (a year. Com ine 25, co or Part II.)	tivities (Subtraction of the second s	t line 6b 	from line         7a         7b         7a)         . <t< td=""><td></td><td>)))))))) .</td><td>7c       8       9       10       11       12       13       14       15       16       17       18       19       20       21       istead       ear       NE     22       23</td><td>(B) End of</td><td>0 313,000 196,733 36,778 15,207 43,284 292,002 20,998 0 20,998 0 20,998 0 20,998 0 20,998</td></t<>		)))))))) .	7c       8       9       10       11       12       13       14       15       16       17       18       19       20       21       istead       ear       NE     22       23	(B) End of	0 313,000 196,733 36,778 15,207 43,284 292,002 20,998 0 20,998 0 20,998 0 20,998 0 20,998
2 3	<ul> <li>7a Gross sal</li> <li>b Less: cos</li> <li>c Gross pro</li> <li>8 Other rev</li> <li>9 Total rev</li> <li>9 Total rev</li> <li>10 Grants an</li> <li>11 Benefits p</li> <li>12 Salaries, a</li> <li>13 Profession</li> <li>14 Occupand</li> <li>15 Printing, p</li> <li>16 Other exp</li> <li>17 Total exp</li> <li>18 Excess or</li> <li>19 Net asset end-of-yea</li> <li>20 Other cha</li> <li>21 Net assets</li> <li>t II Balance</li> <li>Cash, savings, Land and buildi</li> <li>Other assets (d)</li> </ul>	ne or (los es of inv t of good offit or (los enue (de enue. Ac d similar other con the	ss) from special even rentory, less returns ds sold ss) from sales of inv escribe ► dd lines 1, 2, 3, 4, 50 amounts paid (attac- for members mpensation, and em and other payments utilities, and mainten ns, postage, and sh lescribe ► SEE A Add lines 10 through for the year (Subtra d balances at begin reported on prior yea to the assets or fund ba balances at end of . If Total assets on I ee the instructions for stments	nts and ac and allows entory (Su c, 6c, 7c, a ch schedu  ployee ben to indepen ance  proyee ben to indepen ance  TTACHE 16  ct line 17 ning of ye ear's return alances (a year. Com ine 25, co or Part II.)	tivities (Subtraction of the second s	t line 6b 	from line         7a         7b         7a)         . <t< td=""><td></td><td>)))))))) .</td><td>7c       8       9       10       11       12       13       14       15       16       17       18       19       20       21       sstead       ear       VE     22       23       VE     24</td><td>(B) End of</td><td>0 313,000 196,733 36,778 15,207 43,284 292,002 20,998 0 20,998 0 20,998 0 20,998 0 20,998 0 20,998 0 20,998 17,769 5,011</td></t<>		)))))))) .	7c       8       9       10       11       12       13       14       15       16       17       18       19       20       21       sstead       ear       VE     22       23       VE     24	(B) End of	0 313,000 196,733 36,778 15,207 43,284 292,002 20,998 0 20,998 0 20,998 0 20,998 0 20,998 0 20,998 0 20,998 17,769 5,011
234	<ul> <li>7a Gross sal</li> <li>b Less: cos</li> <li>c Gross pro</li> <li>8 Other rev</li> <li>9 Total rev</li> <li>10 Grants an</li> <li>11 Benefits p</li> <li>12 Salaries,</li> <li>13 Profession</li> <li>14 Occupand</li> <li>15 Printing, p</li> <li>16 Other exp</li> <li>17 Total exp</li> <li>18 Excess or</li> <li>19 Net assets</li> <li>end-of-yea</li> <li>20 Other cha</li> <li>21 Net assets</li> <li>rt II Balance</li> <li>Cash, savings,</li> <li>Land and buildi</li> <li>Other assets (d</li> <li>Total assets</li> <li>Total liabilities</li> </ul>	ne or (los es of inv t of good offit or (los enue (de enue. Ac d similar oald to or other con nal fees a cy, rent, u oublication enses (d enses. A (deficit) s or fund Sheets. (Se and inves ngs . escribe (describe	ss) from special even rentory, less returns ds sold ss) from sales of invescribe ► dd lines 1, 2, 3, 4, 5d amounts paid (attact for members mpensation, and em and other payments utilities, and mainten ns, postage, and sh lescribe ► <u>SEE A</u> Add lines 10 through for the year (Subtra d balances at begin reported on prior yea het assets or fund ba balances at end of . If Total assets on I ee the instructions for stments	nts and ac and allows entory (Su c, 6c, 7c, a ch schedu ployee ben to independent ance . ipping . ITACHE 16 . ct line 17 ning of ye ear's return alances (a year. Com ine 25, co or Part II.) D PAYA	tivities (Subtraction ances	t line 6b rom line rom line	from line         7a         7b         7a)         . <t< td=""><td></td><td>)))))))) .</td><td>7c       8       9       10       11       12       13       14       15       16       17       18       19       20       21       istead       ear       NE     22       23</td><td>(B) End of</td><td>0 313,000 196,733 36,778 15,207 43,284 292,002 20,998 0 20,998 0 20,998 0 20,998 0 20,998</td></t<>		)))))))) .	7c       8       9       10       11       12       13       14       15       16       17       18       19       20       21       istead       ear       NE     22       23	(B) End of	0 313,000 196,733 36,778 15,207 43,284 292,002 20,998 0 20,998 0 20,998 0 20,998 0 20,998

Form 990-EZ (2008)           Part III         Statement of Program Service Accommode           What is the organization's primary exempt purpose?         Similar           Describe what was achieved in carrying out the organization describe the services provided, the number of persons been 28 SEE ATTACHED         28 SEE ATTACHED	EE ATTACHED tion's exempt purposes. In efited, or other relevant info			and	Page 2 Expenses quired for 501(c)(3) (4) organizations 4947(a)(1) trusts; onal for others.)
(Grants \$ ) If this amount inclu 29 SEE ATTACHED				28a	
(Grants \$ ) If this amount inclu 30 SEE ATTACHED	ides foreign grants, check	chere	. ► 🗆	29a	
(Grants \$ ) If this amount inclu	ides foreign grants, check			30a	
	des foreign grants, check rough 31a)	chere	. ► 🗆	31a 32	
Part IV List of Officers, Directors, Trustees, and Key I	Employees. List each one ev	en if not compensate	ed. (See the ins	structio	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred compe	plans &	(e) Expense account and other allowances
SEE ATTACHED					
<u>}</u>					

Form	990-EZ (2008)		P	age 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
-			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	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 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 section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/.	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	The state		
39		aug s		
a	Initiation fees and capital contributions included on line 9			》(读
	Gross receipts, included on line 9, for public use of club facilities	- the		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A			
	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/.	A
d	Enter amount of tax on line 40c reimbursed by the organization	1		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e	12	X
41	transaction? If "Yes," complete Form 8886-T	1		
	The books are in care of ▶ KENNY DOWN       Telephone no. ▶ (206)         Located at ▶ 2303 W COMMODORE WAY, SUITE 202, SEATTLE,WA       ZIP + 4 ▶ 9819		2522	
b	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		Yes	
	account)?	42b		X
	and Financial Accounts.	10	1. H. A.	V
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: $\blacktriangleright$ N/A	42c		<u>X</u>
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		N/A	
		- 1. 1 M	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

Form 990-EZ (2008)

Form 990-EZ (2008)				
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer qui and complete the tables for lines 50 and 51.		ons 4	6–49	
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
40	candidates for public office? If "Yes," complete Schedule C, Part I			Х
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48		X
	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
	If "Yes," was the related organization(s) a section 527 organization?	49b	N/A	A

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 paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid 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	(c) Compensation
NONE			
Total numb	per of other independent contractors each receiving over \$100,000		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all	and statements, and to the information of which prep	he best of my knowledge arer has any knowledge.
Here	Signature of officer	Date	
	Type or print name and title.		
Paid	Preparer's Research a Maehan Date Check self- signature Research a Maehan 2/19/09 employ	if Preparer's Identify yed ► □ P00032222	ring Number (See instructions) 3
Preparer's Use Only	Firm's name (or yours) if self-employed), address, and ZIP + 4 DAWSON & GERBIC LLP 2208 NW MARKET #405, SEATTLE, WA 98107	EIN ▶91-12 Phone no. ▶(206)	
May the IR	S discuss this return with the preparer shown above? See instructions		► X Yes □ No
in all and in a			5-000 E7 (0000)

Form 990-EZ (2008)

EXPERSES

	Form 990-EZ	S Return of Organizati	hort Form			OMB No. 1545-1150
	Form <b>330-EZ</b>	Sponsoring organizations of dopor advised funds and	r 4947(a)(1) of the Internal Re enefit trust or private foundat	venue Code ion)	ile Form	2009
	Department of the Treasury Internal Revenue Service		nav use this form	1,250,000 at the end of th	le year	Open to Public Inspection
	A For the 2009 calend	ar year, or tax year beginning	, 2009, and endi	ina		
	B Check if applicable: Address change Name change Initial return Termination Amended return Application pending	c Freezer Longline Coaliti 2303 West Commodore Way Seattle, WA 98199	0.0	D E	26-2 elephone (206)	identification number 128140 number 284-2522 Exemption
	Section 501(c)	(3) organizations and 4947(a)(1) nonexem ttach a completed Schedule A (Form 990 (	pt charitable trusts G	Accounting metho Other (specify)	umber.	► N/A
1 7 4	Website: ► <u>N/A</u> Tax-exempt status (check Check ► if the or	<u>conly one) – X 501(c) (6) ◄ (insert no.)</u>	4947(a)(1) or 527	Check ► X if required to attach 990-EZ, or 990-P	Sche F).	dule B (Form 990,
L	Add lines 5b, 6b, and instead of Form 990- Part I Revenue, 1 Contributions, g 2 Program service 3 Membership due	7b, to line 9 to determine gross receipts; EZ. <b>Expenses, and Changes in Net A</b> iifts, grants, and similar amounts received e revenue including government fees and des and assessments.	if \$500,000 or more, file Form ssets or Fund Balances	(See the instru	► \$ Iction	411,200. s for Part I.)
REARA	<ul> <li>5a Gross amount fr</li> <li>b Less: cost or oth</li> <li>c Gain or (loss) from s</li> <li>6 Special events and a</li> <li>a Gross revenue ( reported on line</li> <li>b Less: direct expective</li> <li>c Net income or (loss)</li> <li>7a Gross sales of into</li> <li>b Less: cost of good</li> <li>c Gross profit or (loss)</li> <li>8 Other revenue (description)</li> </ul>	rom sale of assets other than inventory her basis and sales expenses sale of assets other than inventory (Subtract In 5b from ctivities (complete applicable parts of Schedule G). If not including \$ of i 1) enses other than fundraising expenses from special events and activities (Subtract line 6b from ventory, less returns and allowances bds sold boss) from sales of inventory (Subtract line be ►	5 a 5 b 5 b n In 5a). any amount is from gaming, check he contributions 6 a 6 b 5 b 7 a 7 b 7 b 7 b 7 b	re	3 4 5c 6c 7c 8	411,200.
		dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	411,200.
EXPENSES	<ol> <li>Salaries, other co</li> <li>Professional fees</li> <li>Occupancy, rent,</li> <li>Printing, publicati</li> <li>Other expenses (descri</li> <li>Total expenses.</li> </ol>	impensation, and employee benefits and other payments to independent contra utilities, and maintenance ons, postage, and shipping be ► <u>See Statement 1</u> Add lines 10 through 16	actors.		1 2 3 4 5 6	240,959. 108,658. 19,500. 570. 33,399.
	18 Excess or (deficit)	for the year (Subtract line 17 from line 9)	******************************	▶ 1	7	403,086.

	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	•••••••	17	403,086.
AS	19	Net assets or fund balances at basis		18	8,114.
EF		Net assets or fund balances at beginning of year (from line 27, column (A)) (must an figure reported on prior year's return).	ree with end-of-year		
TT	20	Other changes in net assets or fund balances (attach explanation).		19	20,998.
3	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		20	
Pa	rt II	Balance Sheets. If Total assets on line 25, achieve (7)	····· ►	21	29,112.
		Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more (See the instructions for Part II.)	e, file Form 990 inste	ad of	Form 990-EZ.
22	Cas	ch covince and in the	(A) Beginning of yea	r	(B) End of year
23	Lan	and buildings	17,769.	22	27,127.
24	Oth	ler assels (describe > See Statement 2		23	
25	Tot	al accete	5,011.		3,823.
26	Tot	al liabilities (describe > See Statement 3 ).	22,780.		30,950.
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)	1,782.		1,838.
BAA	For	Privacy Act and Paperwork Reduction Act Notice, see separate instructions	20,998.	27	29,112.
		TEEA0803L 01/30/10			Form 990-EZ (2009)

Form 990-EZ (2009) Freezer Longli	ne Coalition		20	6-21	28140 Page 2
Part III Statement of Program S	ervice Accomplishment	s (See the instruct	ions.)		Expenses
What is the organization's primary exempt purpose? <u>S</u> Describe what was achieved in carrying out describe the services provided, the number program title.	ee Statement 4 the organization's exempt pur of persons benefited, or other	rposes. In a clear and c relevant information fo	concise manner, or each	(Rec 501) orga 4947	guired for section (c)(3) and (4) anizations and section 7(a)(1) trusts; optional others.)
28 The Coalition has held a setting policy for achie	an average of two b	oard meetings p	per month	-	
(Grants \$ ) If 29 See Statement 5	this amount includes foreign o			28 a	n/a
				1	
20 0 0 0 0	this amount includes foreign g			29 a	~/1
30 See Statement 6					
(Grants \$ ) If	this amount includes foreign g	rants, check here	<b>&gt;</b>	30 a	nils.
31 Other program services (attach schedu (Grants \$ ) If	ile) this amount includes foreign g	rants, check here		31 a	ala
32 Total program service expenses (add	lines 28a through 31a)		•	32	
Part IV List of Officers, Director	s, Trustees, and Key Em	ployees. List each or	ne even if not com		
(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 plan deferred compensa	ns and	(e) Expense account and other allowances
	-				
See Statement 7		180,000.	12,4	30.	0.
	-				
AA					

-

Pa	m 990-EZ (2009) Freezer Longline Coalition	26-212814	10	F	Page
14	art V Other Information (Note the statement requirements in the instrs for Part V.)			1	1.0
22	Did the experimeting and in the			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed each activity.	description of			
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy o	f the elements	33	-	X
35	If the organization had income from business activities and a literative descent of the organization had income from business activities and a literative descent of the organization of the organization had income from business activities and a literative descent of the organization of the organization had income from business activities and a literative descent of the organization of the	the changes.	34	1	X
	attach a statement explaining why the organization did not report the income on Form 990-T.				
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section reporting, and proxy tax requirements?		35 a	X	
k	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		35b	Λ	v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset year? If 'Yes,' complete applicable parts of Schedule N	s during the			X
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions	500.	36	-	X
b	b Did the organization file Form 1120-POL for this year?	500.	271	v	To and
38 a	a Did the organization borrow from or make one land to the second s		37 b	X	1000
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	' were	20 -	1223.3	v
b	b If 'Yes,' complete Schedule L, Part II and enter the total 38 b		38 a		X
39	Section 501(c)(7) organizations. Enter:	N/A		22	
	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	N/A			
10 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	N/A			
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ►	N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 'Yes,' complete Schedule L, Part I.	nefit		,	
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/1	40 b	N	+
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization				
e A	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.	NA		21	
L	List the states with which a copy of this return is filed  None	·····	40 e		Х

12 a	The	organization's	6.00
------	-----	----------------	------

books are in care of ► Kenny Down Located at ► 2303 W. Commodore Way, Suite 202 Seattle WA	_(206)_284-2522 _98199	-

<b>b</b> 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)?		Yes	
If 'Yes,' enter the name of the foreign country:	. 42b		X
See the instructions for executions and filling			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		•	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>—</b>	Yes	No
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	. 44		X
BAA	TEEADDAL ANDALA	. 45 orm 99	0-EZ	(2009)

		es for lines 50 and 5	) .		
46 0					Yes
40 L	Did the organization engage in direct or indir or public office? If 'Yes,' complete Schedule	ect political campaign ac	ctivities on behalf of o	r in opposition to cand	lidates 46
47 D	Did the organization engage in lobbying activ	vities? If 'Yes,' complete	Schedule C. Part II.		47
48 1	s the organization a school as described in s	section 170(b)(1)(A)(ii)?	If 'Yes.' complete Sch	nedule F	48
49 a 🛙	Did the organization make any transfers to a	n exempt non-charitable	related organization?		49a
bl	f 'Yes,' was the related organization a sectio	on 527 organization?			49b
	Complete this table for the organization's five mployees) who each received more than \$1				
		(b) Title and average	(c) Compensation	(d) Contributions to employ	er 'None.'
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	ee (e) Expense account and other allowanc
		-			
		-			
		-			
		-			
		- 1			
1 Cc	otal number of other employees paid over \$1 omplete this table for the organization's five mpensation from the organization. If there is (a) Name and address of each independent contra	highest compensated in s none, enter 'None.'	dependent contractors		
1 Co	omplete this table for the organization's five mpensation from the organization. If there is	highest compensated in s none, enter 'None.'	dependent contractors	s who each received m (b) Type of service	ore than \$100,000
1 Cc	omplete this table for the organization's five mpensation from the organization. If there is	highest compensated in s none, enter 'None.'	dependent contractors		
1 Cc	omplete this table for the organization's five mpensation from the organization. If there is	highest compensated in s none, enter 'None.'	dependent contractors		
1 Cc	omplete this table for the organization's five mpensation from the organization. If there is	highest compensated in s none, enter 'None.'	dependent contractors		
1 Cc	omplete this table for the organization's five mpensation from the organization. If there is	highest compensated in s none, enter 'None.'	dependent contractors		
1 Cc	omplete this table for the organization's five mpensation from the organization. If there is	highest compensated in s none, enter 'None.'	dependent contractors		
1 Cc co	omplete this table for the organization's five mpensation from the organization. If there is         (a) Name and address of each independent contrant	highest compensated ind s none, enter 'None.' actor paid more than \$100.000			
1 Cc co	omplete this table for the organization's five mpensation from the organization. If there is	highest compensated ind s none, enter 'None.' actor paid more than \$100.000			
1 Cc co	a) Name and address of each independent contractors         (a) Name and address of each independent contractors         a) name and address of each independent contractors         a) name and address of each independent contractors	highest compensated ind s none, enter 'None.' actor paid more than \$100.000		(b) Type of service	(c) Compensatio
1 Cc co	omplete this table for the organization's five mpensation from the organization. If there is         (a) Name and address of each independent contrant	highest compensated ind s none, enter 'None.' actor paid more than \$100.000		(b) Type of service	(c) Compensatio
1 Cc co	a) Name and address of each independent contractors         (a) Name and address of each independent contractors         a) name and address of each independent contractors         a) name and address of each independent contractors	highest compensated ind s none, enter 'None.' actor paid more than \$100.000		(b) Type of service	(c) Compensatio
1 Cc co	An and address of each independent contractors of a number of other independent contractors of under penalties of perjury. I declare that I have examine true, correct, and complete. Declaration of preparer (other signature of officer	highest compensated ind s none, enter 'None.' actor paid more than \$100.000		(b) Type of service	(c) Compensatio
	al number of other independent contractors of Under penalties of perjury, I declare that I have examine true, correct, and complete. Declaration of preparer (other contractors of the	highest compensated ind s none, enter 'None.' actor paid more than \$100.000	0,000.	(b) Type of service	(c) Compensatio
1 Cc co	al number of other independent contractors of preparer (other independent contractors of the correct, and complete. Declaration of preparer (other independent contractors of the correct, and complete. Declaration of preparer (other independent contractors of the correct, and complete. Declaration of preparer (other independent contractors of the correct, and complete. Declaration of preparer (other independent contractors of the correct, and complete. Declaration of preparer (other independent contractors of the correct, and complete. Declaration of preparer (other independent contractors of the correct, and complete. Declaration of the correct c	highest compensated ind s none, enter 'None.' actor paid more than \$100.000	D,000.	(b) Type of service	(c) Compensatio
d Tota	al number of other independent contractors of Under penalties of perjury, I declare that I have examine true, correct, and complete. Declaration of preparer (oth Signature of officer Kenny Down	highest compensated ind s none, enter 'None.' actor paid more than \$100.000	Date	(b) Type of service	(c) Compensatio
d Tota	al number of other independent contractors of Under penalties of perjury, I declare that I have examine true, correct, and complete. Declaration of preparer (other Signature of officer Kenny Down Type or print name and title. Preparer's Signature (or White Thompson &	highest compensated ind s none, enter 'None.' actor paid more than \$100,000	D,000.	(b) Type of service	(c) Compensatio
1 Cc co	Image: Signature of officer         Vinder penalties of perjury, I declare that I have examine true, correct, and complete. Declaration of preparer (other true).         Signature of officer         Kenny Down         Type or print name and title.         Preparer's signature         Gregory L. White (	highest compensated ind s none, enter 'None.' actor paid more than \$100,000	Date	(b) Type of service	(c) Compensatio

Form 990-EZ (2009)

(Form 990 or 990-EZ)	e on our our pargin	and Lobbying Ac	tivities	OMB No. 1545-004	
	For Organizations Exempt From Incom	ne Tax Under section 501 anization is described bel	(c) and section 527	2009	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 9	990-F7 - See constate in	cture the second	Open to Publi Inspection	
<ul> <li>Section 501(c) (other tha</li> <li>Section 527 organizations</li> <li>If the organization answered</li> <li>Section 501(c)(3) organiz</li> <li>Section 501(c)(3) organiz</li> <li>Part II-A.</li> <li>If the organization answered</li> </ul>	"Yes,' to Form 990, Part IV, line 4, or For ations that have filed Form 5768 (election ations that have NOT filed Form 5768 (ele "Yes,' to Form 990, Part IV, line 5 (Proxy	t complete Part I-C. lete Parts I-A and C below rm 990-EZ, Part VI, line 47 n under section 501(h)): C ection under section 501(l	. Do not complete Part	I-B.	
Name of organization	(6) organizations: Complete Part III.				
Freezer Longline C	oalition		Employer identifi 26-21281		
Part I-A Complete if th	e organization is exempt under	section 501(c) or is a	saction 527 organ	ization	
i i tovide a description of	the organization's direct and indirect poli	itical campaign activities i	n Dart IV		
2 Political expenditures				\$	
J volunteer nours	*****			Y	
outrie outripiete ii til	e organization is exempt under e	section 501(c)(3)			
· Linter the amount of any	excise tax incurred by the organization i	inder section 4955	-	3	
- Enter the amount of any	excise tax incurred by organization man	agers under section 4955			
J in the organization incurr	ed a section 4955 tax, did it file Form 47	20 for this year?			
a was a correction made?	***************************************			Yes	
Din res, describe in Part	IV.				
Part I-C   Complete if the	e organization is exempt under s	action 501(c) aveau	tool to the second		
1 Entranting of the second second		ection Junch. excer	It section $501(c)(3)$		
I Enter the amount directly	expended by the filing organization for	section 527 exempt function	on activities		
<ol> <li>2 Enter the amount directly</li> </ol>	vexpended by the filing organization for s	section 527 exempt function	on activities►\$	50	
<ol> <li>Enter the amount directly</li> <li>Enter the amount of the r function activities</li></ol>	v expended by the filing organization for s filing organization's funds contributed to o expenditures. Add lines 1 and 2. Enter h	section 527 exempt function other organizations for section ere and on Form 1120-PC	on activities ►\$ ction 527 exempt ►\$	50	
<ol> <li>2 Enter the amount directly</li> <li>2 Enter the amount of the function activities</li></ol>	v expended by the filing organization for s filing organization's funds contributed to o expenditures. Add lines 1 and 2. Enter ho file Form 1120-POL for this year?	section 527 exempt function other organizations for severe and on Form 1120-PC	on activities ► \$ ction 527 exempt ► \$ PL, ► \$	50	
<ol> <li>2 Enter the amount directly</li> <li>2 Enter the amount of the function activities</li></ol>	y expended by the filing organization for s filing organization's funds contributed to o	section 527 exempt function other organizations for several ere and on Form 1120-PC EIN) of all section 527 pole filing organization's function	on activities > \$ ction 527 exempt > \$ DL, > \$ fitical organizations to w ds. Also enter the amou	50 50 X Yes	
<ol> <li>Enter the amount directly</li> <li>Enter the amount directly</li> <li>Enter the amount of the function activities</li></ol>	(b) Address	section 527 exempt function other organizations for several ere and on Form 1120-PC EIN) of all section 527 pole filing organization's function	on activities > \$ ction 527 exempt > \$ DL, > \$ fitical organizations to w ds. Also enter the amou	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
<ol> <li>2 Enter the amount directly</li> <li>2 Enter the amount of the function activities</li></ol>	(b) Address PO_Box_2114	section 527 exempt function other organizations for section ere and on Form 1120-PC EIN) of all section 527 police filing organization's fun- a separate political organ d, provide information in f	on activities \$ ction 527 exempt bL, k itical organizations to w ds. Also enter the amounization, such as a sepa Part IV. (d) Amount paid from filing organization's funds.	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
<ol> <li>2 Enter the amount directly</li> <li>2 Enter the amount of the function activities</li></ol>	(b) Address	section 527 exempt function other organizations for section ere and on Form 1120-PC EIN) of all section 527 police filing organization's function a separate political organ d, provide information in formation in formation (c) EIN	on activities \$ ction 527 exempt bL, k itical organizations to w ds. Also enter the amoun- ization, such as a sepa Part IV. (d) Amount paid from filing organization's funds. If none, enter-0	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
<ol> <li>2 Enter the amount directly</li> <li>2 Enter the amount of the function activities</li></ol>	(b) Address PO_Box_2114	section 527 exempt function other organizations for section ere and on Form 1120-PC EIN) of all section 527 police filing organization's fun- a separate political organ d, provide information in f	on activities \$ ction 527 exempt bL, k itical organizations to w ds. Also enter the amounization, such as a sepa Part IV. (d) Amount paid from filing organization's funds.	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
<ol> <li>2 Enter the amount directly</li> <li>2 Enter the amount of the function activities</li></ol>	(b) Address PO_Box_2114	section 527 exempt function other organizations for section ere and on Form 1120-PC EIN) of all section 527 police filing organization's function a separate political organ d, provide information in formation in formation (c) EIN	on activities \$ ction 527 exempt bL, k itical organizations to w ds. Also enter the amoun- ization, such as a sepa Part IV. (d) Amount paid from filing organization's funds. If none, enter-0	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
<ol> <li>2 Enter the amount directly</li> <li>2 Enter the amount of the function activities</li></ol>	(b) Address PO_Box_2114	section 527 exempt function other organizations for section ere and on Form 1120-PC EIN) of all section 527 police filing organization's function a separate political organ d, provide information in formation in formation (c) EIN	on activities \$ ction 527 exempt bL, k itical organizations to w ds. Also enter the amoun- ization, such as a sepa Part IV. (d) Amount paid from filing organization's funds. If none, enter-0	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
<ol> <li>2 Enter the amount directly</li> <li>2 Enter the amount of the function activities</li></ol>	(b) Address PO_Box_2114	section 527 exempt function other organizations for section ere and on Form 1120-PC EIN) of all section 527 police filing organization's function a separate political organ d, provide information in formation in formation (c) EIN	on activities \$ ction 527 exempt bL, k itical organizations to w ds. Also enter the amoun- ization, such as a sepa Part IV. (d) Amount paid from filing organization's funds. If none, enter-0	50 50 50 50 50 50 50 50 50 50 50 50 50 5	

Schedule C (Form 990 or 990-EZ) 20 Part II-A Complete if section 501	the organiza	tion is exempt under s	section 501(c)(3) a	26-21 nd filed Form 5768 (	28140 Pa
Pearling		belongs to an affiliated grou			cicculon under
B Check ► if the film	ng organization	checked box A and 'limited grou	p.		
	Limits on Loh	hving Expanditures			
(The term	expenditures' r	neans amounts paid or incu	urred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	ures to influence	public opinion (grass roots	lobbying)		
b rotal lobbying expenditu	ures to influence	a legislative body (direct lo	hbying)		
c rotal lobbying expenditu	ures (add lines 1	a and 1b)			
a Other exempt purpose e	expenditures				
e rotal exempt purpose e	xpenditures (add	l lines 1c and 1d)			
both columns.		amount from the following ta	able in		
If the amount on line 1e, colu Not over \$500,000		The lobbying nontaxable 20% of the amount on line 1e.	amount is:		
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the exces	s over \$500.000.		
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess			
Over \$17,000,000		\$1,000,000. % of line 1f)		The second second second	
i Subtract line 1g from line i Subtract line 1f from line i If there is an amount oth	e 1a. If zero or le 1c. If zero or le er than zero on	ess, enter -0 ss, enter -0 either line 1h or line 1i, did	·····		
(Some	organizations tl colun	4-Year Averaging Period nat made a section 501(h) e nns below. See the instructi	Under Section 501(h) lection do not have to ons for lines 2a throu	complete all of the five gh 2f.)	Yes N
1		bying Expenditures During			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))...... f Grassroots lobbying expenditures.....

BAA

Schedule C (Form 990 or 990-EZ) 2009

## Schedule C (Form 990 or 990-EZ) 2009 Freezer Longline Coalition 26-2128140 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	14. 3×. 31		
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>			
<ul><li>d Mailings to members, legislators, or the public?</li><li>e Publications, or published or broadcast statements?</li></ul>			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		-	
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities? If 'Yes,' describe in Part IV.</li> </ul>		_	
j Total. Add lines 1c through 1i		4.67.	
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912	1.12.1		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		3.57	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			A SALES AND A SALES

if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		X		
Pa	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Ye					

1	Dues, assessments and similar amounts from members	1	401,000.
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
i	a Current year	2a	74,032.
ł	Carryover from last year	2b	14,052
(	: Total	2c	74,032
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	74,032.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
5		4	0.
Dar	Taxable amount of lobbying and political expenditures (see instructions)         t IV       Supplemental Information	5	0.
	complete this part for any additional information.		

Page 3

Schedule C (Form 990 or 990-EZ) 2009 Freezer Longline Coalition Part IV Supplemental Information (continued)	26-2128140	Page 4
(continued)		
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BAA

2009	Federal Statements	Page
	Freezer Longline Coalition	26-21281
Statement 1 Form 990-EZ, Part I, Line Other Expenses	16	
Depreciation Education Misc. Expenses Office Expenses Payroll Processing Political Contributi Telephone/Internet Travel	\$ on	483. 3,020. 1,188. 183. 680. 4,170. 1,067. 500. 4,538. 16,962. 608. 33,399.
Statement 2 Form 990-EZ, Part II, Line Other Assets	24	
Miscellaneous Security Deposit	Beginning	Ending 3,323. 500. 3,823.
Statement 3 Form 990-EZ, Part II, Line 2 Total Liabilities	26	
Accounts Payable and .		Ending 1,838. 1,838.
Statement 4 Form 990-EZ, Part III Organization's Primary Exe To promote public poli Pacific Cod and other longline fisheries off	icy that facilitates the intelligent and orderly harves	st of
Statement 5 Form 990-EZ, Part III, Line 2 Statement of Program Servi	9 ce Accomplishments	
The Coalition staff re public comment during meetings in Seattle an	presented the group's interest in attending and provid the Alaska Fisheries Science Center Bering Sea Plan te d the Scientific and Statistical Committee for the Nor gement Council in Anchorage resulting in the Pacific C	am

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## Federal Statements

Freezer Longline Coalition

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Statement 5 (continued) Form 990-EZ, Part III, Line 29 Statement of Program Service Accomplishments

quota being set at a sustainable level for 2010.

Statement 6 Form 990-EZ, Part III, Line 30 Statement of Program Service Accomplishments

The Coalition staff represented the group's interest in attending and providing public comment during the North Pacific Fisheries Management Council meetings and the Alaska Board of Fisheries meetings where many important topics were addressed concerning sustainable fishing practices in the Bering Sea/Aleutian Islands and the Gulf of Alaska, including the passage of a resolution for the protection of the pacific cod resources within three miles of the state of Alaska.

#### Statement 7 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 <u>EBP &amp; DC</u>	Expense Account/ Other
David Little 641 W. Ewing Street Seattle, WA 98119	Director/Pres. 1.00	\$ 0.		
Rob Wurm 8874 Bender Road #201 Lynden, WA 98264	Vice President 1.00	0.	0.	0.
Paul Gilliland 641 W. Ewing Street Seattle, WA 98119	Secretary 1.00	0.	0.	0.
Mike Shelford P.O. Box 12946 Mill Creek, WA 98082	Treasurer 1.00	0.	0.	0.
Kenny Down 2303 W. Commodore Way #202 Seattle, WA 98199	Executive Direc 50.00	180,000.	12,430.	0.
Chris Swasand 5470 Shilshole Ave. #300 Seattle, WA 98107	Director 1.00	0.	0.	0.

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Freezer Longline Coalition

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## Statement 7 (continued) Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	
Doug Wells 4502 14th Avenue NW Seattle, WA 98107	Director \$ 1.00	0.		
Dennis Deaver 101 Nickerson, Suite 340 Seattle, WA 98109	Director 1.00	0.	0.	0.
Michael Burns 2930 Westlake Ave. N. #300 Seattle, WA 98109	Director 1.00	0.	0.	0.
Mike Breivik 1200 Westlake Ave. N. #900 Seattle, WA 98109	Director 1.00	0.	0.	0.
John Boggs 3900 Railway Ave. Everett, WA 98201	Director 1.00	0.	0.	0.
Donald C. Iverson 1516 NW 51st Street Seattle, WA 98107	Director 1.00	0.	0.	0.
Mike Hyde 2025 First Avenue, Suite 1020 Seattle, WA 98121	Director 1.00	0.	0.	0.
John Winter P.O. Box 1989 Petersburg, AK 99833	Director 1.00	0.	0.	0.
Rick Shelford PO Box 12946 Mill Creek, WA 98082	Director 1.00	0.	0.	Ο.
Nick Delaney 8874 Bender Rd., Suite 201 Lynden, WA 98264	Director 1.00	0.	0.	0.
	Total \$	180,000.\$	12,430. \$	0.

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## **Federal Statements**

Freezer Longline Coalition

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### Statement 8 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

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Form 990

Department of the Treasury

# 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 2010

Open to Public

D	For the 2010 calendar ye	The organization may have to use a copy of this return to ar, or tax year beginning	the set of	200	Inspection
	Check if applicable:	1 standard s	2010, and ending	D. Ferelever Id.	, entification Number
	Address change Fre	ezer Longline Coalition			
	Name change 230	B West Commodore Way #202		26-212	
	Initial return Sea	tle, WA 98199		E Telephone nu	
	Terminated			(206)	284-2522
	Amended return				
		me and address of principal officer: David Little		G Gross receipt	
		me and address of principal officer: David Little As C Above		group return for a	
I			If INto 1	affiliates included? attach a list. (see i	
T	Website: ► N/A	(c)(3) X 501(c) ( 6 ) ◄ (insert no.) 4947(a)	(1) or 527		in a de lion sy
K				xemption number	► N/A
	art I Summary	poration Trust X Association Other	L Year of Formation: 2008	M State o	f legal domicile: WA
8.00	1 Briefly describe the			and the second second	
	facilitator	organization's mission or most significant activities:	To promote publ	ic polic	y that
nce		Lie incertigent and orderly harve	est of Pacific C	od and ot	han
rna	Alaska	pecies_in_the_Bering_Sea/Aleutian	LISLands_longli	ne_fisher	ies off
ove					
Activities & Governance	3 Number of voting m	if the organization discontinued its operations or d mbers of the governing body (Part VI, line 1a)	isposed of more than 25%	of its net as	
s oo	4 Number of independ	ent voting members of the governing body (Part VI,	line 1b)		
vitie	J Total number of Indi	Iduals employed in calendar year 2010 (Part V line	22)	E	
ctiv	o rotar number of voit	nieers (estimate if necessary)		6	
4	a rotar unrelated busi	less revenue from Part VIII, column (C) line 12		7	C
-	b Net unrelated busine	ss taxable income from Form 990-T, line 34			0
	12 10 10 TO 10 10		Pri	or Year	Current Year
e	8 Contributions and gr	ants (Part VIII, line 1h)	and the second second		
enu	9 Program service rev	nue (Part VIII, line 2g)			427,500
Revenue	10 Investment income (	Part VIII, column (A), lines 3, 4, and 7d)			
-	<ul> <li>11 Other revenue (Part</li> <li>12 Total revenue – add</li> </ul>	VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
-	13 Grants and similar a	lines 8 through 11 (must equal Part VIII, column (A)	, line 12)		427,500
	14 Benefits paid to or fo	nounts paid (Part IX, column (A), lines 1-3)		1	
	14 Benefits paid to or to	members (Part IX, column (A), line 4)			
50	15 Salaries, other comp	ensation, employee benefits (Part IX, column (A), lin	es 5-10)		275,284
sus	16a Professional fundrais	ng fees (Part IX, column (A), line 11e)			
Expenses	b Total fundraising exp	enses (Part IX, column (D), line 25) >			
-	17 Other expenses (Par	IX, column (A), lines 11a-11d, 11f-24f)			161,040
	18 Total expenses. Add	ines 13-17 (must equal Part IX, column (A), line 25).			436, 324
	19 Revenue less expens	es. Subtract line 18 from line 12			-8,824
500				of Current Year	
Fund Balances	20 Total assets (Part X,	ine 16)	Deginning	30,950.	End of Year 33, 565
A B	21 Total liabilities (Part )	, line 26)		1,838.	2,618
	22 Net assets or fund ba	ances. Subtract line 21 from line 20			
Fun				29,112.	30,947
	t II Signature Blog	K			
Pa	t II Signature Bloo				Charles Service
Pa	t II Signature Bloo		statements, and to the best of my owledge.		elief, it is true, correct, and
Pa	t II Signature Bloo	k I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any kr	statements, and to the best of my owledge.		elief, it is true, correct, and
Pa Indecomp	n Signature Bloc r penalties of perjury, I declare that lete. Declaration of preparer (other Signature of office		statements, and to the best of my lowledge.		elief, it is true, correct, and
Pa Inde omp	n Signature Bloc r penalties of perjury, I declare that lete. Declaration of preparer (other Signature of office	I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any kr	Date	knowledge and b	
Pa Inde omp	n Signature Bloc r penalties of perjury, I declare that lete. Declaration of preparer (other Signature of office	I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any kr	Date		
Pa Indecomp	r penalties of perjury, I declare that lete. Declaration of preparer (other signature of office Kenny Dow	I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any kn m and title.	Date Execut	knowledge and b	
Pa	r penalties of perjury, I declare that lete. Declaration of preparer (other Signature of office Kenny Dov Type or print name Print/Type preparer's n	I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any kr m and title, arme Preparer's signature	Date Execut	knowledge and b	PTIN
Pa Indecomp ler	r penalties of perjury, I declare that lete. Declaration of preparer (other Signature of office Kenny Dov Type or print name Print/Type preparer's n Gregory L.	I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any kr and title. Arme Preparer's signature White Gregory L. White	Date Execut	knowledge and b	2
ig er aid	r penalties of perjury. I declare that lete. Declaration of preparer (other Signature of office Kenny Doy Type or print name Print/Type preparer's n Gregory L. Firm's name W	I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any known and title. Arme Preparer's signature White Gregory L. White Are Dite Thompson & Co., PS	Date Execut Date 2-14-11 Sel	knowledge and b ive Direc	2 PTIN P00153376
ailer ailer	r penalties of perjury, I declare that lete. Declaration of preparer (other Signature of office Kenny Dow Type or print name Print/Type preparer's n Gregory L. Firm's name W. Firm's address 7	I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any known and title. Imme Preparer's signature White Gregory L. White Maite Dite Thompson & Co., PS D1 Dexter Ave. N., Suite 400	Date Execut Date 2-1+-11 Fin	ive Direct eck if f f-employed ]	2 PTIN 200153376 1665325
ig inde omp	r penalties of perjury, I declare that lete. Declaration of preparer (other Signature of office Kenny Dov Type or print name Print/Type preparer's n Gregory L. Firm's name W Firm's address 77	I have examined this return, including accompanying schedules and than officer) is based on all information of which preparer has any known and title. Arme Preparer's signature White Gregory L. White Are Dite Thompson & Co., PS	Date Execut Date 2-14-11 sel Fin Ph	ive Direct eck if f f-employed ]	2 PTIN P00153376

## Form 990 (2010) Freezer Longline Coalition Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other

An other organizations must complete column	(A)	but	are not	required	to compl	ete colu	mns (R	(())	and	
						010 0014	11113 (D)	, (0)	, anu (	U.

6b	not include amounts reported on lines , 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4					
5	Compensation of current officers, directors				
	trustees, and key employees	198,159.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	48,084.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	10,659.			
10	Payroll taxes.	18,382.			
11	Fees for services (non-employees):				
a	Management.				
	b Legal	96.			
	Accounting	2,951.			
	Lobbying	82,500.			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other	23,207.			
	Advertising and promotion	20/20/1			
13	Office expenses.	6,409.			
14	Information technology				
15	Royalties				
16	Occupancy.	16,500.	La constante		
17	Travel	19,643.			
	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	883.			
	Insurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.).				
	Telephone/Internet	4,996.			
	Payroll Processing	1,193.			
	Charitable Contributions	1,000.			
	Utilities	704.			
e	Auto Expense	383.			
	All other expenses.	575.			
	Total functional expenses. Add lines 1 through 24f	436,324.			
26	Joint costs. Check here  Jif following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010) Freezer Longline Coalition Part XI Reconciliation of Net Assets	26-21281		ł	Page 1
Check if Schedule O contains a response to any question in this Part XI.				-
1 Total revenue (must equal Part VIII, column (4) III and				
<ol> <li>Total revenue (must equal Part VIII, column (A), line 12)</li> <li>Total expenses (must equal Part IX, column (A), line 25)</li> </ol>			427,	500
3 Revenue less expenses. Subtract line 2 from line 1			436,	
4 Net assets or fund balances at beginning of year (must equal back with a				824
<ul> <li>5 Other changes in net assets or fund balances (explain in Schedule O)</li></ul>	))		the second se	112
				0.
5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X art XII Financial Statements and Reporting	<, line 33,			
art XII Financial Statements and Reporting			20,2	
Check if Schedule O contains a response to any question in this Part XII				_
Accounting method used to prepare the Form 990: X Cash Accrual Oth	her		Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' in Schedule O.	explain			
2a Were the organization's financial statements compiled or reviewed by an independent				
<b>b</b> Were the organization's financial statements audited by an independent accountant?	countant?	2a		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibil review, or compilation of its financial statements and selection of an independent accountail of the organization changed either its oversight process or selection.		2b	-	X
If the organization changed either its oversight process or selection process during the tax in Schedule O.	ant? vear, explain	2c		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for separate basis, consolidated basis, or both:	*****			
Bour consolidated and separate	basis			
a As a result of a federal award, was the organization required to undergo an audit or audits Audit Act and OMB Circular A-133?	as set forth in the Single			
b If 'Yes' did the organization undergo the section in the section of the section		3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did n or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ot undergo the required audit			
A states to the	*******************************	3b		

Form 990 (2010)

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and	Lobbying A	ctivities	0040
	For Organizations Exempt From Income Ta	x Under section 501	(c) and section 527	2010
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organizat</li> <li>Attach to Form 990 or Form 990-E</li> </ul>	Open to Public Inspection		
<ul> <li>Section 501(c)(3) orga</li> <li>Section 501(c) (other</li> <li>Section 527 organizat</li> <li>If the organization answe</li> <li>Section 501(c)(3) orga</li> <li>Section 501(c)(3) orga</li> <li>Part II-A.</li> <li>If the organization answel</li> </ul>	anizations that have NOT filed Form 5768 (election anizations that have NOT filed Form 5768 (election)	plete Part I-C. 'arts I-A and C below <b>-EZ, Part VI, line 47</b> ( er section 501(h)): C under section 501(f)	v. Do not complete Part I-E (Lobbying Activities), then omplete Part II-A. Do not o n)): Complete Part II-B. Do	3. complete Part II-B. not complete
<ul> <li>Section 501(c)(4), (5),</li> <li>Name of organization</li> </ul>	or (6) organizations: Complete Part III.			
Freezer Longline	Collition		Employer identific	
Part I-A Complete	f the organization is exempt under sec	tion E01(a) or is	26-212814	
1 Provide a description	n of the organization's direct and indirect political	TION SUI(C) OF IS	a section 52/ organ	lization.
2 Political expenditure	s	campaign activities i	n Part IV.	
3 Volunteer hours		• • • • • • • • • • • • • • • • • • • •	····· • \$	
Part I-B Complete i	f the organization is exempt under sec	tion 501(c)(3)		
1 Enter the amount of	any excise tax incurred by the organization under	section 1955	•	
2 Enter the amount of	any excise tax incurred by organization managers	under section 1955	••••••••	
3 If the organization in	curred a section 4955 tax, did it file Form 4720 for	this year?	······································	Yes No
4a Was a correction ma	de?			Yes No
b If 'Yes,' describe in F	Part IV.			
Part I-C Complete i	f the organization is exempt under sec	tion 501(c) . exc	ept section 501(c)(3)	
1 Enter the amount dir	ectly expended by the filing organization for sectio	on 527 exempt functi	on activities > \$	
2 Enter the amount of	the filing organization's funds contributed to other	organizations for sa	ction 527 avamat	
3 Total exempt function line 17b	n expenditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►\$	
4 Did the filing organiza	ation file Form 1120-POL for this year?			Yes X No
5 Enter the names, add organization made pa	dresses and employer identification number (EIN) ayments. For each organization listed, enter the ar intributions received that were promptly and direct political action committee (PAC). If additional spa	of all section 527 po	litical organizations to white	ch the filing
		T TOTAL TOTAL		Also enter the a, such as a separate
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		10000	(d) Amount paid from filing organization's funds.	(e) Amount of political contributions received and promptly and directly delivered to a separate
1)		10000	(d) Amount paid from filing organization's funds.	(e) Amount of political contributions received and promptly and directly delivered to a separate
1) 2)		10000	(d) Amount paid from filing organization's funds.	(e) Amount of political contributions received and promptly and directly delivered to a separate
1) 2) 3)		10000	(d) Amount paid from filing organization's funds.	(e) Amount of political contributions received and promptly and directly delivered to a separate
(a) Name (a) Name (b) Name (b) Name (c) Na		10000	(d) Amount paid from filing organization's funds.	(e) Amount of political contributions received and promptly and directly delivered to a separate

SAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Freezer Longline Coalition

Check  If the filing organization	belongs to an affiliated group.		
	checked box A and 'limited control' provisions apply.		
Limits on L	bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence	a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1	a and 1b)		
d Other exempt purpose expenditures	•••••••••••••••••••••••••••••••••••••••		
e Total exempt purpose expenditures (add	l lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the both columns.			
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
Grassroots nontaxable amount (enter 25	% of line 1f)		
Subtract line 1g from line 1a. If zero or l	ess, enter -0		
Subtract line 1f from line 1c. If zero or le	ss, enter -0		
	office line 1h or line 11 wid the second office of	1700	Yes N
section 4911 tax for this year?			Yes N

	Lobbyin	g Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Freezer	Longline	Coalition
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## 26-2128140 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(	a)		(b)	))	
	Yes	No	Ar	nount		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?			************			
d Mailings to members, legislators, or the public?					-	
e Publications, or published or broadcast statements?		-			-	
Grants to other organizations for lobbying purposes?					_	
g Direct contact with legislators, their staffs, government officials, or a legislative body?					-	
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	-			-	
I Other activities? If 'Yes,' describe in Part IV.		-			_	
J Total. Add lines 1c through 1i					-	
Za Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	*******					
b If 'Yes,' enter the amount of any tax incurred under section 4912						
c if 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					-	
un une ming organization incurred a section 4912 tax did it file Form 4720 for this year?		10000				
art III-A Complete if the organization is exempt under section 501(c)(4) costion 501	(c)(5)	or				
section 501(c)(6).	(0)(0)	, 01				
		-		Yes	N	
Were substantially all (90% or more) dues received nondeductible by members?				Tes	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	• • • • • • •		2		_	
Did the organization agree to carryover lobbying and political expenditures from the prior year?			- 2	-	2	
Given by Complete II the organization is exempt under section 501(c)(1) costion 501	-\/E\				X	
is answered 'Yes.'	rt III-/	A, line	3			
Dues, assessments and similar amounts from members		1	4	27,2	00	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
a Current year.		2a	1	32,5	00	
b Carryover from last year		2b		11/0	00	
c lotal		2c	8	32,5	00	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		32,5	_	
				1215	00	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	0000	4			0	
Taxable amount of lobbying and political expenditures (see instructions).	-	5			0	
nt IV Supplemental Information		-			0	
nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and P o, complete this part for any additional information		1. 1 1			_	
			1.			
					_	
					_	
			1			

00000 (

Schedule C (Form 990 or 990-EZ) 2010	Freezer	Longline	Coalition
Part IV Supplemental	Informatio	n (continue	ed)


26-2128140

Form 990)	Supple	mental Financial Statem	ents	2010
epartment of the Treasury	► Complete	f the organization answered 'Yes,' to F Part IV, lines 6, 7, 8, 9, 10, 11, or 12.	Form 990,	
ternal Revenue Service	► Attach	to Form 990. See separate instruct	tions.	Open to Public Inspection
ine of the organization			Em	ployer identification number
reezer Longline	Coalition			0100140
art   Organizations	Maintaining Donor A	dvised Funds or Other Simila	r Funds or Accou	-2128140
the organizatio	on answered 'Yes' to F	orm 990, Part IV, line 6.	runds of Accou	nis. Complete II
		(a) Donor advised funds	(b) Funds	and other accounts
1 Total number at end of				
	s to (during year)			
	(during year)			
funds are the organization	tion's property, subject to the	dvisors in writing that the assets held in e organization's exclusive legal control	n donor advised ?	Yes No
5 Did the organization inf	form all grantees donors an	donor advisors in writing that grant	funda con ha	
used only for charitable	DUIDUSES and not for the h	enefit of the donor or donor advisor, or	tor any other	Yes No
		if the organization answered '		
Purpose(s) of conserva	tion easements held by the	organization (check all that apply).	Tes to Form 990,	Fart IV, line 7.
	d for public use (e.g., recrea		ion of an historically in	portant land area
Protection of natura			ion of a certified histor	•
Preservation of ope				
2 Complete lines 2a throu last day of the tax year.	igh 2d if the organization he	ld a qualified conservation contribution	in the form of a conse	ervation easement on the
			Helda	at the End of the Tax Yea
a Total number of conserv	vation easements			
		storic structure included in (a)		
d Number of conservation	easements included in (c) a	acquired after 8/17/06, and not on a hi	storic	
structure listed in the Na	ational Register		2d	
tax year >	easements modified, transi	erred, released, extinguished, or term	inated by the organizat	tion during the
	property subject to conserv	ation easement is located ►		
Does the organization h and enforcement of the	ave a written policy regardir conservation easements it t	ng the periodic monitoring, inspection, nolds?	handling of violations,	Yes No
		specting, and enforcing conservation e		
Amount of expenses inc ►\$	curred in monitoring, inspect	ing, and enforcing conservation easen	nents during the year	
170(h)(4)(B)(i) and secti	ion 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of		. Yes No
include, if applicable, the	ow the organization reports of		and expense statemer	nt, and balance sheet, an
conservation easements	5.	onservation easements in its revenue organization's financial statements tha		
rt III Organizations	Maintaining Collectio	onservation easements in its revenue organization's financial statements tha ns of Art, Historical Treasures ed 'Yes' to Form 990, Part IV,	s. or Other Similar	
a If the organization electe art, historical treasures.	s. Maintaining Collectio e organization answere ed, as permitted under SFAS or other similar assets held	organization's financial statements tha ns of Art. Historical Treasure:	s, or Other Similar line 8.	r Assets.
a If the organization electe art, historical treasures, in Part XIV, the text of the b If the organization elected	A maintaining Collection organization answere ed, as permitted under SFAS or other similar assets held he footnote to its financial sl ed, as permitted under SFAS other similar assets held for	organization's financial statements tha <b>ns of Art, Historical Treasure</b> : ed 'Yes' to Form 990, Part IV, S 116 (ASC 958), not to report in its re for public exhibition, education, or res	s, or Other Similar line 8. venue statement and b earch in furtherance of	r Assets. Dalance sheet works of f public service, provide,
a If the organization electer art, historical treasures, in Part XIV, the text of the b If the organization electer historical treasures, or o following amounts relatin (i) Revenues included in	Maintaining Collection e organization answere ed, as permitted under SFAS or other similar assets held he footnote to its financial st ed, as permitted under SFAS other similar assets held for ing to these items: in Form 990, Part VIII, line 1	organization's financial statements that ns of Art, Historical Treasures ed 'Yes' to Form 990, Part IV, 5 116 (ASC 958), not to report in its re for public exhibition, education, or res atements that describes these items. 5 116 (ASC 958), to report in its reven public exhibition, education, or researc	s, or Other Similar line 8. venue statement and b earch in furtherance of ue statement and balar ch in furtherance of put	r Assets. palance sheet works of f public service, provide, nce sheet works of art, plic service, provide the >\$
<ul> <li>a If the organization electers art, historical treasures, in Part XIV, the text of the historical treasures, or of following amounts relating (i) Revenues included in (ii) Assets included in F</li> </ul>	Maintaining Collection e organization answere ed, as permitted under SFAS or other similar assets held he footnote to its financial sl ed, as permitted under SFAS other similar assets held for ing to these items: in Form 990, Part VIII, line 1 form 990, Part X	organization's financial statements that ns of Art, Historical Treasures ed 'Yes' to Form 990, Part IV, 5 116 (ASC 958), not to report in its re for public exhibition, education, or res latements that describes these items. 5 116 (ASC 958), to report in its reven public exhibition, education, or researc	s, or Other Similar line 8. venue statement and b earch in furtherance of ue statement and balar ch in furtherance of put	r Assets. palance sheet works of f public service, provide, nce sheet works of art, plic service, provide the \$ \$
<ul> <li>Organizations Complete if the a If the organization electe art, historical treasures, in Part XIV, the text of the historical treasures, or of following amounts relating (i) Revenues included in (ii) Assets included in F If the organization receive amounts required to be</li> </ul>	Maintaining Collectio e organization answere ed, as permitted under SFAS or other similar assets held he footnote to its financial sl ed, as permitted under SFAS other similar assets held for p ng to these items: in Form 990, Part VIII, line 1 form 990, Part X	organization's financial statements that ns of Art, Historical Treasures ed 'Yes' to Form 990, Part IV, 5 116 (ASC 958), not to report in its re for public exhibition, education, or res latements that describes these items. 5 116 (ASC 958), to report in its reven public exhibition, education, or research public exhibition of the similar asset (SC 958) relating to these items:	s, or Other Similar line 8. venue statement and b earch in furtherance of ue statement and balar ch in furtherance of put	r Assets. palance sheet works of f public service, provide, nce sheet works of art, blic service, provide the \$
<ul> <li>Organizations Complete if the a If the organization electe art, historical treasures, in Part XIV, the text of the historical treasures, or of following amounts relating</li> <li>Revenues included in F If the organization receive amounts required to be a Revenues included in Formation</li> </ul>	Maintaining Collectio e organization answere ed, as permitted under SFAS or other similar assets held he footnote to its financial sl ed, as permitted under SFAS other similar assets held for p ng to these items: in Form 990, Part VIII, line 1 form 990, Part X	organization's financial statements that <b>ns of Art, Historical Treasures</b> ed 'Yes' to Form 990, Part IV, 5 116 (ASC 958), not to report in its re- for public exhibition, education, or res- latements that describes these items. 5 116 (ASC 958), to report in its reven public exhibition, education, or research oublic exhibition, education, or research orical treasures, or other similar asset	s, or Other Similar line 8. venue statement and b earch in furtherance of ue statement and balar ch in furtherance of put	r Assets. palance sheet works of f public service, provide, nce sheet works of art, blic service, provide the \$

Schedule D (Form 990) 2010 Free Part III Organizations Maint	taining Coll	lection	is of Art, Hi	storica	Treasure	s. or	26-2 Other Similar	Assets (c)	Pa
<ul> <li>a Public exhibition</li> <li>b Scholarly research</li> </ul>	tion, accession	n, and o	ther records, c	heck any	y of the follow	ving tha	t are a significan	t use of its co	llection
	erations								
4 Provide a description of the organization	anization's coll	ections	and explain ho	w they fi	urther the org	anizatio	on's exempt purp	ose in	
5 During the year, did the organiza assets to be sold to raise funds Part IV Escrow and Custodi	ation solicit or	receive	donations of a	rt, histor	ical treasures	s, or oth	er similar		
Part IV Escrow and Custodi	al Arrange	be main	tained as part	of the or	ganization's	collectio	on?	Yes	<b>N</b>
Part IV Escrow and Custodi 9, or reported an amo		nente	I omploto i	+ Armar	nization an	swere	d 'Yes' to For	m 990, Pa	rt IV, lii
			, i arc X, iiii	0 21.					
1 a Is the organization an agent, trus included on Form 990, Part X? b If 'Yes' explain the arrangement	stee, custodiar	n, or oth	er intermediar	y for con	tributions or a	other as	sets not		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV ar	nd comp	lete the follow	ing table	· · · · · · · · · · · · · · · · · · ·	• • • • • • •	***********	Yes	N
						Г	1	Amount	
c Beginning balance						t	1c	Amount	
a Auditions during the year						Г	1 d		
e Distributions during the year	************					Г	1e		
· Linding balance									
za Did the organization include an ai	mount on Forn	n 990, P	art X, line 21?			L		Yes	N
an res, explain the analyement	In Part XIV.								
art V Endowment Funds. Co	omplete if the	he org	anization ar	nswere	d 'Yes' to I	Form	990. Part IV.	line 10	
	(a) Current y	/ear	(b) Prior yea	r	(c) Two years b		(d) Three years back		years back
1a Beginning of year balance								(c) rour	Joans Daci
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships			1						
e Other expenditures for facilities and programs			1		-				
f Administrative expenses				-					
g End of year balance		-		-					
2 Provide the estimated percentage	of the year en	d halan	ce held as:						
a Board designated or quasi-endowr	ment ►	a salari	8						
b Permanent endowment	0/0								
c Term endowment	010								
a Are there endowment funds not in	the personalis								
a Are there endowment funds not in organization by:								Yes	T N
(i) unrelated organizations								2.0	No
(in). related organizations								3a(i) 3a(ii)	
on res to sa(ii), are the related org	anizations list	ed as re	auired on Sch	edule R7			••••••••••••••••	3b	-
beschbe in Fait Alv the intended t	ises of the ord	anizatio	n's endowmen	t funde					_
in villand, Buildings, and E	quipment.	See F	orm 990, Pa	art X, li	ne 10.				
Description of investment	(a	) Cost o	r other basis stment)	(b) Co:	st or other s (other)		Accumulated epreciation	(d) Book	value
a Land					,		opreciation		
b Buildings									
c Leasehold improvements			-			-			
d Equipment									
d Equipment e Other al. Add lines 1a through 1e (Column (d		-			5,397.		2,685.		2,712

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 Part XIV Supplemental	Informati	Longline	Coalition
Part XIV Supplemental	Informati	on (continu	ed)


BAA

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or       (B) Breakdown of W-2 and/or 1099-MIS       (A) Name     (B) Base       compensation     (i) Bonus and incentive							
(A) Name	-(iii) must equal the ap	plicable column (D) or c	olumn (E) amounts o	column (E) amounts on Form 990, Part VII, line 1a.	la.		
(A) Name	(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	/// Nontruchic		
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(E) Lotal of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or
Kenny Down (i)	187,500.	0	U		0	T CC	Form 990-EZ
	0.				-65970T	198,159.	0
0					0.	0.	0
2							
0							
3 (ii)							
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4 (ii)							
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0							
6 (ii)							
0							
7 (0)							
0							
8 (ii)							
0							
(ii) 6							
6							
10 (ii)							
0							
11 (ii)							
0							
12 (ii)							
0							
13							
14 (ii)							
0							
15 (ii)							
0							
16 (ii)							

Schedule J (Form 990) 2010 Freezer Longline Coalition Part II Supplemental Information
ormation, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complei in.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
BAA Schedule J (Form 990) 2010

TEEA4103L 07/20/10

Department of the Treasury Internal Revenue Service Name of the organization Freezer Longline Coalition	r	Related Organizatic	izations and Unrelated Partnerships	ited Partners	hips		2010
Name of the organization Freezer Longline Coa	► Comp	<ul> <li>Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990. See separate instructions</li> </ul>	rered 'Yes' to Form 990 n 990. > See senarate	), Part IV, line 33, 34 instructions	, 35, 36, or 37.		Open to Public
Freezer Longline Co				CHORDER ST			Inspection
1 and the fitter of the state	lition					Employer identification number	cation number
	Part I Identification of Disregarded Entities (Complete if the	Complete if the organi	organization answered	'Yes' to Form 990. Part IV. line	0. Part IV. line 3	33.)	10
Name, address, an	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	Legal o	(c) Legal domicile (state		(e) End-of-vear accete	()
			Of TOPE				entity
(2)							
(3)							
(4)							
(5)(5)							
(0)							
Part II Identification of R one or more relate	Identification of Related Tax-Exempt Organizations (Colone or more related tax-exempt organizations during the	<b>rganizations</b> (Complete if that ations during the tax year.)	e if the organization answered		'Yes' to Form 990,	to Form 990, Part IV, line 34 because it had	ecause it had
Name, address, and EIN of related organization	f related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	Direct controlling	ng Sec 512(b)(13) controlled entity?
(1) Freezer Longline C 2303 W. Commodore	<u>Longline Conservation Coop</u> Commodore Way #202	Intelligent &					Yes No
<u>(2) Seattle, WA 98199</u> 20-0837518		OC	Δ <u>Γ</u>	E01 (2) E			
			CTH			N/A	×
(4)							
<u></u>							

W FORTH 990, Part IV, line 34	(k) General or managing partner?	Yes No		to Form 990, Part IV,	Share of end-of-year Percentage assets ownership			
IO FOILT 39	Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)		'Yes'				
	h) ropor- nate ations?	Yes		zation answe e tax year.)	Share of total income			
Etax year.)	(g) Share of end-of-year assets			e if the organiz trust during th	Type of entity (C corp, S corp,	(internet internet in		
ship during the	(f) Share of total income			rust (Complete	Direct controlling entity (			
treated as a partnership during the tax year.)	Predominant income (related, unrelated, excluded from tax under sections 512-514	6		a Corporation or Trust (Complete if the organization answered ations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)			
anizations treate	Direct controlling entity			Taxable as a Co	Primary activity			
iated ory	Legal domicile (state or foreign country)			nore relat	ation			
	Primary activity			f Related Organ it had one or n	of related organiz			
(a) (b) (b) (c) (c) (c)	Name, address, and EIN of related organization	(1)	( <u>3)</u>	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Name, address, and EIN of related organization	(1) 	<u>(2)</u>	·

Schedule R (Form 990) 2010 Freezer Longline Coalition

Coalition
Longline
Freezer
Schedule R (Form 990) 2010
Schedule R

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Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV. line 34	o Form 990, Part	n n	0510717 07	Page 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		5	(.00	
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions listed in Parts II	i/\-	>	Yes No
	******		1a	×
c Gift, grant, or capital contribution from other organization(s).	*****		1 p	X
			1c	X
e Loans or loan guarantees by other organization(s).		***************	1d	X
f Sale of assets to other organization(s)				×
g Purchase of assets from other organization(s).	******	****************	11	×
h Exchange of assets.		*****	:	X
i Lease of facilities, equipment, or other assets to other organization(s)		****************	:	×
	*****		1i	X
J Lease of facilities, equipment, or other assets from other organization(s).				>
I Performance of services or membership or fundraising solicitations by other organization(s).				
m Sharing of facilities, equipment, mailing lists, or other assets			1	×
			1m X	-
	******		1n X	2
o Reimbursement paid to other organization for expenses				
		*****	-	
		*****	1p X	
q Uther transfer of cash or property from other organization(s)			5	>
2 If the answer to any of the above is 'Ves' see the instructions for information is the instructions of the above is 'Ves' see the instructions for information			1	<>
	covered relationships	s and transaction thresh		<
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining	rmining
	(I-D) odfo		amount invol	lved 3
(1)				
(2)				
(3)				
(4)				
(5)				
TEEA5003L 12/23/10		Sche	Schedule R (Form 990) 2010	012010

ue to tolowing information for each entity have as a partnership through which the organization conducted more than five organization. See instructions reaganization conducted more than five activity labeled organization. See instructions reaganize the organization conducted more than five activity labeled organization. See instructions reaganize the organization conducted more than five activity labeled organization. See instructions reaganize the organization conducted more than five activity labeled organization. See instructions reaganized to the organization conducted more than five activity labeled organization. See instructions reaganized to the organization conducted more than five activity labeled organization conducted more than the activity labeled organization conducted more than the organization conducted more than the organization conducted more than the activity labeled organization c				ation answe	ered 'Yes' to Form 990, Part IV, line 37.)	990, Part	IV, line 37.)	
Nume, actorest, add EIN of entity         Prima(0) activity is the interval control)         Prima(0) activity is the interval contro)	de the following information for each entity taxed as a partnershine) that was not a related organization. See Instructions regard	hip through which the time of	he organization cond ertain investment pa	ucted more tha rtnerships.	an five percent of its ac	tivities (meas	ured by total assets or	gross
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	(h) Genera manag
	1							
								1
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								-
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								+

# 26-2128140

Schedule R	(Form 990) 2010	
Part VII	Supplemental Information	Page 5
	Complete this part to provide additional information for responses to questions on Sche (see instructions).	dule R

SCHEDULE O (Form 990 or 990-EZ)	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.		OMB No. 1545-0047
			2010
Department of the Treasury Internal Revenue Service Name of the organization			Open to Public Inspection
Freezer Longline	Coalition	Employer identi 26-21281	
Form 990, Part VI	Line 6 - Explanation of Classes of Members or Sharehol		
	n has one class of members - regular members y		righte
	Line 7a - How Members or Shareholders Elect Governing		<u>1191103</u>
	s of the association are voting members with t		vote for the
election of Dir	rectors		_vole for the
Form 990, Part VI, L	ine 7b - Decisions of Governing Body Approval by Members		
	may be required to approve significant decis		the same time time time time time time time ti
	example, the Board of Directors will not app		
	peal of the Bylaws of the Association that wo		
	lass of members unless they have first receiv he members of such class.	ed approval	of
	Line 11b - Form 990 Review Process		
	dent and treasurer review the Form 990 before		
	ine 12c - Explanation of Monitoring and Enforcement of		
	is reason to believe that a potential conflict		
	ezer Longline Coalition and its Board members		
shall determine	the appropriate response. The designated rev	viewing offi	cial has a
responsibility t	to bring a potential conflict of interest to t	he attention	n of the
Board for action	at the next regular meeting of the Board or	during a spe	ecial
meeting called s	specifically to review the potential conflict	of interest	
The Freezer Long	line Coalition shall refrain from acting unti	1 such time	as the
proposed action,	policy, or transaction has been approved by	the disinter	cested
	oard. Whenever there is reason to believe th		
	ts between the Freezer Longline Coalition and		
	termine the appropriate response. The Manage		
	Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 10/26/10	-	rm 990 or 990-EZ) 2010

Schedule <b>0</b> (Form 990 or 990-EZ) 2010	Page 2
Name of the organization Freezer Longline Coalition	Employer identification number 26-2128140
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	of Conflicts (continued)
Board President the results of any review and the action	n taken. The President shall
determine whether any further Board review or action is	required.
In addition, Board members and the Manager complete an A	Affirmation of Compliance
form when they join the Board or staff and annually ther	reafter
Form 990, Part VI, Line 15a - Compensation Review & Approval Process fo	r CEO, Exec. Dir., or Top Mgtment
The compensation of the executive director was initially	determined through
negotiations between the ED and a compensation committee	made up of Board members.
The ED's compensation is reviewed annually as part of th	ne budgeting process. Any
bonus compensation is determined in an executive session	n without the ED being
present. The Board has hired an independent third-party	compensation consultant to
advise and determine the ED's compensation package in fu	uture years. No other
individual is paid compensation within the organization.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Av	vailable
Governing documents, policies and financial statements a	re available upon request.